

Triple P Online in Prince Edward Island

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Submitted in partial fulfillment of the requirements for the
Degree of Bachelor of Arts, Honours in Psychology

Faculty of Arts
University of Prince Edward Island
Charlottetown, Prince Edward Island
April, 2021

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7 April, 2021

Thesis by Brianna Squires

Entitled: Triple P Online in Prince Edward Island

Submitted in partial fulfillment of the requirements for the

Degree of Bachelor of Arts, Honours in Psychology

Acknowledgements

I would like to express my sincere gratitude to my supervisor, Dr. Philip Smith, as without his patience and knowledge, this project would not have been possible. With his continuous support and consistent feedback, I was able to grow in a way that fostered my independence as a student. I feel tremendously grateful to have had his guidance and generous advice throughout this process, and I will carry what he has taught me with me in all future endeavours.

I would like to thank Katie Duffy and Dr. Yoshi Takano for giving their time to serve on my examining board as committee members. Their feedback is sure to further enrich my work. I would also like to acknowledge Katie Duffy for her tireless support and enthusiasm throughout this process. Without her aid, this project would not have been possible.

I would like to express my thanks to the Department of Social Development and Housing for their willingness to collaborate on this research.

In addition, I would also like to express my thanks to the participants who took part in both the survey and the interviews. Their contributions allowed for an insightful look at the Triple P Online experience for users in Prince Edward Island. Their feedback will be helpful in further enriching the program experience for users in the future.

Finally, I would like to acknowledge my mother, my partner, and my friends for all their years of love and support, especially during my thesis work. They have motivated me to achieve things far greater than I could have imagined.

Abstract

This study was conducted to engage with parents in Prince Edward Island who have already participated in the parent-education program Triple P Online to get feedback on their experience using the program and the facilitators and barriers they think may influence user experience. A review of the relevant literature shows that online parent education is equally as effective as in-person parenting interventions of the same intensity. However, there are challenges in achieving full program completion. This study examined what facilitators may exist to increase the number of modules completed and the barriers that impact program experience or hinder program completion. This project also obtained Triple P Online users' feedback about their reasons for accessing the program, their satisfaction with various program elements, and their experience parenting during the COVID-19 pandemic. Quantitative and qualitative data were collected using an online survey and telephone interviews. A sample of 19 Triple P Online users completed the online survey, four of whom also participated in a telephone interview. Analyses suggested that respondents have a positive opinion of the Triple P Online program, that they see a lack of accessibility to parenting information, that they believe it is important to continue funding Triple P Online, and that they are experiencing increased parenting challenges as the result of the COVID-19 pandemic. Implementation of a user experience survey as a standard follow-up tool is suggested as a means of increasing survey response rates so that more can be learned from parents who complete and do not complete Triple P Online modules.

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Parenting, for many, can be an extremely rewarding endeavour. Being actively involved in your child's development and having the opportunity to foster a relationship with them is often a uniquely enriching part of one's life. This is not to say there cannot also be times where parenting can feel overwhelming. For some, parenting can involve challenges that seem difficult to manage when they are not adequately equipped (Gonzales et al., 2019). It is in these times that parents must be able to have access to the support they need. Parent-education programs are one evidence-based means of providing that support. By participating in such a program, parents can often have more pleasurable, fulfilling relationships with their children (Sanders et al., 2014; Pickering & Sanders, 2016). They can develop the skills needed to deal with parenting challenges while also being able to gain an even greater appreciation for the rewarding aspects of parenting (Spencer et al., 2019). To allow every parent the opportunity to enjoy this sort of relationship with their child, increasing the reach and availability of evidence-based parent-education programs is an important undertaking so as to maximize the potential support available for all parents (Baumel et al., 2016).

Importance of Parenting

Parental influence is one of the most pervasive influences in a child's life. The way a child is nurtured and their relationship with their parents can have a significant impact on their development from early childhood into adulthood (Sanders & Mazzucchelli, 2017). Positive parenting has the ability to be life-enhancing and opportunity-creating. In fostering an environment where a child feels loved and accepted and where expectations are clear and consistent, one can positively influence many early aspects of a child's development and socialization (Sanders & Mazzucchelli, 2017).

The level of parental warmth that a parent displays is often associated with being one of the cornerstones of a positive, healthy relationship between parent and child. High levels of parental warmth are often associated with higher academic achievement for children and fewer problem behaviours (Gurdal et al., 2016). Gurdal et al. found that parental warmth was not directly related to these outcomes, but rather, it impacted them indirectly by encouraging children's agency (2016). When children's needs are consistently responded to with warmth, children feel supported and begin to develop a belief in their capacity to influence their own life (Gurdal et al., 2016). In opposition to that are parenting behaviours that are categorized as controlling. When children feel pressured by their parents to behave in a certain way, they often have high levels of anxiety and low levels of coping (Wolfradt et al., 2003). In considering both of these situations, we can see parents have a real opportunity through their parenting to provide their children with a solid foundation to become confident and capable adolescents and adults.

The work of Bowlby and Ainsworth regarding attachment theory also supports the importance of parental warmth and sensitivity. They found that children who were securely attached, meaning those that felt they could depend on their caregivers, had a history of being met with warm and consistent responses (Bowlby, 1982). Securely attached children have the ideal foundation for normal development. An inability to form a secure attachment in early childhood can impact a child's internal perception and ability to form relationships for a lifetime (Flaherty & Sadler, 2011). Attachment problems are often linked to behavioural problems, such as aggression and other emotional difficulties. These attachments are made early in a child's life and have significant outcomes. They are just one example of the power that parenting has to influence children's development and their ability to be healthy, functional adults (Flaherty & Sadler, 2011).

Another way that parents influence their child's development is through promoting healthy emotion regulation. Emotion regulation abilities are skills that are used to moderate affective states (Chang et al., 2003). They are an important part of a person's ability to manage and cope with their emotional experiences. These abilities emerge early in a child's life, often with infants seeking regulatory assistance from their caregivers (Norona & Baker, 2017). This makes sensitivity and consistency on the part of the caregiver an essential factor in the development of effective emotion regulation abilities. When children learn that they can effectively manage their emotional experience by relying on their caregiver, they are being taught that emotional arousal can be managed (Norona & Baker, 2017). For those who do not develop appropriate emotion regulation skills, deficits in emotion regulation have been associated with psychological disorders and may predict symptomology related to anxiety and aggressive behaviour (Norona & Baker, 2017). This suggests that even early on in parenthood during a child's infancy, the parenting behaviours one exhibits significantly impact the child's immediate and future development.

Parenting plays a role in the development of a child's psychological well-being as well as their physical health. Parent-child relationships that are characterized by parental warmth and that can be considered emotionally significant are often associated with better health outcomes in childhood and adulthood (Chen et al., 2017). It has even been found that the quality of the parent-child relationship can influence the adverse effects that variables like adverse childhood experiences and socioeconomic disadvantage can have on adjustment (Flouri et al., 2015). While positive parenting behaviours are related to better health outcomes, the inverse has also been found. Repetti et al. (2002) found that families with high levels of aggression and cold unsupportive relationships, those families engaging in negative parenting practices, were more

likely to have children with poorer health behaviours. It is clear that parenting impacts children in many dimensions, including their health, as well as emotionally and behaviourally. This is why it is so important for parents to have access to the parenting support they need so they can make the best choices they can to raise healthy and happy children.

Evidence-Based Parenting Interventions

Acknowledging the importance parenting has on child development, a question for researchers has long been, how do we support parents in supporting their children? Researchers have spent several decades developing parent-education programs in an attempt to offer this support practically. While many types of individual interventions have been developed, it is those with a theoretical basis in social learning theory that have been found to have the most empirical support (Smith et al., 2016). While there are differences in intensity, length, and structure from program to program, the goal is to encourage positive interactions between parent and child and foster effective parenting behaviour (Taylor & Biglan, 1998; Smith et al., 2016). After participating in this type of intervention, parents should be able to establish boundaries, reduce dependency on commands, reward appropriate behaviour, and practice consistency in their parenting behaviour (Taylor & Biglan, 1998; Smith et al., 2016).

A significant threat to the development and well-being of children is child maltreatment. Child maltreatment is a public health problem that describes abuse or neglect behaviours (Prinz et al., 2009). Child maltreatment is not only a significant concern at the individual level but also at the societal level as it results in substantial financial costs through the use of systems like foster care and child protective services (Prinz et al., 2009). While parenting programs are generally effective in helping parents deal with child maltreatment issues, what is of even greater importance than individual parenting programs is taking a population-level approach to parent

education. The reality is that child maltreatment statistics often vastly underestimate levels of problematic parenting (Prinz, 2019). While many parents do choose to seek support for unhelpful parenting practices, there are still many others who do not. This is why it is essential to deal with child maltreatment on a population level. Individuals having access to support when they seek it out is important, but with a population approach, help-seeking becomes normalized and influences those who need support the most to ask for it. A population-level approach also has the potential to produce positive social contagion (Prinz, 2019). This is to say that even those parents who did not participate in the parenting intervention firsthand may be exposed to the principles and positive practices delivered through the program.

One example of an evidence-based parenting intervention that utilizes a population-level approach is the Triple P Positive Parenting Program (Triple P). In offering a multilevel suite of programs for parents with various concerns, Triple P is destigmatizing seeking help for parenting concerns (Pickering & Sanders, 2016). For Triple P, taking a population-level approach means making available a variety of programs, including universal strategies and more targeted variants (Pickering & Sanders, 2016). Again, while parenting programs have been shown to be effective, oftentimes, the availability of programs is limited to only those families at the highest risk level (Prinz et al., 2009). This means that rather than using parent education programs as a preventative tool, they are being used as a last resort. This not only does very little to prevent child maltreatment from taking place but instead feeds into the stigma that only those parents who are “bad parents” attend parenting interventions. In feeding this narrative, we are essentially further isolating the very at-risk families we wish to engage.

Triple P

The Triple P Positive Parenting Program is a parent education program based on social learning principles. It aims to help parents of children ages 0-16 develop effective means of dealing with common child behavioural problems (Gonsalez et al., 2019). By offering varying intensity levels and flexible delivery, Triple P can avoid the problems associated with delivering the same type of intervention to parents with different needs and preferences found with many other parenting programs (Pickering & Sanders, 2016). Triple P is different in that the program has been structured around the notion that parents are often at a variety of different risk levels and have a variety of concerns; thus, they must be able to find a level and type of parenting help that will meet their needs (Sanders et al., 2014). In doing this, Triple P acknowledges that not all parents require an identical level of support but that for those who desire it, support should be available (Pickering & Sanders, 2016). This is highlighted by a concept that is a crucial part of the Triple P framework, minimal sufficiency, which essentially means that Triple P is looking to give the least intensive intervention that will still yield significant outcomes (Pickering & Sanders, 2016).

Population-level approach

Of equal importance is Triple P's emphasis on establishing a population-level approach to parenting support. The population approach is based on the principles of Urie Bronfenbrenner's (1992) ecological systems theory which examines relationships between individuals and their environment. Considering how this relates to parenting, this theory suggests that there are different levels of influence on parents and their children (Bronfenbrenner, 1992). When trying to target problems that impact children, it can be tackled on an individual level, at the micro-level between family or peers, or the outer ends of the sphere of influence, such as at the societal level (Bronfenbrenner, 1992). Triple P's population approach incorporates the

outermost spheres of influence to invoke change at the community or societal level that will impact commonly held attitudes and beliefs that can impact the lives of individuals.

The goal of adopting a population approach then is to increase the adoption of evidence-based parenting practices within communities to improve children's developmental outcomes (Pickering & Sanders, 2016). Achieving this involves offering several forms of preventative interventions to create a blended prevention model (Prinz, 2019). This allows Triple P to meet many different needs to increase the reach to as many parents as possible. In 2019, Prinz pointed to several key reasons why taking a population approach to parenting and family support was important, specifically in regard to its ability to prevent child maltreatment. This is just one example, amongst many, as to why taking a population-level approach is important.

The first reason Prinz talks about is that many parents engage in coercive parenting practices, not just those engaging in physical abuse, which suggests a broader approach to dealing with negative parenting practices is warranted (Prinz, 2019). The second reason is that an intervention that singles out parents at an elevated risk for child maltreatment may bring about shame and fear of judgement, ultimately deterring their participation altogether. A program like Triple P that takes a population approach is seen as benefiting the community as a whole and often normalizes all parent's participation in a parenting program (Prinz, 2019). This makes it more likely that all parents, including those parents who may be at-risk, can get access to the parenting support they need.

Levels of programming

Level 1 of Triple P (Universal Triple P) is a universal rather than a targeted variant and is the lowest intensity. Using electronic and print media through coordinated media campaigns,

Level 1 is designed to destigmatize seeking help for parenting support and encourages participation in parenting programs (Gonzalez et al., 2019).

Level 2, also known as Selected Triple P, consists of brief parenting interventions that target parents seeking general parenting information and parents who have more specific minor concerns regarding their child's behaviour. At Level 2, parents can choose to take part in either a series of 90-minute large group parenting seminars or one or two brief individual sessions with a practitioner either face-to-face or over the telephone (Pickering & Sanders, 2016).

Level 3, or Primary Care Triple P, is of a low to moderate intensity level and is for those parents who have a more specific concern about their child's behaviour, such as tantrums (Gonzalez et al., 2019). Parents have the option of participating in either a series of 90-minute group sessions that deal with specific topics, or they can attend three to four brief over the phone or face-to-face consultations with a practitioner (Pickering & Sanders, 2016).

Level 4 is of moderate to high intensity and is designed for those parents looking for intensive training. They may have children at risk of emotional or behavioural issues or have children who already have serious behavioural problems (Pickering & Sanders, 2016). Although level 4 interventions are capable of dealing with intense challenges, they are also useful for parents with more general needs who may be looking to broaden their parenting skill set. Parents may choose from several delivery options at this level, which can either be self-directed or delivered by a practitioner. Self-directed delivery options could include either ten workbook modules or eight interactive online modules. As for practitioner-delivered methods, parents could attend either ten individual 60-minute sessions or five 2-hour group sessions.

Level 5 is the highest intensity intervention offered by Triple P and is characterized as intensive family interventions. Included in this level are Enhanced Triple P, Pathways Triple P,

Lifestyle Triple P, and Family Transitions Triple P. In Enhanced Triple P, the program is tailored for individual families whose children have behavioural problems and significant family dysfunction (Gonzalez et al., 2019). The program could include up to eight individual 60-minutes sessions with a focus on practice sessions to enhance parenting and modules that deal with mood management and partner support skills (Gonzalez et al., 2019). Pathways Triple P is designed for parents at risk of child maltreatment and requires that parents have already taken part in sessions at level 4 intensity. The program could include either three 60-minute individual sessions or 2-hour group sessions and has modules that deal with such things as attribution retraining and anger management. Lifestyle Triple P is tailored for parents whose children may be overweight or obese with modules focusing on nutrition, having a healthy lifestyle, and more general parenting strategies. This program is designed to be 14 group sessions, including telephone consultations with a practitioner. Lastly, Family Transitions Triple P is designed for those parents who may be experiencing a separation or divorce. The 12-session group program focuses on conflict management and other healthy co-parenting strategies (Pickering & Sanders, 2016).

Stepping Stones Triple P

Stepping Stones Triple P is a modification of the other interventions as it is an intervention designed specifically for parents of children with disabilities. It is available at three levels of intensity and can be delivered in various methods (Ruane & Carr, 2019). At level 2, there is Selected Stepping Stones Triple P, and at level 3, there is Primary Care Stepping Stones Triple. At level 4, programs are designed to engage with children who have or are at risk of developing behavioural issues. Unlike levels 2 and 3, at level 4, parents have the option of either Standard Stepping Stones Triple P, Group Stepping Stones Triple P, or Self-Directed Stepping Stones Triple P (Pickering & Sanders, 2016).

Age groupings

Triple P distinguishes between two different age groups in their programming. The first are programs for parents of children aged 0-12. The second is for parents of children aged 12-16, also known as Teen Triple P. While many of the programs are targeted at parents of children in the younger age group, parents of teens can still access various delivery methods at a variety of levels designed specifically for teens. The offerings include Teen Triple P Seminars, Teen Triple P Discussion Groups, Primary Care Teen Triple P, Group Teen Triple P, and Standard Teen Triple P (Pickering & Sanders, 2016).

Evidence base

Triple P has a long history and substantial evidence base that has been developed over more than 30 years of research and community practice (Smith et al., 2016). While there have been many studies involved in establishing Triple P's reputation as an effective parent-education program, key to Triple P's list of evidence is that parents have been shown to have significant outcomes through all five levels. This was found in the systematic review completed by Sanders et al. in 2014, which analyzed 101 studies over a 33-year period and found that regardless of the level of Triple P that was used, there were significant social, emotional, and behavioural outcomes.

One example of research that has demonstrated Triple P's effectiveness is that of Bodenmann et al. (2008) and their evaluation of Triple P compared to two other treatment conditions. When compared to an evidence-based marital intervention and a control condition, they found that mothers in the Triple P group showed significant increases in levels of parenting self-esteem and positive parenting and lower rates of child misbehaviour than the other two groups (Bodenmann et al., 2008). This finding was significant because it demonstrated Triple P's

effectiveness in managing dysfunctional child behaviour compared to no treatment and another possible intervention type (Bodenmann et al., 2008).

Another example of Triple P's effectiveness is in regard to its ability to produce population-level effects. This was first demonstrated in 2009 following the results of The US Triple P system population trial. The trial took place in South Carolina and involved randomly disseminating Triple P to 18 counties over a 2-year intervention period, with another 18 counties as treatment-as-usual controls. Those counties that received Triple P experienced large effect sizes for population indicators of substantiated child maltreatment, out-of-home placements, and child-maltreatment injuries (Prinz et al., 2009). These findings were extremely significant because they suggested that it was feasible to implement a large-scale parenting intervention and that it could also produce a positive impact on population-level variables linked to incidences of child maltreatment (Prinz et al., 2009).

While a lot of Triple P's research base consists of literature that examines its effectiveness in dealing with behavioural problems in isolation, there is a growing body of research that is linking Triple P to positive outcomes with conditions including asthma, eczema, and diabetes. Parents of chronically ill children often need to integrate general parenting tasks with illness-specific parenting tasks such as maintaining health and responding to emergencies (Morawska et al., 2016). This can often bring an additional stress level to parenting, resulting in poor management or even non-adherence to necessary treatment regimens. When looking specifically at children with asthma or eczema, Morawska et al. found that improving parenting can improve child health outcomes (2016). This suggests that Triple P effectively helps parents and children deal with a wide range of issues and is not limited to managing behavioural issues.

While these examples do not represent the full extent of Triple P's evidence base, they are just a few examples of research that highlight Triple P's history of effectiveness.

Cost-effectiveness

Given that Triple P has been shown to produce significant outcomes, one might expect that the costs to sustain such a program would be relatively high. However, since Triple P operates on the principle of minimal sufficiency, the goal is to match parents with the least intensive and least expensive intervention possible that still provides parents with adequate support (Pickering & Sanders, 2016). This means that offering a cost-effective, evidence-based parenting intervention is the ultimate goal for Triple P. The evidence shows that if we invest in preventing problems and supporting children's social and emotional development, we save money later. This is how Triple P can be cost-effective. One example of this is in regard to the prevention of child maltreatment. As the result of the prevention of abuse and out-of-home placements, Triple P has high cost-effectiveness (Prinz et al., 2009). The cost-benefit analysis of Triple P recently conducted by the Washington Institute for Public Policy supported this. They found that when considering Triple P's effect on child maltreatment rates, that for every dollar spent on Triple P, \$9.29 would be saved. This was based upon the assumption that there would be a cost of \$152 for every child within the population (Prinz, 2019). Based on this analysis, we can see that Triple P is an effective system that can impact population-level variables saving money long-term if delivered at the population level.

Another example of Triple P's ability to be cost-effective is found in its ability to prevent problems related to conduct disorders. Roughly 3% of children ages 6-17 have a conduct disorder, and CD's often have a high economic cost in terms of health services and educational costs required to manage them (Mihalopoulos et al., 2007). These costs can be as much as ten

times more than the costs for children without a conduct disorder. Given that Triple P is effective in helping the behavioural problems associated with conduct disorders, it has been found that even modest improvements in prevalence rates are enough to make Triple P a cost-saving intervention (Mihalopoulos et al., 2007). A recent study by Sampaio et al. found that for Triple P to be cost-effective long-term, it only had to avert 7% of conduct disorder cases (Sampaio et al., 2018). These are just two examples of the many population-level variables Triple P has the potential to impact, resulting in its cost-effectiveness.

While these calculations are based on either group or individual-based Triple P, there is a gap in the research that also considers the online variant of Triple P. Triple P Online (TPOL) has been found to be just as effective as other methods delivered at the same level of intensity but is significantly less expensive than face-to-face approaches (Turner & Love, 2014). This, amongst other things, makes TPOL a significant component of the Triple P suite of programs.

Online Parent-Education

To increase reach and support as many parents in need as possible, a number of different online parent-education programs have been developed over the past three decades (Spencer et al., 2019). Three meta-analyses conducted by Nieuwboer et al. in 2013, Baumel et al. in 2016, and Spencer et al. in 2019 point to this trend and support online intervention's effectiveness in comparison to face-to-face interventions. The first meta-analysis, the one conducted by Nieuwboer et al., looked at studies published between 1998 and 2010 and found that 75% of the studies were from 2008 and onward. They were the first to point to the rapidly growing nature of research, which advocates for web-based interventions (Nieuwboer et al., 2013). They found that online parent-education programs were effective in producing a change in parent and child outcomes. They also found that these program's results were in-line with other meta-analyses,

which suggested online interventions were an effective tool in dealing with other life issues, including alcoholism or gambling (Nieuwboer et al., 2013). One caveat that they had was that they found that programs tailored to help parents address a very specific issue, such as ADHD, were more effective than a program designed to help parents with more general parenting concerns (Nieuwboer et al., 2013). They also made the significant connection that the internet can not only be used as a tool for enhancing knowledge but also that web-based interventions can have a real impact on parent and child behaviours.

In 2016, Baumel and colleagues published another meta-analysis following the work of Nieuwboer et al. They found similar results to the first meta-analysis, with online parenting interventions showing significant results on dimensions of child behaviour and parental confidence when compared to the control condition (Baumel et al., 2016). What was different was that they also considered whether effects were sustained post-intervention. They found that for all those studies that included a follow-up, the effects were sustained. This is important because it suggests that online parenting interventions promote change and that the positive effects last even after the intervention has been completed (Baumel et al., 2016).

The most recent analysis conducted by Spencer et al. in 2019 followed similarly to the previous two meta-analyses in their results. There were significant effects for increasing positive parenting behaviour and decreasing negative parent-child interactions, amongst other things (Spencer et al., 2019). While similar in that regard, this analysis was different from the previous two studies. They considered two additional dimensions when examining the strength of effects based on different program variables. The first being programs that offered clinical support to participants versus those that did not offer any form of additional support. In making this comparison, there were no significant differences found in the strength of effects from one group

to the other (Spencer et al., 2019). This is significant because programs like Triple P Online, Triple P's online parenting intervention variant, do not typically offer clinical support. This suggests that parents can still have similar outcomes without. The second dimension they considered was comparing programs for more targeted populations versus those for a more general population. Again, there were no significant differences in the effects for either group (Spencer et al., 2019). This is in conflict with what Nieuwboer and colleagues found in 2013: those programs that helped parents address more specific issues seemed to be the most successful (Nieuwboer et al., 2013). This is an important finding because general parenting programs can be offered to all parents, not just those experiencing very specific concerns. This allows for general online parenting interventions, like Triple P Online, to be offered to the largest population possible while still being as effective as a targeted program.

Considered as a whole, these three meta-analyses make a promising case for online parenting interventions' effectiveness. They show that online parent education programs provide significant outcomes for both parents and children and are valuable alternatives to face-to-face interventions. They are especially important when considering engaging high-risk parents in a parent-education program. Oftentimes, high-risk parents not only are the ones who are challenged with barriers to accessing help, such as arranging childcare and transportation, but also may be the ones most hesitant to take part because of the stigma associated with seeking help for parenting (Baker et al., 2017). Online parent education programs overcome these barriers as parents can complete the intervention from their own home at their own pace.

Triple P Online

In an effort to combat some of the barriers to accessing and completing other delivery methods of Triple P, such as time constraints and transportation, Triple P Online (TPOL) was

developed. This method is a self-delivered level 4 intervention with the same content as the Self-Help Workbook offered by Triple P divided into six or eight modules depending on program version (Sanders et al., 2014). TPOL differs in that it offers video demonstrations, computer-goal setting, and other supports that the workbook does not. In comparing effectiveness, TPOL has been found to be just as effective as the Self-Help Workbook, with both methods showing improvements in outcomes such as children's disruptive behaviour and positive parenting. Not only has TPOL been shown to be effective as other self-directed methods, but also it has been found to be equally as effective as other methods of the same level of intensity (Sanders et al., 2014). This is important because it suggests that parents who need access to a more widely accessible intervention will not be settling for a less intensive or effective experience.

There has undoubtedly been increased interest in seeking parenting information online, with one study finding that as many as 65% of Australian parents use parenting websites for parenting information (Baker et al., 2017). With this interest comes the question about the quality of information parents have access to. This is what makes Triple P Online so important. It fulfills the need for online parenting information through an evidence-based program. The interest has surpassed parents just looking for general parenting tips. Rather, there has been a growing level of interest on behalf of parents for an evidence-based online parenting intervention. When questioned about preferred delivery methods, both mothers and fathers consistently rate an online-based parenting intervention as amongst the most desirable methods (Frank et al., 2015). This is significant, especially in the case of father preferences, as fathers have been shown to be difficult to engage when it comes to parenting interventions. In one study published in 2017, researchers found that only about 15% of father participants reported having previously taken part in a parenting intervention (Tully et al., 2017). There is the potential for

TPOL to be a suitable delivery method for fathers, as many report fearing judgement and feeling uncomfortable asking for help (Tully et al., 2017).

Given that TPOL is self-directed, fathers would be able to access the help they need without the fear of judgement, barring them from accessing these necessary services. This is important because fathers' and mothers' parenting behaviour is a significant predictor of child behaviour outcomes (McKee et al., 2007). It is also worth noting that TPOL has also been well received with a high consumer satisfaction level. When compared to Triple's Self-Help Workbook, there was no difference in levels of satisfaction for either mothers or fathers (Sanders et al., 2014). This not only points again to TPOL being a potential feasible means of dealing with low rates of father participation in parenting programs but also shows that parents are satisfied with the level of support they receive from a self-directed intervention.

While Triple P Online is considered a more general parenting program, it has been found to be effective in helping parents with specific concerns. One study analyzing the effectiveness of TPOL in supporting parents of children with ADHD found that it effectively helped parents deal with the day-to-day stressors involved with parenting a child with ADHD (Franke et al., 2020). This is a significant finding because the need for support for disorders like ADHD can often exceed its availability. Having a widely accessible program like TPOL be an effective solution for parents with more specific needs is essential when considering how to maximize the reach of parent education (Franke et al., 2020).

There might be some concern, given that Triple P Online is an internet-based self-directed intervention, that there might be issues regarding access for families with a low socioeconomic status. The research suggests that there is potential for a "knowledge gap" for low SES families, meaning that while they may have access, they may be less comfortable using and

navigating the internet (Baker et al., 2017). Although, when examining higher-risk families, in one study conducted by Baker et al., they found no difference in internet use or confidence (2017). This is an important finding because it suggests that TPOL can be an effective tool for reaching and supporting at-risk families. There has also been a good response from vulnerable parents about the feasibility of TPOL. When they asked a focus group about their opinion on TPOL following clips and discussion about the program, Love et al. found that the flexibility of the program was appealing as many parents reported that being able to go at their own pace was important (2013). Having the option of completing the program out of their home was also seen as beneficial. It allowed families to get parenting support without the fear of judgement (Love et al., 2013). These findings suggest that online delivery holds real value for reaching more parents and engaging with parents who would otherwise avoid seeking help for parenting concerns.

The COVID-19 pandemic has renewed focus on telehealth interventions, especially as they relate to online parenting programs. Since the onset of the pandemic, many parents have been faced with new challenges. Many parents have had to adjust to having their children at home more, and on top of that, they may be experiencing struggles with finances or employment related to the pandemic (Triple P Parenting Program, 2020). This adds a new dimension to parenting struggles, putting families in a difficult position with less access to support than ever. Researchers in Queensland, Australia, have found that since the beginning of COVID-19, the demand for access to Triple P Online has increased significantly (2020). They also found an increase in the rate that vulnerable groups such as single parents or low-income families have accessed TPOL. The former saw a 35% increase since the pandemic's onset, and the latter a 75% increase. The rates of users' child behaviour problems, child emotional problems, severe parental depression, and severe parental stress have increased significantly (Triple P Positive Parenting

Program, 2020). In analyzing the data of parents accessing TPOL, the Queensland researchers found that parents and children alike are experiencing negative repercussions because of the COVID-19 pandemic. They found that as these parents have been reporting higher rates of parental stress and problem behaviour from their children, there has also been an increase in unhelpful parenting practices. With an increase in over-reactive, lax, and hostile parenting practices, 7 out of 10 parents signed up with TPOL are now scoring in a range where clinical support would be recommended (Triple P Positive Parenting Program, 2020). All of these findings point to the significance of having an evidence-based program like Triple P Online available to families during a time of increased stress and social isolation.

Barriers/module completion

Although Triple P Online is well suited to addressing the barriers parents have in engaging with or completing the face-to-face delivery methods, this is not to say this delivery method is not without its barriers. There have been issues achieving full program completion, meaning completing all eight modules, for parents who sign up for TPOL (Day & Sanders, 2017). The effects of TPOL have also been found to be dose-related, meaning that the more modules that are completed, the better the overall effects are likely to be (Ehrensaft et al., 2016). Turner and Love reported that those families that completed between four and eight modules saw lower rates of problem behaviour both post-intervention and at a 6-month follow-up than those who only completed between zero and three modules (2014). This suggests that while it is important to get parents engaged with TPOL in any capacity, encouraging the completion of more modules would increase the probability of significant long-term results.

To encourage module completion, there has been some interest in the possibility of introducing a means of support for families completing Triple P Online. The most common

being either structured or unstructured practitioner support via telephone consult, Skype, or other mediums for online messaging (Dittman et al., 2014). While the research has been mixed regarding the effectiveness of self-directed programs with support vs. without support, dealing with the module completion rate in self-directed programs is a significant challenge. Offering additional contact from a clinician is just one possibility for navigating that (Dittman et al., 2014). In 2017, Day and Sanders found that those in the supported condition were more likely to complete more modules and report higher rates of satisfaction than those in the unsupported group. Also worth noting is that 94% of outcomes were better than the control for the supported group when considering outcomes at follow-up compared to only 50% for the unsupported group (Day & Sanders, 2017). While this suggests that even without support, parents can still achieve clinically significant levels of change in outcomes like behavioural problems. It also points to the potential significance of offering support in further increasing rates of effectiveness of TPOL.

Although this research is encouraging as it proposes a legitimate solution to limited module completion in web-based delivery interventions, there is a further consideration that must be made as well. One of the things that make TPOL significant is that it has the capacity to increase the reach of Triple P and parenting support in general. By offering practitioner support as a key component of TPOL, we are potentially limiting the overall reach and availability, two of the things that make the online variant unique (Day and Sanders, 2017). Just like parents need access to different delivery methods and programming levels to fit their needs, so are their parents who can independently complete TPOL and those who could benefit from some support. What will be necessary going forward is to establish the minimally sufficient level of support necessary to still achieve the benefits of offering practitioner support (Day and Sanders, 2017).

Another consideration that has been made regarding increasing the reach and module completion of TPOL is incorporating a social media or social networking element into the program. Families who are at-risk of child maltreatment are less likely to seek out parenting help, and should they seek it out, they are more likely to drop out before completion (Turner and Sanders, 2006). Parenting can be a very isolating experience, especially for those parents whose child's behaviour is significant. In establishing an online community, there is the possibility to foster social connections between parents (Love et al., 2013). Research has shown that adding these types of elements may be an effective way to engage and retain vulnerable families. Since the community is online, parents can receive support and feedback while still being able to maintain their privacy (Love et al., 2013; Love et al., 2016). While not a definitive solution to the issue of reach and retention, providing parents with the opportunity to engage in some form of online community while completing Triple P is one possible option for navigating these issues.

Parenting has a powerful impact on children's development socially, emotionally, and behaviourally. Thus, ensuring parents have access to the parenting support they need to raise healthy and happy children is of grave importance (Gonsalez, 2019; Gurdal et al., 2016). While there are many options in choosing possible parenting interventions, it is Triple P Online's ability to provide parents with evidence-based support with privacy and convenience that makes it so significant (Sander et al., 2014; Dittman et al., 2014). While TPOL has already shown much evidence to support its effectiveness, it is possible that having parents complete a higher proportion of available modules could provide some benefits (Franke et al., 2020; Sanders et al., 2014; Baker et al., 2017; Turner & Love, 2014). Finding a means to engage with parents who have already participated in TPOL to get feedback on their experience and reasons for either completing or not completing all eight modules will be important going forward.

Present Study

The purpose of the present study is to gather the opinions of parents in Prince Edward Island, who are past or current users of Triple P Online, about their experience with the program to develop an understanding of what can be done to better the program experience for future users. With an increase of 40 registrations compared to the previous year, resulting in 241 registrations in 2020 alone (K. Duffy, personal communication, March 26th, 2021), it is our hope by conducting this research that we might be able to engage with users who were impacted by the COVID-19 pandemic. By asking parents about their experience parenting during the pandemic, we also hope to better understand how to provide parents with parenting support during this challenging time. This study is an important step in ensuring families in Prince Edward Island are receiving the parenting support they need as it has been found that although partial completion of Triple P Online has beneficial outcomes, the more Triple P Online modules that are completed, the better the outcomes are likely to be (Turner & Love, 2014). With a PEI program completion rate between six and seven percent for the 0-12 and Teen versions of TPOL (K. Duffy, personal communication, March 26th, 2021), it is important to understand the facilitators for those who are program completers and the barriers for those who are non-completers. Therefore, we want to engage past and current users to find out what was effective about the program for those who completed the majority of modules and engage non-completers to find out what can be done to increase the number of modules users are completing.

Methods

Participants

All individuals who had previously utilized Triple P Online from January 2019 until February 2021 were invited to participate in an online survey about their experience using the

program, resulting in a total of 455 people being invited to take part. Those who had accessed Triple P Online prior to 2019 were not invited to participate, given the memory challenges in answering detailed questions about their experience from so long ago.

Nineteen people (4%) submitted answers to the survey, the majority of those who responded were female ($n = 16$, 84.2%), were between the ages of 31 and 45 ($n = 14$, 73.7%), and had 2-4 children in their care ($n = 15$, 78.9%). Participants were mostly employed full-time ($n = 16$, 84.2%) and described themselves as a parent living with a partner ($n = 14$, 73.7%). When asked what the highest level of education they had completed was, the majority had completed a bachelor's degree or beyond ($n = 12$, 63.2%), with some completing college ($n = 4$, 21.1%) and the remainder completing High School or receiving their GED ($n = 3$, 15.8%). When participants were asked to indicate how often they used the internet, the majority ($n = 13$, 68.4%) responded "greater than 10 hours per week." The remainder of participants ($n = 6$, 31.6%) indicated that they use the internet "2-10 hours per week," with no participant responding that they use the internet "less than 2 hours per week."

Interview participants were recruited from those who submitted their email addresses when prompted in the survey if they would be interested in participating in a telephone interview about their experience with Triple P Online (see Appendix 2). The goal of the telephone interviews was to better understand what aspects of Triple P Online participants enjoyed and what changes could be made to better the experience for future program users. Four of the survey participants (21%) also completed an interview. All interview participants were mothers.

Procedure

Collaboration with the Department of Social Development and Housing. The present study was developed in collaboration with the Department of Social Development and Housing.

The partnership with the department began in May 2020 when the author contacted Katie Duffy, Triple P Coordinator, to inquire whether the department would have any interest in having an Honours student conduct research in the area of the Triple P Parenting Program.

Prior to submitting the research proposal for Research Ethics Board review, the survey questions, the interview questions, and the two email drafts were sent to Triple P Coordinator Katie Duffy for her review and approval. Upon review, she had no recommendations for changes, and therefore we sent the proposal for review by the Research Ethics Board. The research proposal was approved by the Research Ethics Board at the University of Prince Edward Island (UPEI) on January 15th, 2021. Following this approval, I completed a criminal record check and signed documents authorizing work with the Department of Social Development and Housing.

Design

Those who used Triple P Online between January 2019 and February 2021 were invited by Triple P Coordinator Katie Duffy to take part in an online survey. Contact occurred through email on February 3rd and included an invitation to participate, the Information Sheet and Consent Form for Participants (see Appendix 1), and a link to access an online survey. A reminder email was sent to all potential participants on February 8th (see Appendix 1), thanking those who had taken part for participating and letting those who had not already taken know they had five days remaining to complete the survey. The reminder email included the participant Information Sheet and Consent Form and a link to access the online survey. The survey closed on February 13th, at which time analysis of the results began.

The Information Sheet and Consent Form for Participants (see Appendix 1) explained to potential participants that the survey is anonymous, participation is voluntary, that no one will be

able to identify them from their responses, that they can discontinue participation by exiting the survey at any time, and that they do not have to answer any questions they do not wish to. It also stated that taking part in the survey signifies their consent. Survey participants were assured of their anonymity in the Information Sheet and Consent Form; because Triple P Coordinator Katie Duffy distributed the survey, I did not have access to the list of participant emails. Those who did provide their emails to be contacted to participate in a telephone interview were assured any emails provided by participants would be deleted as soon as they had been utilized. The survey did not collect any identifying information, which further ensured participant anonymity. Finally, participants were informed that the author and supervisor, Dr. Philip Smith, would be the only ones who would have access to the raw data.

Survey participants who wanted to take part in a telephone interview signified their interest by submitting their email in the survey in response to a question about interest in participating in a telephone interview to tell us about their experience using Triple P Online. Once the emails were collected, I emailed the participants to set up a time and date for the interview and sent them the Letter of Introduction and Informed Consent (see Appendix 3). The letter stated that the interviews would be audio-recorded and transcribed. In addition, the letter indicated that transcriptions would be coded to help ensure the confidentiality of participants and that after transcription, the recordings would be destroyed, and any report made on the result of the research would ensure their identity would remain anonymous.

The document included the questions that the participant would be asked and informed them that they did not have to answer any questions at any time, that participation was voluntary, and that they could choose to stop the interview at any time. This was restated at the beginning of the phone interview. At that time, participants were asked if they had any questions about the

Letter of Introduction and Informed Consent that had been emailed to them and then asked to give their oral consent to participate in the interview. The interview itself was intended to take between 20 and 40 minutes to complete and involved the participant answering a series of questions and potential follow-up questions depending on their responses. Any identifying information that was obtained during the interviews has been disguised to hide any identifying details.

The total number of emails registered with Triple P Online between January 1st, 2019 and February 3rd, 2021 was 455 (K. Duffy, personal communication, February 25th, 2021). Out of the 455 emails contacted, 19 survey responses were received, with one of these being received after the reminder email. This resulted in a final sample of 19 survey participants and a response rate of 4.1%.

In item 32 (see Appendix 2), survey participants were prompted to leave their email addresses should they be interested in taking part in a brief telephone interview regarding their experience using Triple P Online. 19 participants responded to the survey, with seven of those participants responding with their email address to express their interest in potentially participating in a telephone interview. After being contacted regarding their interest and scheduling a time for an interview, a total of four participants replied to the request and took part in an interview. This resulted in a final sample of four interview participants and a response rate of 21.1%.

Materials and Measures

Survey. The survey consisted of 33 author-constructed questions, requiring approximately 15 minutes to complete. It was conducted online using Google Forms and was accessed through a link in the email invitation sent about by Triple P coordinator Katie Duffy.

The majority of the questions were multiple-choice, with six of those questions, items 1, 7, 8, 9, 10, 11, being multiple choice with the option to elaborate by selecting “other” and one other, item 22, allowing for just open-ended responses. Participants first responded to a series of questions regarding their use of Triple P Online, their opinion on various program elements, and their experience parenting during the COVID-19 pandemic. They were then asked demographic questions relevant to their specific experience as a parent. The surveys were analyzed using descriptive statistics. See Appendix 2 for complete survey.

Interviews. The semi-structured interviews were conducted on the telephone. They consisted of a list of author-constructed questions, including five core questions, 15 follow-up questions, with the possibility of 22 additional probing questions for each core question. The interviews were audio-recorded and took between 9 and 23 minutes to complete. Participants were asked about their experience parenting before and after engaging with Triple P Online, their overall experience with Triple P Online, their motivation for getting involved with Triple P Online, whether they shared information they learned from Triple P Online with friends, family, or other parents, what they liked and disliked about Triple P Online, how many of the eight available modules they completed, whether they would have paid to access the program, and what their experience has been like parenting during the COVID-19 pandemic. The notes from these interviews were analyzed using qualitative thematic analysis. See Appendix 4 for a complete list of interview questions.

Demographics. Demographic data were collected in the survey using six author constructed questions relevant to their specific experience as a parent: how many children are in their care, whether they live with or without a partner, the highest level of education they have completed, their employment status, frequency of internet use, and their age.

Results

Given the small sample size, it was not possible to test for potential differences between groups of interest, e.g., category of caregiver, the extent to which income is sufficient to meet needs, and so on. Descriptive data are presented for the sample as a whole.

First access and program version

When asked what year participants first accessed Triple P Online, nine participants (47.4%) responded 2020, seven participants (36.8%) responded 2019, and an additional three participants (15.8%) responded before 2019. (Only people accessing the program in 2019 and later received an invitation to take part in the survey; these three participants might be misremembering when they took part, or perhaps they registered for Triple P Online more than one time.) Additionally, when identifying which program participants had accessed, 13 participants (68.4%) had accessed the program designed for ages 0-12, with the remaining six participants (31.6%) having accessed the program designed for ages 10-16.

Experience Pre-Intervention

Introduction to Triple P Online. When asked how they first found out about Triple P Online, participants most commonly responded that “professionals in the community” first made them aware of the program, with 12 participants (63.2%) responding as such. The response “internet: parenting website, social media” was the next to be most frequently cited, with five participants’ (26.3%) endorsement. The responses “friends/other parents” and “childcare providers/teachers” were each endorsed by one participant (5.3%).

Reason for seeking out Triple P Online. Participants were asked about the initial reason they accessed Triple P Online; of the five pre-written response options, eight participants (42.1%) selected the response “my child was experiencing behavioural problems (e.g., tantrums,

aggression, disobedience, etc.). Four participants (21.1%) cited “I wanted to increase my parenting skills” as a motivating factor, and a further 3 participants (15.8%) responded, “my child was experiencing emotional problems (e.g., anxiety, feeling unhappy or irritable). The final two responses, “I wanted to build a better relationship with my child” and “I wanted to learn to encourage good behaviour,” were both endorsed by 1 participant. A sixth “other” option was also available, with two participants opting to write their own responses. The first responded that they wanted to “build a better home environment,” and the second responded, “recommend it to clients beneficial to know what I am recommending.”

Important program factors. Considering the program factors that were important in the participants’ decision to access Triple P Online, “being able to complete the program at your own pace” and “being able to complete the program from home/access anywhere” were the most commonly cited factors with 14 participants (77.8%) endorsing each. Triple P Online’s substantial evidence base was also an important factor for participants, with 6 participants (33.3%) selecting “it has a strong evidence-base and has been found to be effective.” A lack of in-person intervention options was also a factor in choosing Triple P Online for 1 participant (5.6%) who selected “there was no in-person support available because of COVID-19” as a factor in their decision to choose Triple P Online. One participant did not respond to this question.

Triple P Program Elements

Participants were asked to rate five of the program elements (i.e., content, interface, video, activities, workbook) of Triple P Online using a 5-point Likert scale: 1 (very poor), 2 (poor), 3 (average), 4 (good), 5 (excellent). The rating of all five program elements was consistently “average” or above: content (Mdn. = 4) (one participant did not rate content);

interface (Mdn = 4); workbook (Mdn. = 4); video clips (Mdn. = 3); activities (Mdn. = 3). Figures 1 through 5 illustrate participant ratings for each of the program elements.

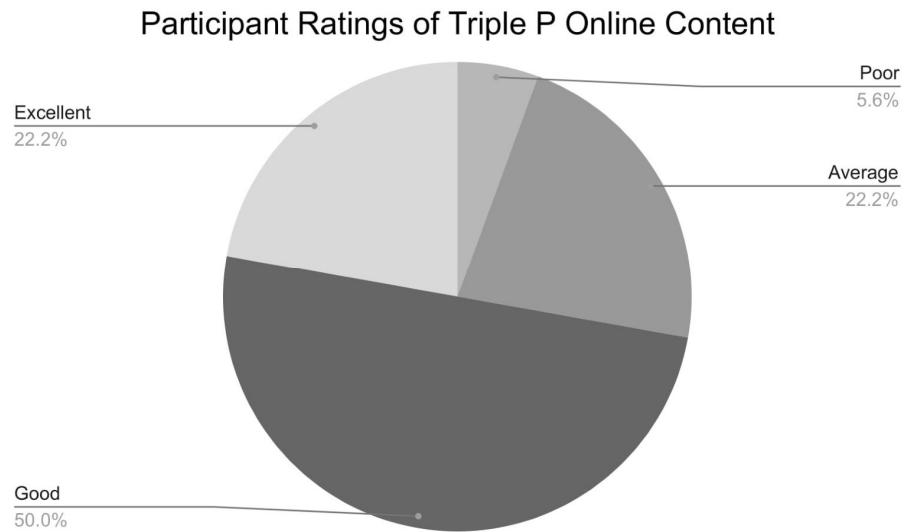


Figure 1. Participant responses for the survey question “how would you rate the overall content available in Triple P Online?”

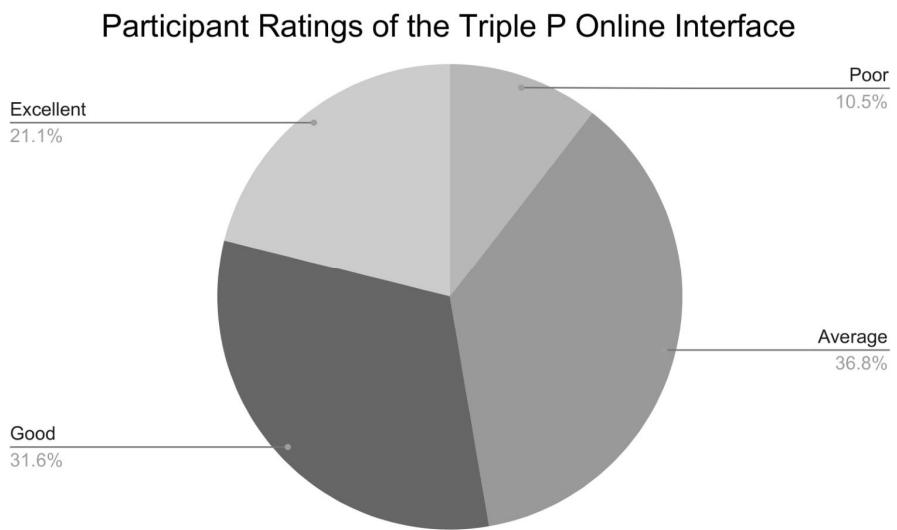


Figure 2. Participant responses for the survey question “how would you rate the interface of Triple P Online (the way it is laid out)?”

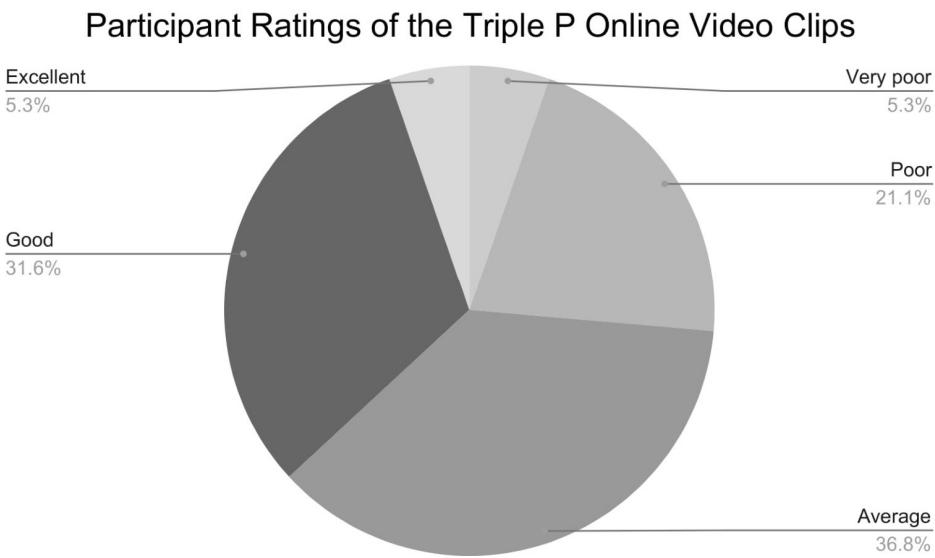


Figure 3. Participant responses for the survey question “how would you rate the video clips used in Triple P Online?”

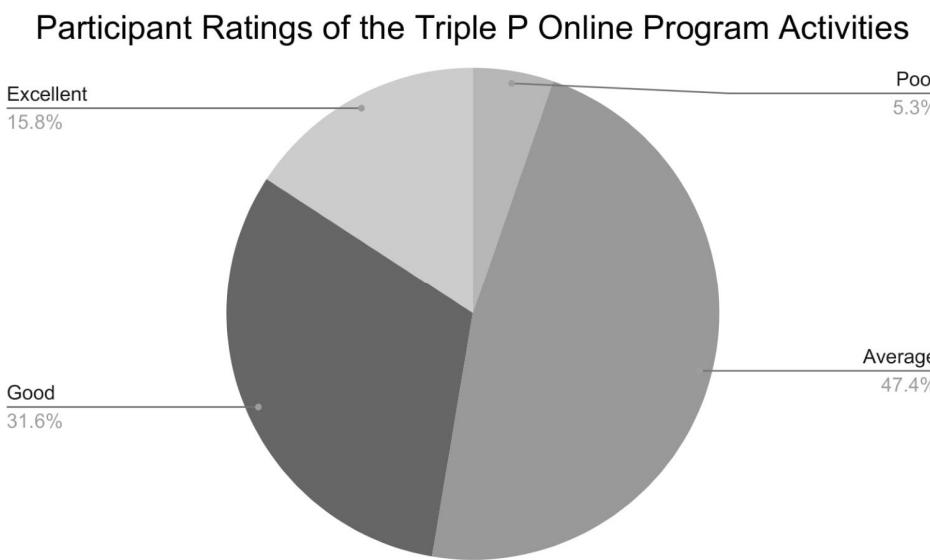


Figure 4. Participant responses for the survey question “how would you rate the program activities used in Triple P Online?”

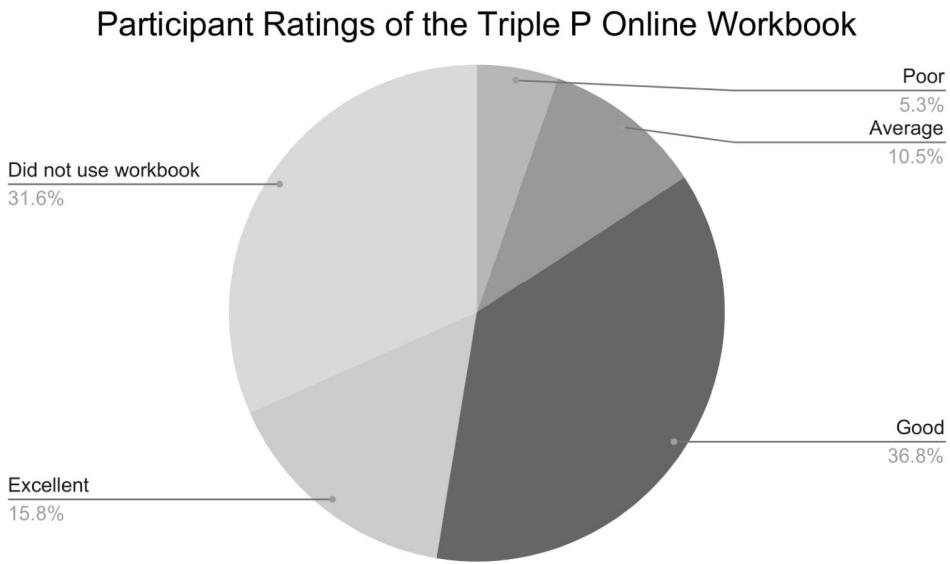


Figure 5. Participant responses for the survey question “how would you rate the workbook component of Triple P Online?”

Additional comments on experience. Toward the end of the survey, participants were asked if there was anything else about their experience with Triple P Online that they would like to tell us. Four participants chose to write out responses, two of whom shared comments regarding the quality of the video clips. One participant commented, “I find it hard to get the information from the videos, I have to watch them 10 times to get the info,” and the other responding, “the videos, they have really good content, but the people in them are so outdated lol.” Another participant commented, “... it's a great base and starting point, but assess whether the parent(s) has/have already completed such basic parenting information before recommending it...” To view the full list of responses, see item 22 in Appendix 5.

Module Completion

Number of modules completed. In analyzing the number of modules completed by participants, the majority responded 7-8 with 10 participants (52.6%) endorsement. Four participants (21.6%) completed 3-6 modules. An additional two participants (10.5%) responded

that they had finished 1-2 modules, with three participants (15.8%) responding that they had not completed any modules.

Reason for incompletion. Participants who did not complete all eight modules were asked to identify the main reason they stopped the program. Of the five response options, two participants (11.1%) selected “I was not satisfied with the program elements (e.g., video, worksheets, etc.)” and one participant selected “I did not have the time to continue with the remaining modules.” The remaining participants opted to choose the sixth option of “other,” where they could write their own response. One participant (5.6%) wrote, “Triple P for teens was only six modules,” which was correct, as the survey mistakenly did not reflect that the number of modules in Triple P Online and Triple P Online differs. Two others (11.1%) responded that they were in the process of completing the modules. One participant did not respond to this question. To view the full list of responses, see item 8 in Appendix 5.

Improving completion rates. Participants who did not complete all modules were asked what may have helped them in completing more modules. Of the three response options, the most commonly cited response was “having a Triple P practitioner for telephone or email support to ask questions or discuss content” with 3 participants' endorsement (27.3%). Another two participants (18.2%) responded “being able to communicate with other parents who are also using Triple P Online.” The remaining participants chose “other” where they had the opportunity to write their own responses. One participant (9.1%) responded, “there are a lot of recommendations they give which are problematic, for example: rely on your partner, find a room in your house, use the child allowance to replace the broken item, etc. Just not sensitive to all people’s situations.” Another participant responded, “the information was very basic, and we had already implemented the advice provided. The program is outdated, and the execution

improved. There are a lot of other great positive parenting resources available on the internet.” Eight participants did not respond to this question. To view the full list of responses, see item 9 in Appendix 5.

Psychological difficulties. Given that some research has found that parents who experience psychological difficulties have more difficulty completing activities like Triple P Online (Dadds et al., 2019), participants were asked whether they were experiencing psychological difficulties at the time of completing Triple P Online. In response, 13 participants (72.2%) responded “no,” three participants (16.7%) responded “yes,” and an additional two participants (11.1%) responded, “prefer not to say.” One participant did not respond to this question.

Experience Post-Intervention

Rating experience using Triple P Online. When asked to give a rating for their overall experience using Triple P Online on a 4-point scale from poor to excellent, three participants (15.8%) responded that they had an “excellent” experience using Triple P Online, with another 10 participants (52.6%), indicating that they had a “good” experience. Additionally, there were five participants (26.3%) indicating they had a “fair” experience and one participant (5.3%) indicating that they had a “poor” experience.

Child behaviour and parenting changes. Participants were asked about changes they saw in their child or their parenting after using Triple P Online. The most common response, endorsed by 14 participants (77.8%), was “I had an improvement in my parental confidence.” One participant did not respond to this question. See Figure 1 for full responses.

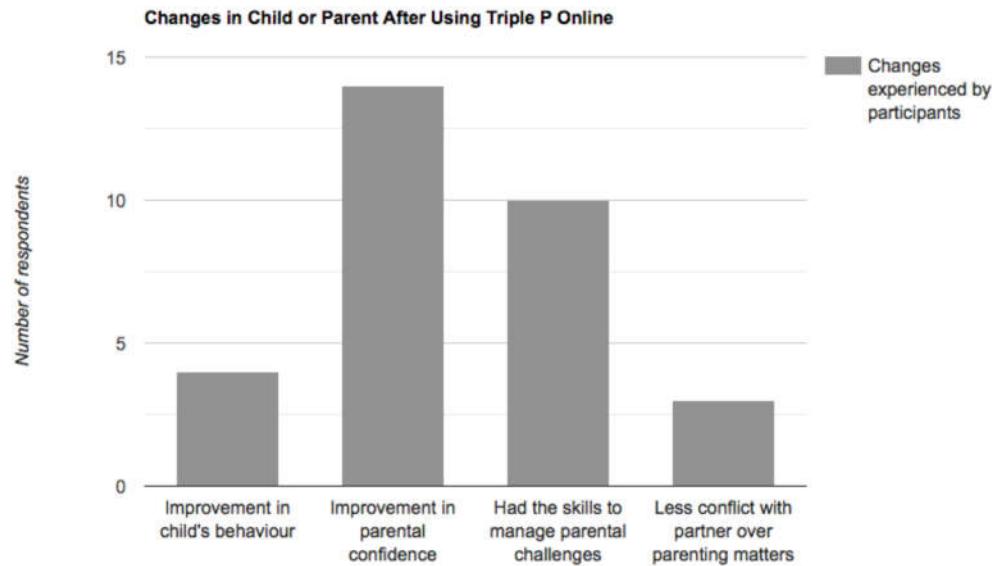


Figure 6. Participant responses for the survey question “after using Triple P Online did you find any of the following?”

Note. Abbreviation of full survey questions found in Appendix 2.

Sharing of information. Although the intervention was online, there is still the possibility that the information that participants learned from Triple P Online was shared with friends or family, presenting the opportunity for social contagion. To assess this possibility, participants were asked if they had shared any of the parenting information they had learned. In response, 13 participants (72.2%) indicated that they had shared parenting information, and five participants (27.8%) had indicated that they had not. One participant did not respond to this question.

Program Cost

Given that the cost of the \$80 code used to access Triple P Online is paid for by the Prince Edward Island government, parents are able to access the program free of charge. To assess whether this is a program that parents would have paid for if the cost had not already been

covered, participants were asked if they would have purchased the program themselves. Only one participant (5.2%) said “yes.” The majority, 14 participants (73.7%), indicated, “no, I wouldn’t have made the purchase.” An additional 4 participants (21.1%) responded, “no, I wouldn’t have been able to afford it.”

COVID-19 and Parenting

New module completion. Since early in the COVID-19 pandemic, there has been a new module about parenting during the pandemic added to Triple P Online, allowing past users to re-access their account to complete the module. Participants were asked to indicate whether or not they had returned to complete the new module. There were 11 participants (57.9%) who responded that they had not returned to complete the new module, three participants (15.8%) who responded, “I intend to,” and five more who responded, “I am a new user, so the module was already available to me.”

Parenting challenges. Descriptive statistics were used to analyze the potential parenting challenges participants may have experienced during the COVID-19 pandemic. The most commonly reported parenting challenge, endorsed by 13 participants (92.9%), was “parental stress (e.g., overreacting to situations or being unable to wind down).” Five participants did not respond to this question. See Figure 2 for full responses.

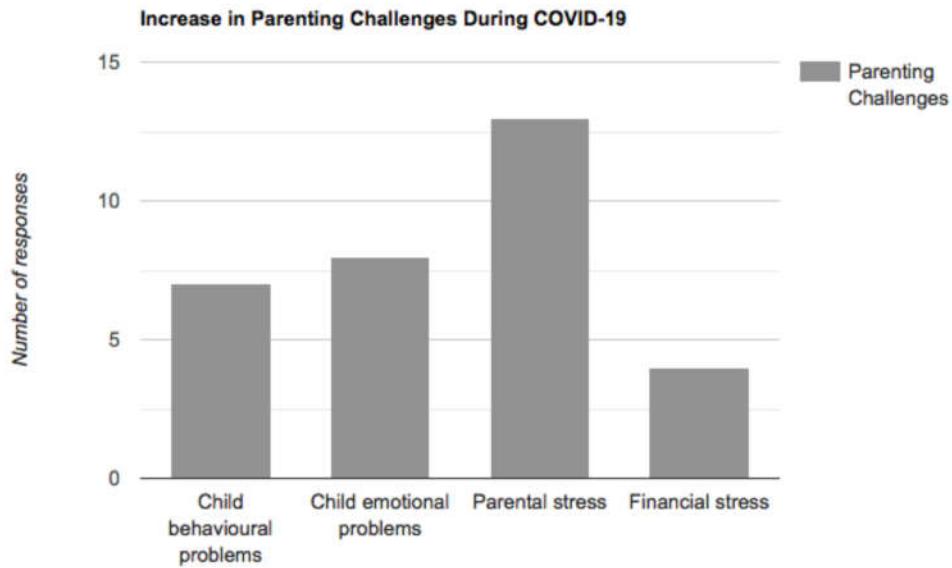


Figure 7. Participant responses for the survey question “during the COVID-19 pandemic have you experienced an increase in any of the following parenting challenges?”

Note. Abbreviation of full survey questions found in Appendix 2.

Parenting behaviour. Participants were asked about possibly increased use of certain parenting behaviours during the COVID-19 pandemic. The parenting behaviour that was reported by the majority of respondents, endorsed by 8 participants (88.9%), was “ignoring misbehaviour, bribing or coaxing your children to behave, or backing down from conflict.” Ten participants did not respond to this question. See Figure 3 for full responses.

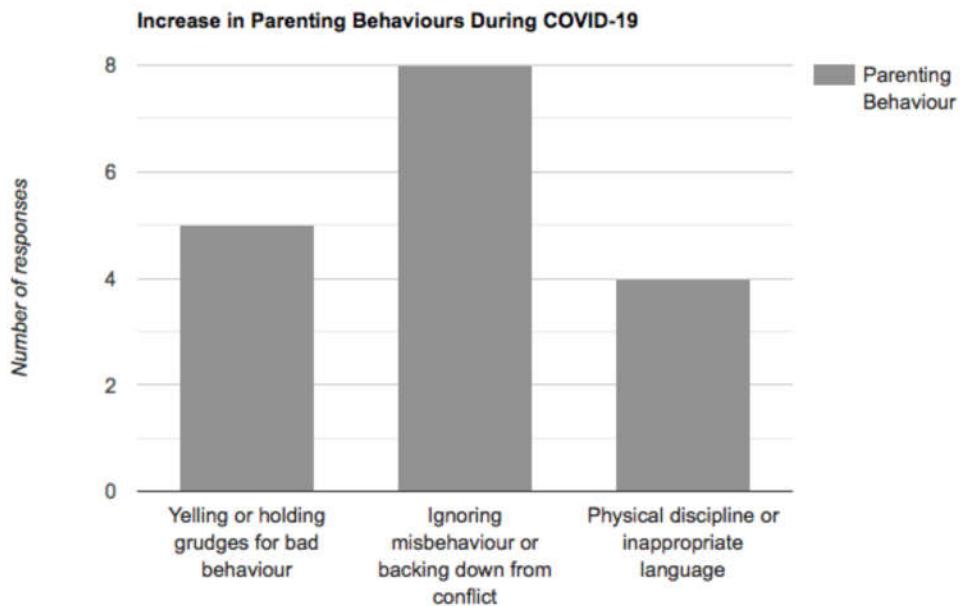


Figure 8. Participant responses for the survey question “since the COVID-19 pandemic have you found an increase in the use of any of the following with your child/children?”

Note. Abbreviation of full survey questions found in Appendix 2.

Qualitative analysis

Four telephone interviews were held with participants who had expressed their interest, when prompted in the survey, in taking part in a telephone interview. Although saturation was not reached, a thematic analysis was used to identify any themes across interviews. The main themes that emerged were the value of the practical factors of the program, the accessibility of parenting information in Prince Edward Island, the participants’ overall experience with the program, and how the COVID-19 pandemic has impacted their experience as parents.

Practical factors

Timing and availability. For all four interview participants, there were several practical elements that were important in their decision to participate in and complete the program initially. One such element is the program’s overall design, which allows for the program to be

completed at home and at the participant's own pace. One participant suggested while they had participated in an in-person intervention as well as Triple P Online, they liked that given the nature of Triple P Online, they could complete the program at their own pace when they were ready. Another participant who also appreciated this feature commented that it was important that they were able to complete the program with their husband. They suggested that by being able to complete the modules as it suited them, it gave them the opportunity to work around their schedules to ensure that there was consistency for their children by parenting the same way.

Regarding their overall experience of the program, they explained:

“Um, it was- we had a great experience with it because we could do it on our own time and we can do it like- we didn’t have- like I wasn’t limited to how much information I could gain at once or how much information or how long I had to be with... the program like, sometimes I get ten minutes and then have to deal with like- house parenting and stuff like that and- and then we were able to do it at nighttime and my husband and I we were able to do it together if we wanted to” (M, phone interview, February 18th, 2021).

The other two participants shared similar sentiments that it was convenient to have the flexibility of engaging with the program at the time and place that suited their needs.

Evidence base. Of similar importance to some of the participants was that Triple P is supported by a strong evidence base. While there was one participant who indicated it was not important, the remaining participants agreed that it was. One participant commented that if there hadn’t been any history of situations where Triple P was shown to be effective for people, they would have no way of knowing if they are using their time wisely by taking part in the program.

Program cost. After being informed that Triple P Online is free to access because the Prince Edward Island government pays for the cost of the \$80 access code, participants were

asked how important it is to them that the program remains free. There were two participants who acknowledged that the cost of the program was at least somewhat important to them, with one participant commenting:

“...that was a big part of um- well a big reason why I- I did it because not knowing if the program was going to be beneficial I wasn’t willing to spend eighty dollars on something that I wasn’t sure was going to be beneficial to my situation. So, I probably wouldn’t have done it if- if I had to pay for it” (P, phone interview, February 16th, 2021).

All four participants indicated that they believed the cost associated with the program would be important to parents in general; specifically, if it was not provided free of charge that the cost would be a deterrent to parents choosing to access the program. One participant suggested that this may be an even bigger barrier for parents who may already be struggling, such as single parents.

Accessing Parenting Information

Finding Triple P Online. Participants were asked if they were encouraged by a professional to get involved with Triple P Online or it was something they sought themselves, and the response was split. Two of the participants responded that they had been recommended by a professional in the community, including a social worker and a psychologist. The other two reported finding the program more organically, with one participant finding it through an advertisement and the other from a government website as it was shared during the pandemic.

Parental support. All four participants agreed that there exists at least some support for parents on Prince Edward Island. Friends, family, their children’s school, their husband, and community mental health facilities were all cited by one participant as sources they either felt personally supported by or felt were available to offer support if needed. Another participant

commented that while they believe there is support that exists for parents, that the form that support is often in, like programs and courses, can be related to negative experiences for those who are required to do such programs. They suggested:

“...sometimes people are forced to do them and that kind of stuff, so I do find that there’s kind of a stigma around it that it doesn’t make people wanna be like, “oh hey, I should do this!” I think it needs to like... it needs to come from more than just government employees. It should definitely um... if it was possible to make a more positive spin off it” (A, phone interview, February 16th, 2021).

Similarly, another participant suggested that, while they believe there is support available, the individual who needs it needs to be willing to look for it. They explained that when they had been looking for support, they had to speak to several professionals before they had been told about Triple P Online. All four participants agreed that they do not think that parents are aware of the programs, like Triple P Online, that exist to support them, with one participant commenting that they may not realize how helpful it can be.

Experience Pre- and Post-Intervention

Prior to engaging with Triple P Online, three of the four participants reported that they were having some sort of behavioural problems with their children and that they did not possess the tools to address those problems properly. One participant commented that prior to engaging with Triple p Online, “I super yelled a lot and I um... I punished instead of disciplining. Um yeah... it was... it was pretty eye-opening, and it's funny because it's like the most common-sense thing that you can do, and you're like, “oh wow” (A, phone interview, February 16th, 2021).” Another participant commented that ongoing mental health issues had led to behavioural issues in their children, which led to a professional recommending Triple P Online to help them

navigate those problems. A third participant commented similarly that they were experiencing issues with tantrums.

After engaging with Triple P Online, three of the four interview participants reported that they saw positive changes in their children or their parenting. When asked if they had noticed any behavioural changes in their children after taking part in the program, one participant commented:

“hundred percent. I did find that... you know like I said I was a yeller, I don’t even know why (laughing) and uh... after I realized like, and I knew that all along, I knew yelling’s not gonna make anybody listen more it actually make’s people listen less but um... just reading it and seeing it and stuff like that uh... I found the kids were really like... they’re more receptive to... the contract type parenting as opposed to the high-stress emotional parenting” (A, phone interview, February 16th, 2021).

The other two participants both responded that they had noticed positive behavioural changes in their children since using Triple P Online. When asked if they felt better equipped to deal with potential parenting challenges after using the program, three of the four interview participants indicated that they did feel better equipped, with the fourth indicating that they did not. The fourth interview participant suggested that they had a good experience parenting prior to using the program and that after completing the program, it was the same.

Module Completion

Number of modules completed and barriers. All four interview participants indicated that they finished all the modules of the version of Triple P Online they had accessed. While they would not necessarily be able to speak to the same kinds of barriers that may have deterred non-completers, the participants were able to identify some issues they experienced while completing

the program. One participant reported that they felt that some of the examples that the program offered were not relevant for parents living in smaller cities. They also suggested that while this was not something that impacted their experience personally, that in terms of the simplicity of the online program design, “It should be dumbed down a little bit for people that... you know obviously... I’m fine with- with dealing with electronics and stuff like that, but I’m sure people that aren’t used to having that stuff at their fingertips, and it could definitely be dumbed down a little bit more for those people” (A, phone interview, February 16th, 2021). While there was one participant who indicated that they had some form of technical issue while using Triple P Online, two other participants indicated that they found the program to be user-friendly overall. When asked whether they think offering technical support would be of benefit either to their experience or for future users, two of the four interview participants indicated that they believe it would be beneficial.

Facilitators for module completion. Given that all four interview participants completed all modules and found no difficulty in staying motivated, we were unable to analyze what could have helped them complete more modules. However, we were able to discuss whether they thought having access to a Triple P practitioner via telephone conversation or to an online forum component of Triple P Online would have influenced their program experience. In regard to whether they thought being able to communicate with a Triple P practitioner would be of benefit, three of the participants indicated that they believed it would be a positive feature. One participant commented that they believed it might be beneficial for users who feel stuck or frustrated. Another participant indicated that if they had been able to talk to a practitioner about some of the topics that the program discussed, it might have been beneficial for their own experience. Regarding adding a social media or forum element to the program, participants had

mixed reactions. Two of the participants indicated that they believed it would be a positive experience, with one participant commenting:

“I think it would give us... like some more ideas of how to... like if one way wouldn’t work then a different way of approaching it -cause some people learn differently so they might have taken a different- taken a different look and didn’t see it the way we seen it so... they might see it a different way and be able to still implement the program... with uh, a different view” (M, phone interview, February 18th, 2021).

Another participant suggested that while they believe having a social media component could provide a positive experience, they would be worried that people would focus solely on their personal problems and parenting experiences rather than discuss the program’s content and how it relates to those problems. The fourth participant indicated that they would not have taken part in a social media component had it been available.

Individual Program Elements

Useful aspects. Between the four participants, there were varying opinions on what aspect of Triple P Online they found to be the most useful. The video clips, the worksheets, and having the option to re-read and reference the content were all cited as helpful in engaging with the information. Two participants cited the video clips as especially important. One participant commented that being able to hear and see the examples made it easier to envision themselves working out the problems that are being discussed. Similarly, the other participant suggested that the video clips were an important component for them as a visual learner.

Elements to be changed. While there were some participants who suggested the video clips were a useful part of their experience with Triple P Online, there were also participants who felt the opposite. The two other participants indicated that they believed the video clips could be

changed or updated. One participant commented, "...the videos, man are horrible. They're the worst [laughter]. So bad. They're just from like the seventies or eighties I don't know, just like they're brutal... yep" (A, phone interview, February 16th, 2021). They further commented that while they could acknowledge there was good content to be taken from the videos, the delivery made it difficult to watch. When prompted about what they would like to see changed, another participant commented that they believed it was all useful, as the different elements allowed for different ways of learning the information.

COVID-19 and Parenting

Although most survey participants identified the COVID-19 pandemic as an influence in introducing new challenges to their parenting, three out of the four interview participants claimed that they found no such change. In questioning whether it has impacted their children or their own wellbeing, one participant responded that while their husband might have a different opinion, they did not personally feel that it had impacted them. In regard to what the influence may have been on their children, they said that they feel children are often more resilient than adults. Similarly, another participant added that they do not think their children had been overly affected by the pandemic but that they did find they had some increased stress at certain points. They explained that as a result of the pandemic, they had gone without work for some time and were worried about when they could return to their job and the impact it would have on their income.

The fourth participant commented that they felt the pandemic had had an impact on their mental health and the mental health of their children. They explained that it had been difficult because they had to be together all the time and because they were not able to get out and do the things they would normally do; they were not able to get a needed break from each other. They

described that being home so often has also influenced their level of anxiety, commenting that they have more panic attacks and that when talking to their children about the pandemic, it is a struggle not to show their anxiety. Responding laxly to their children's behaviour had also become more common since the pandemic, something they suggested was difficult to get a handle on once school returned and they needed to get back into their old routines. While there was not a consensus on how they experienced the pandemic, all four participants agreed that Triple P Online would be a suitable resource for anyone who may be experiencing issues as a result of the pandemic.

Additional Comments from Participants

While not an overall theme from the interviews, two participants did make comments which indicate that either they believe, or that most parents would be of the belief, that Triple P Online is a program that would be sought out or undertaken only by parents who are experiencing difficulties in parenting, not by any parent looking to enhance their parenting skills. When asked if they would recommend Triple P Online, one participant commented, “um, I would if everything else has failed for them... and they have no more like- want more resources... it is a really great program” (M, phone interview, February 18th, 2021). When speaking about the content they would like to see added, they further commented, “... if you’re seeking out to- the... Triple P programming... there’s a reason for it like you’ve already gone to where you can’t come back from...” (M, phone interview, February 18th, 2021). Another participant shared a similar sentiment. They believed that since professionals in the community are mainly promoting the program as a response to parents seeking help for problem behaviour, that people will associate the program as being for those that have trouble in parenting, not for

any parent looking to increase their knowledge. They suggested that in further promotion of the program, there should be an effort to advertise it in a more positive and inclusive manner.

Discussion

Main Findings

The results of this study offer some preliminary insight into the Triple P Online user experience for parents in Prince Edward Island and have the potential to offer direction for future research into online parent education. The recruitment rate for this study was low, and we have no reason to be confident that participants are representative of the population of Prince Edward Island's Triple P Online users. In fact, we know that our participants were substantially more likely to complete Triple P Online modules than is normally the case as only 43% of users, regardless of program version, complete the introduction and first module (K. Duffy, personal communication, March 26th, 2021). However, the study's main findings provide some indication of the importance of the existence and accessibility of the program for some island families. The main findings include the accessibility of parenting information and parental support, the importance of funding Triple P Online, the perception of existing and additional program elements, future program marketing, and the impact of COVID-19 on parenting.

Accessibility of parenting information and parental support. Responses from the survey and comments from the interview participants offer some insight into the accessibility of parenting information in Prince Edward Island. The majority of survey participants indicated that they had heard about Triple P Online through a professional from their community. While this suggests that when in need of parental support, parents are being redirected to the appropriate channel, as was suggested by an interview participant, this has the potential to stigmatize help-seeking behaviour as being only for those families who are desperately in need of support. As

has been found in other research related to Triple P Online, the stigma around seeking parenting information is a significant barrier to increasing program uptake (Baker et al., 2017). This suggests the importance of promoting Triple P Online to all parents as a means of increasing parental skills, not just those who are already experiencing challenges. This normalization of parent education is what will demystify help-seeking behaviour and will hopefully prevent parents, like the interview participants from this study, from viewing Triple P Online as the last resort when all else has failed.

Importance of funding TPOL. The majority of both survey and interview participants indicated that they had a positive experience using Triple P Online and noticed positive changes either in their levels of parental confidence, or their child's behaviour, or both after engaging with the program. However, 18 out of the 19 survey respondents indicated that they would not have purchased the program had it not been paid for by the government, and these are the small proportion of people sufficiently invested in Triple P Online to complete the survey. Those 18 people perhaps would not have had access to evidence-based parenting information otherwise and may not have been able to improve their parenting skills without the program. We know based on numerous studies that Triple P Online has shown to be effective for parents (Sanders et al., 2014; Turner & Love, 2014), and this study has shown similar preliminary results.

Perception of existing and additional program elements. When survey participants were asked to rate several program elements, including content, the interface, video clips, activities, and workbooks, they all received ratings of "average" or above. Similarly, interview participants had positive feedback about most program elements. One program element that received some criticism from both groups was the video clips, which was the only program element to receive a rating of "very poor" by one participant. While some reported that the

videos were hard to follow and others reported that they were simply outdated, there was some consistency around the video clips being a program element that participants suggested needs attention.

While participation rates were low and, therefore, need to be interpreted in light of that, the results of this study hint that there may be some benefit to adding additional program elements to further the Triple P Online experience. In the survey, when prompted to indicate what may have helped increase module completion, two out of 11 participants indicated that being able to communicate with other parents who were also completing the program would have been beneficial. An additional three participants indicated that having access to a Triple P practitioner would have potentially helped in completing more modules. The results for the interviews were similar, with three participants indicating that being able to communicate with other parents via a social media component of Triple P Online and having access to a Triple P practitioner could have been very positive additions to their program experience.

Other research on this topic has still been relatively inconclusive in regard to whether offering program support, such as in the form of a practitioner, definitively increases module completion (Dittman et al., 2014). However, in 2017 Day and Sanders found that participants tended to complete more modules and report higher levels of program satisfaction when in a supported condition. While still very preliminary, this study also offers some support for the idea that adding these more supportive elements into program delivery could potentially increase module completion.

Impact of COVID-19 on parenting. When asked about increased challenges as a result of the COVID-19 pandemic, the majority of survey participants indicated that they were experiencing some sort of struggle since the onset of the pandemic. Increased parental stress as

well as child emotional and behavioural problems were cited as the most commonly faced parenting challenges. While these results are only preliminary, they are similar to the Triple P Online research that has been conducted in Queensland, Australia, since the beginning of the pandemic. This research indicated that Triple P Online users in Queensland were also reporting increased levels of stress, child conduct problems, as well as child emotional problems (Triple P Parenting Program, 2020). Although most interview participants reported no new parenting challenges as a result of the pandemic, which was surprising considering the response from the survey participants, they did indicate that they believed that Triple P Online would be a suitable resource for anyone who was experiencing challenges as a result of the pandemic.

Future program marketing. The majority of participants who responded to the survey were mothers, and while this is in-line with other parent education research (Tully et al., 2017), there is the potential to increase father participation through inclusive and targeted program marketing (Wells et al., 2016). It has been found that fathers are less likely to engage in help-seeking behaviour (Tully et al., 2017), and since the majority of participants indicated that they found out about Triple P Online through a professional in the community, it comes as no surprise that the number of fathers in the study was so low.

Currently, there is little marketing being done to promote Triple P Online island-wide. Interview participants indicated that they did not believe that many parents were aware of the existence of programs, like Triple P Online, that exist to support them. As previously mentioned, there is a worry that the stigma around reaching out for support, whether you are experiencing a problem or just want to increase your parenting skills, may prevent people from engaging with programs like Triple P Online. Given the findings of this study, it seems there may be some benefits in promoting Triple P Online in a more inclusive manner so as to reach more specific

audiences, like fathers, to decrease the stigma around help-seeking behaviour, and to get more parents involved with an effective evidence-based parenting intervention during a time where many parents have indicated they have been facing an increased struggle.

Methodology

With over 400 emails registered as having accessed Triple P Online within the last two years in PEI, the hope was to have a moderate sample size. Even with a large number of emails, a high response rate was not anticipated given that some users would have discontinued their use of the program quite some time before the study was conducted and would therefore not feel much connection to the survey. Regardless, it was hoped the short survey time, the opportunity to enter to win a prize of one of four \$25 gift cards, provision of a reminder email invitation, and the assurance of anonymity would entice survey participants. Unfortunately, though, only 19 participants completed the survey.

One advantage of the present study was that it used quantitative and qualitative data to analyze the delivery of Triple P Online in a particular area. To date, much of the Triple P Online research has sought to analyze its effectiveness compared to other forms of Triple P of the same intensity level or to analyze pre-and post-intervention changes for parent and child. Although most of the survey questions provided were multiple-choice response options, the addition of the interviews provided the opportunity for further participant elaboration about program experience, the availability of parental support, the impact the COVID-19 pandemic has had on themselves and their families.

Limitations

Small sample size is the principal limitation of the study. Survey respondents cannot be considered representative. It was not possible to contrast perspectives and experiences of sub-

groups of the already small study sample. The relatively high proportion of study participants who completed all Triple P Online modules limited our ability to learn about barriers to module completion. Similarly, only a small number of participants agreed to take part in a telephone interview. Therefore, saturation was not reached, and while the four interviewees provided insightful comments, the scope of the qualitative data is limited to their experiences. Consistent with other parent education research, there was also a small number of fathers who took part in the survey. Given that they are a group that has been known to discontinue program participation prior to completion (Tully et al., 2017; Frank et al., 2015), having more father participation may have provided a more insightful look into barriers to program completion.

Another limitation was an error in survey design. Survey questions asking about module completion had responses designed with the eight-module format in mind. However, that relates to the 0-12 version of Triple P Online; Triple P for pre-teens and teens has only six modules, so we were not able to accurately identify module completion for this version of the program. This also may have confused some participants who attempted to indicate that they finished all six modules as four participants indicated that they had completed between three and six modules. Given that six participants responded that they completed the Triple P for pre-teens and teens, those participants who completed three and six modules may have actually been program completers. Any future research on module completion should ensure that the two program versions are being analyzed separately.

Given that the study sought to identify barriers to engaging with and completing Triple P Online, another potential limitation was the online nature of the survey. This might have been a deterrent for any person who struggled with the program, given its online format. This study may have attracted those familiar and comfortable with technology, people who may not have been

able to speak to the barriers that may exist for users not as adept with technology. This might have contributed to the high number of program completers in the sample and positive ratings given to the program. Similarly, all interview participants completed all modules of the Triple P Online version they accessed and, therefore, did not have many critiques of the program. These results ultimately did not allow for a critical examination of barriers to program completion as the majority of participants completed more than half of the modules.

Recommendations for Future Research

Future research on Triple P Online's user experience in Prince Edward Island should prioritize finding a means to increase study participation. Trying to learn as much as possible from current and past users is an important undertaking as it can inform how to best deliver the program to maximize program participation and module completion. We know that the average PEI user is not likely to complete more than two or three modules, regardless of program version (K. Duffy, personal communication, March 26th, 2021). While we also know that users can see benefits from completing very few modules, maximizing program completion should still be prioritized as program effects have found to be dose-related with those completing upwards have four modules seeing the most significant results (Ehrensaft et al., 2016; Turner & Love, 2014). To do this, it is important to further engage with the average user who can potentially identify existing barriers to program completion. Emphasizing in the invitation to participate in the study that program completion is not a requirement and that gaining the insights of those who did not finish the program or had a negative program experience is an essential aspect of the research is perhaps one way of increasing study participation.

Given that there is now a survey designed to assess Triple P Online's user experience, there is the potential for the survey to be implemented as a standard post-program completion

assessment. Similar to how the link and invitation were emailed to participants in the present study, an invitation and survey link could be automatically sent to users once they have completed the version of Triple P Online that they accessed. This would mean that data could be gathered on an ongoing basis, allowing the province to assess user experiences and opinions as changes are made to program delivery and marketing. If users did not complete the program within a certain time period, along with a reminder email, they could be sent the same or a similar version of the survey, which would ask about facilitators and barriers to module completion. This would potentially reduce the issues of program non-completers not taking part in the survey.

Future research that wishes to utilize the survey that was developed as part of this study should consider adding a demographic question that examines newcomer status as it relates to the province of Prince Edward Island. By making this addition, researchers would be able to better understand whether awareness of Triple P Online is reaching newcomers or if the program is failing to reach newcomers to the province.

Future research concerned with the Triple P Online module completion rates of island parents may endeavour to further analyze what value exists in introducing supportive program elements such as a social media component or Triple P practitioner telephone support. Having these as separate survey questions and providing more explanation about what these features would look like if they were implemented may generate more clear responses.

Future research could also look to analyze Prince Edward Island parents' unique experience as it relates to the COVID-19 pandemic. While survey participants did indicate that they had experienced new parenting challenges as the result of the pandemic, the interview participants indicated that they had not experienced any changes. Given that Prince Edward

Island has not had the same COVID-19 experience as other provinces, or even other countries, the pandemic may have impacted families in a manner other than their children's behaviour or their own levels of parental stress, as identified by the Queensland research (Triple P Positive Parenting Program, 2020), which the interview questions also sought to analyze. Asking open-ended questions about the role the pandemic has played in their lives may lead to more discussion.

Implications for Triple P Online in Prince Edward Island

The results of this research have several implications for Triple P Online program delivery in Prince Edward Island. First, as noted, participants reported that they mainly found out about Triple P Online through a professional in the community and similarly indicated that they did not feel that the program was well known by parents across the province. By implementing an inclusive marketing strategy to encourage program participation for all parents, there is the potential to de-stigmatize parent education, leading more parents to access evidence-based parenting information.

Second, given that Triple P Online has shown to be an effective tool for parents in this study, and with PEI parents struggling more as the result of the pandemic, it is extremely important that the government continue to invest in island families through their continued funding of Triple P Online. As noted, the majority of participants indicated that they would not have paid for the program if it had not been provided to them free of charge. Therefore, as the dissemination of Triple P Online increases, it is essential that the program remains free for island families to access.

Third, as noted, the survey that was developed as part of this study has the potential to be used as a tool to provide consistent feedback about the Triple P Online experience if

incorporated as a standard follow-up to people receiving PEI access codes. This would provide valuable feedback to the government on an ongoing basis about program effectiveness and insight into increasing module completion if non-completers are also invited to participate.

Fourth, given that there were some comments made by both survey and interview participants about the video clips used in Triple P Online, some acknowledgement of the videos' age may help people focus on the content, which is not outdated and is still effective.

Fifth, although the participants in both the survey and the interviews were mainly program completers, they indicated that they see value in implementing new program elements such as practitioner support and a social media component of Triple P Online. This could be meaningful as it suggests that if there is interest among this group who completed the program without these additional elements, there is the potential for further interest amongst non-completers. Future research could attempt to answer this question by engaging more non-completers and asking about facilitators to module completion, such as the additional program elements.

A sixth implication of this study comes from the survey results, which have suggested that parents face unique struggles as the result of the COVID-19 pandemic. Parenthood, for many, already has its challenges. Given that the pandemic has added new parental stressors and child behavioural problems for some, these new challenges, when coupled with parenting challenges, can quickly become overwhelming for parents to manage if they do not have access to the right tools (Gonzales et al., 2019). As noted, there have been 40 more registrations for Triple P Online in 2020 than in 2019, with the majority of these registrations occurring in April, May, and June (K. Duffy, personal communication, March 26th, 2021), which were months where the province imposed a lockdown due to the pandemic. Given the increase in people

requesting access codes in 2020, it is likely that parents who are experiencing new challenges resulting from the pandemic are seeking new skills to cope with these challenges. Therefore, there is value in identifying the stresses the pandemic has created for PEI parents. By recognizing these challenges, and the desire for parents to manage parental stress through evidence-based parental education, we can aim to offer additional support to families by connecting them to programs like Triple P Online.

Conclusion

This research provides some support for the idea that Triple P Online has a positive presence in Prince Edward Island and that for those who have accessed the program, it has impacted their family for the better. While PEI has had a unique experience with the COVID-19 pandemic compared to other provinces, this study has shown that island parents are also struggling. The positive program ratings and participant feedback provide further support for this program's effectiveness and offers some evidence that increasing the presence of this program in PEI could be a beneficial undertaking. Although the study was conducted on a small scale, the results indicate that if program delivery can be increased to reach even more parents, it is likely that the program can have an even greater impact on the lives of island families. By adopting an inclusive marketing strategy that paints parent education as a positive experience for parents and caregivers, the Prince Edward Island government can help deliver effective evidence-based tools that families can carry with them as their children grow.

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Appendix 1

EMAIL INVITATION TO PARTICIPATE IN THE SURVEY

Hello TPOL users,

As either a past or current user of Triple P Online, you are invited to take part in the “Triple P Online Experience Survey” being conducted by Brianna Squires, a student at the University of Prince Edward Island. The purpose of the survey is to understand user experiences with Triple P Online to improve the program experience for future users.

The survey is anonymous and should take approximately 10 minutes to complete. If you are interested in taking part, please click the link below. Further information about the survey can be found posted below this message.

https://docs.google.com/forms/d/e/1FAIpQLSfrN09st_vEhUrSsBNUzWhW78_L4WMt0jW6ppcqt0vvJ5DA/viewform?usp=sf_link

We thank you for your time,

Katie Duffy

Information Sheet and Consent Form for Participants

As a past or current user of Triple P Online, you are invited to take part in an online survey. The purpose of the survey is to gain an understanding of user experiences with Triple P Online so as to improve the experience of the program for future users.

The survey will be conducted online using Google Forms and should take roughly 10-15 minutes to complete. The survey will be open for a week and a half from today’s date and can be completed at any time that suits you. You will be asked questions regarding your experience with Triple P Online, your thoughts on specific program elements, how many modules you have completed, any suggestions you may have to improve the program, and how the COVID-19 pandemic has influenced your experience as a parent.

Your participation in this research project is voluntary and will pose no harm to you. You may stop your participation in the research project at any time, without penalty. You are free to decline to answer any question you do not wish to answer for any reason.

Compensation:

Those who take part in the survey will have the option to submit their email for the chance to win 1 of 4 \$25 gift cards. If you are a winner, you will be contacted by email and asked to provide your mailing address to have the gift card mailed to you. Any postal addresses recorded for the purpose of mailing gift cards will be destroyed as soon as utilized.

Confidentiality:

No one will be able to identify who you are from the data given or in any report the information provided in this study may be presented in. You will be asked a few personal demographic questions, such as your age, gender, and how many children in your care but no question that can be used to identify you.

As the data in this study will be collected via the online survey platform Google Forms, the confidentiality of online surveys and data collected and stored through American based companies such as Google cannot be guaranteed because the data can be accessed by Homeland security as per the US Patriot Act. Data confidentiality can therefore not be guaranteed. However, all measured data collected in the course of this project will remain confidential and anonymous, and you will not be able to be identified from any of your responses. The risks associated with participation are minimal, however, and similar to those associated with many e-mail programs, such as Gmail© and social utility spaces, such as Facebook© and Twitter©.

Consent:

- Your participation in the survey signifies your consent.
- You may discontinue participation and not complete the survey at any time.
- You may choose not to answer any question at any point in time.
- If you DO NOT agree to take part, there will be no penalty.
- There are three times in the survey where you will have the option to enter an email address. I will gather email addresses separate from other survey responses, never linking addresses to other responses.

Conclusion:

There are no risks associated with taking part in this study and your responses will help us to offer a better experience to future users of Triple P Online.

This is a research project being conducted by Brianna Squires, a student at the University of Prince Edward Island. If at any point you have any questions or concerns regarding the research you can contact myself, Brianna Squires (bsquires@upei.ca) or my supervisor Dr. Philip Smith (smithp@upei.ca).

This research project has been approved by the UPEI Research Ethics Board. Any concerns about the ethical aspects of your involvement in this research project may be directed to the UPEI Research Ethics Board (902) 620-5104, email: researcherportal@upei.ca.

I thank you for your consideration.

Sincerely,
Brianna Squires

If you wish to take part please access the link below.

https://docs.google.com/forms/d/e/1FAIpQLSfrN09st_vEhUrSsBNUzWhW78_L4WMt0jW6ppcqt0vvJ5DA/viewform?usp=sf_link

REMINDER EMAIL

Hello again TPOL users,

This is a follow-up message regarding the “Triple P Online Experience Survey.” We do not track who has and has not completed the survey, so this is a thank you to those who have completed the survey and a reminder for anyone interested who hasn’t had the opportunity to take part; you have 5 days remaining to complete the survey.

The survey is anonymous and should take approximately 10 minutes to complete. If you are interested in taking part, please click the link below. Further information about the survey can be found posted below this message.

https://docs.google.com/forms/d/e/1FAIpQLSfrN09st_vEhUrSsBNUzWhW78_L4WMt0jW6ppcqt0vvJ5DA/viewform?usp=sf_link

This is the last time you will be emailed regarding this study. We thank you for your patience!

Katie Duffy

Information Sheet and Consent Form for Participants

As a past or current user of Triple P Online, you are invited to take part in an online survey. The purpose of the survey is to gain an understanding of user experiences with Triple P Online so as to improve the experience of the program for future users.

The survey will be conducted online using Google Forms and should take roughly 10-15 minutes to complete. The survey will be open for a week and a half from today’s date and can be completed at any time that suits you. You will be asked questions regarding your experience with Triple P Online, your thoughts on specific program elements, how many modules you have completed, any suggestions you may have to improve the program, and how the COVID-19 pandemic has influenced your experience as a parent.

Your participation in this research project is voluntary and will pose no harm to you. You may stop your participation in the research project at any time, without penalty. You are free to decline to answer any question you do not wish to answer for any reason.

Compensation:

Those who take part in the survey will have the option to submit their email for the chance to win 1 of 4 \$25 gift cards. If you are a winner, you will be contacted by email and asked to

provide your mailing address to have the gift card mailed to you. Any postal addresses recorded for the purpose of mailing gift cards will be destroyed as soon as utilized.

Confidentiality:

No one will be able to identify who you are from the data given or in any report the information provided in this study may be presented in. You will be asked a few personal demographic questions, such as your age, gender, and how many children in your care but no question that can be used to identify you.

As the data in this study will be collected via the online survey platform Google Forms, the confidentiality of online surveys and data collected and stored through American based companies such as Google cannot be guaranteed because the data can be accessed by Homeland security as per the US Patriot Act. Data confidentiality can therefore not be guaranteed. However, all measured data collected in the course of this project will remain confidential and anonymous, and you will not be able to be identified from any of your responses. The risks associated with participation are minimal, however, and similar to those associated with many e-mail programs, such as Gmail© and social utility spaces, such as Facebook© and Twitter©.

Consent:

- Your participation in the survey signifies your consent.
- You may discontinue participation and not complete the survey at any time.
- You may choose not to answer any question at any point in time.
- If you DO NOT agree to take part, there will be no penalty.
- There are three times in the survey where you will have the option to enter an email address. I will gather email addresses separate from other survey responses, never linking addresses to other responses.

Conclusion:

There are no risks associated with taking part in this study and your responses will help us to offer a better experience to future users of Triple P Online.

This is a research project being conducted by Brianna Squires, a student at the University of Prince Edward Island. If at any point you have any questions or concerns regarding the research you can contact myself, Brianna Squires (bsquires@upei.ca) or my supervisor Dr. Philip Smith (smithp@upei.ca).

This research project has been approved by the UPEI Research Ethics Board. Any concerns about the ethical aspects of your involvement in this research project may be directed to the UPEI Research Ethics Board (902) 620-5104, email: researcherportal@upei.ca.

I thank you for your consideration.

Sincerely,
Brianna Squires

If you wish to take part please access the link below.

https://docs.google.com/forms/d/e/1FAIpQLSfrN09st_vEhUrSsBNUzWhW78_L4WMt0jW6ppcqt0vvJ5DA/viewform?usp=sf_link

Appendix 2

TRIPLE P ONLINE EXPERIENCE SURVEY

Triple P Online Experience Survey

2021-03-23, 11:46 AM

Triple P Online Experience Survey

1. How did you hear about Triple P Online?

Mark only one oval.

- Childcare providers/teachers
- Friends/other parents
- Internet: parenting website, social media
- Professionals in the community
- Other: _____

2. In what year did you first access Triple P Online

Mark only one oval.

- Before 2019
- 2019
- 2020

3. Which version of Triple P Online did you access?

Mark only one oval.

- 0 - 12 For toddlers to tweens
- 10 - 16 For pre-teens and teens

4. How would you rate your experience using Triple P Online?

Mark only one oval.

- Poor
- Fair
- Good
- Excellent

5. After using Triple P Online did you find any of the following?

Check all that apply.

- I saw an improvement in my child's behaviour
- I had an improvement in my parental confidence
- I felt that I had the necessary skills to deal with parental challenges
- I had less conflict with my partner over parenting matters

6. After working through Triple P Online did you share any of the parenting information you learned with friends or family?

Mark only one oval.

- Yes
- No

7. As best as you can remember, of the 8 available Triple P Online modules, how many did you complete?

Mark only one oval.

- None
- 1 - 2
- 3 - 6
- 7 - 8

8. If you completed fewer than 8 modules, what was the main reason for stopping?

Mark only one oval.

- I had received the information or help I wanted
- I did not have the time to continue with the remaining modules
- I was not satisfied with the program elements (e.g., video, worksheets, etc.)
- I had difficulty navigating the program (e.g., technical issues)
- I completed all 8 modules
- Other: _____

9. If you did not complete all 8 modules, what do you think may have helped you in completing more modules?

Mark only one oval.

- Having someone available for technical support
- Having a Triple P practitioner available for telephone or email support to ask questions and discuss content
- Being able to communicate with other parents who are also using Triple P Online
- Other: _____

10. What was the initial reason you accessed Triple P Online?

Mark only one oval.

- I wanted to increase my parenting skills
- My child was experiencing behavioural problems (e.g., tantrums, aggression, disobedience, etc.)
- My child was experiencing emotional problems (e.g., anxiety, feeling unhappy or irritable)
- I wanted to build a better relationship with my child
- I wanted to learn how to encourage good behaviour
- Other: _____

11. What program factors were important in your decision to access Triple P Online?

Check all that apply.

- Being able to complete the program at your own pace
- Being able to complete the program from home/access anywhere
- It has a strong evidence-base and has been found to be effective
- There was no in-person support available because of COVID-19

Other: _____

12. How would you rate the overall content available in Triple P Online?

Mark only one oval.

- Very poor
- Poor
- Average
- Good
- Excellent

13. How would you rate the interface of Triple P Online (the way it is laid out)?

MODULE 1: WHAT IS POSITIVE PARENTING? ▾

RESOURCES

MODULE 1: WHAT IS POSITIVE PARENTING?

IN THIS MODULE:

What is positive parenting?

- A safe, interesting environment
- A positive learning environment
- Assertive discipline
- Realistic expectations
- Taking care of yourself

Common parent traps

Get active

DOWNLOAD WORKSHEETS

[!\[\]\(540d08f546dfdd227b0969fe6608071a_img.jpg\) Positive Parenting Principles and Infants](#)

[!\[\]\(d084a886b8715f7ceea7dc5f87f7d221_img.jpg\) Positive Parenting Principles and Toddlers](#)

[!\[\]\(003087ddb907d8b0599d4b968da72137_img.jpg\) Positive Parenting Principles and Preschoolers](#)

Mark only one oval.

- Very poor
- Poor
- Average
- Good
- Excellent

14. How would you rate the video clips used in Triple P Online?



Mark only one oval.

- Very poor
- Poor
- Average
- Good
- Excellent

15. How would you rate the program activities used in Triple P Online?

WHAT IS POSITIVE PARENTING?

Before we begin, think about the positive things you already do as a parent. What do you do well? What do you enjoy?

Type your text in here.



THINK ABOUT IT

[< Replay video](#)

[NEXT CLIP >](#)

Mark only one oval.

- Very poor
- Poor
- Average
- Good
- Excellent

16. How would you rate the workbook component of Triple P Online?

WORKBOOK

MODULE 1: WHAT IS POSITIVE PARENTING?

INTRODUCTION

The areas that seem to be of most concern to you right now are:

(Scale = Certain I can't handle it = 0/10; Certain I can handle it = 10/10)

- Disobedience (not listening, not following instructions). How I rate my confidence: 1/10
- Tantrums (getting angry, getting upset). How I rate my confidence: 1/10
- Fighting, aggression (hitting, biting). How I rate my confidence: 1/10

Keeping these concerns in mind can help you stay focused on what is important for you as we work through the program.

Mark only one oval.

- Very poor
- Poor
- Average
- Good
- Excellent
- I did not use the workbook

17. Some past research has found that when parents experience their own psychological difficulties, it can be more challenging to complete online activities like Triple P. Would you say that you were experiencing psychological difficulties at the time you were doing Triple P Online?

Mark only one oval.

Yes
 No
 Prefer not to say

18. The cost to the government to purchase an access code to use Triple P Online is approximately \$80. Had the access code not been provided to you free of charge, would you have purchased it?

Mark only one oval.

Yes
 No, I wouldn't have been able to afford it
 No, I wouldn't have made the purchase

19. Since the onset of the COVID-19 pandemic, a new module has been added and past users have been allowed to reopen their accounts to access it. Have you returned to Triple P Online to complete the new module?

Mark only one oval.

Yes
 No
 I intend to
 I am a new user so the module was already available to me

20. During the COVID-19 pandemic have you experienced an increase in any of the following parenting challenges?

Check all that apply.

- Child behavioural problems (e.g., temper tantrums, disobedience, dishonesty)
- Child emotional problems (e.g., feeling worried, clingy, unhappy)
- Parental stress (e.g., over-reacting to situations or being unable to wind down)
- Financial stress related to COVID-19

21. Since the COVID-19 pandemic have you found an increase in the use of any of the following with your child/children?

Check all that apply.

- Yelling, holding grudges for bad behaviour, or getting into long arguments
- Ignoring misbehaviour, bribing or coaxing your children to behave, or backing down from conflict
- Physical discipline or inappropriate language

22. Is there anything else about your experience with Triple P Online that you would like to tell us?

23. What gender do you identify as?

Mark only one oval.

- Male
- Female
- Non-binary
- Prefer not to say

24. What is your age?

Mark only one oval.

- Under 18 years old
- 18 - 30 years old
- 31 - 45 years old
- More than 45 years old
- Prefer not to say

25. What is the highest level of education you have completed?

Mark only one oval.

- Some high school
- High school or GED
- College
- Bachelor's Degree or beyond
- Prefer not to say

26. What best describes you?

Mark only one oval.

- Parent living with spouse/partner
- Parent living without spouse/partner
- Grandparent
- Foster parent
- Other: _____

27. Would you say that your current household income is enough to meet your needs?

Mark only one oval.

- Yes
- No
- Sometimes
- Prefer not to say

28. What is your current employment status?

Mark only one oval.

- Employed full-time
- Employed part-time
- Seeking Employment
- Retired
- Prefer not to say

29. How many children are in your care?

Mark only one oval.

- 1
- 2 - 4
- More than 4
- Prefer not to say

30. How often do you use the internet?

Mark only one oval.

- Less than 2 hours per week
- 2 - 10 hours per week
- Greater than 10 hours per week
- Prefer not to say

31. If you would like to be entered into a draw to win 1 of 4 \$25 gift cards please enter your email below. If you are a winner, you will be contacted by email and asked to provide your mailing address to have the gift card mailed to you.

32. To help further our understanding of user experiences with Triple P Online we are looking to recruit some participants for a brief phone interview. There are a limited number of spaces but those who complete the interview will be guaranteed to receive a \$25 gift card for their time. If you would be interested in telling us about your experience using Triple P Online please enter your email below and you will be contacted at a later date to set up a time for your interview.

33. If you would like to receive a link to the results of the study once they have been published, please leave your email below.

This content is neither created nor endorsed by Google.

Google Forms

Appendix 3

Letter of Introduction and Informed Consent

You have received this invitation to participate in an interview as part of the “Triple P Online Experience Study” as you have previously expressed your potential interest by providing your email in the “Triple P Online Experience Survey.”

The purpose of the interview is to get a more detailed picture of user experiences with Triple P Online. Having a better understanding of individual experiences and opinions will help us understand what may be done to maximize user satisfaction and provide parents with the most effective support possible. The interview will take approximately 20-40 minutes to complete and will be conducted over the telephone. The date and time of the interview will be selected once participation has been agreed upon. You will be asked to give your oral consent to participate at the beginning of the interview. Your participation in the interview is completely voluntary and you may withdraw participation or terminate the interview at any time, without penalty.

Compensation:

Those who choose to participate will receive a \$25 gift card as compensation for their time. If you participate, you will be asked at the beginning of the interview to provide your mailing address to have the gift card mailed to you. Any postal addresses recorded for the purpose of mailing gift cards will be destroyed as soon as utilized.

Confidentiality:

The interview will be audio-recorded and transcribed. Audio-recordings will be anonymously labelled with a code number for each participant. After transcription, the recording will be immediately destroyed. You may withdraw permission to use the data within two weeks after the interview, in which case all material will be deleted. All information provided by you for this study will be treated confidentially and will be securely stored.

Disguised extracts from your interview may be quoted in future reports. Any report made on the result of this research will ensure your identity will remain anonymous. This will be done by disguising any details of your interview which may reveal your identity or person(s) you have spoken about.

Listed below are the questions you will be asked in the interview. You may refuse to answer any question at any time, without penalty.

1. Tell me about your experience parenting prior to engaging with Triple P Online
 - What are some things that you think make parenting challenging either in your personal experience or in general for parents?
 - What are some ways in which you feel you are supported as a parent? Do you feel that there is adequate support available for parents?

- Do you think parents are aware of the programs, like Triple P Online, that exist to support them?
- What was your experience like parenting after engaging with Triple P Online?
 - Did you notice any emotional or behavioural changes in your child?
 - Did you feel better equipped to deal with potential parenting challenges?
- 2. Tell me about your overall experience with Triple P Online
- What motivated you to get involved with Triple P Online?
 - Were you encouraged by a professional in the community, like a doctor or teacher, or was it something you sought out yourself?
 - How did you find out about Triple P Online?
- What were the important factors in choosing Triple P Online?
 - Was it important to you that Triple P Online has a strong evidence base?
 - Was it important that you were able to complete the program from home at your own pace?
- What aspect(s) of Triple P Online did you find the most useful? (e.g., video clips, activities, worksheets, etc.)
 - Were there any aspects that you did not find as useful or that you would like to see changed?
- What is/are something(s), if anything, you would change about Triple P Online?
 - Is there a feature you would have liked to see more of, such as activities or video clips?
 - Is there a component not currently a part of the Triple P Online experience that you would like to see added?
 - What was your experience like trying to navigate the site? Was there difficulties? If yes, would having technical support have been of benefit?
- Did you find yourself sharing any of the information you learned from Triple P Online with friends, family, or other parents?
 - If yes, how was it received?
 - Would you recommend Triple P Online to other parents?
- 3. As best as you are able to recall, of the 8 available modules, how many did you complete?
- What barriers, if any, did you find in completing the modules?
 - What was the experience like having to complete the modules independently? Was there any difficulty in staying motivated?
 - Was the content applicable to your and your circumstances? Did you have any trouble picturing how the content would help you with your concerns?
 - What was your experience like trying to apply what you learned in the modules? Was there any difficulty trying to put it into practice? If yes, was it discouraging?
- What kinds of things could have helped you in completing more modules?
 - How do you think your experience would have changed if you had the option of communicating with other parents/caregivers via a social media component of Triple P Online?

- How do you think having access to a Triple P practitioner, via telephone conversation, would have influenced your experience using Triple P Online, if at all?
- What do you think the case might be for other parents?
 - Is there anything you think that may not have been necessary for you to have a successful experience but may enhance the experience for other parents using Triple P Online?
- 4. Given that the \$80 access code is paid for by the government, Islanders are able to access Triple P Online for free. How important to you is it that access to the program remains free?
- How important do you think it would be for other parents that access remains free?
- 5. Can you tell me what your experience has been like parenting during the COVID-19 pandemic?
- Have you seen any changes in your child's emotions or behaviour?
 - Have any behaviours or feelings returned that you saw had improved since using Triple P Online?
- How has it impacted you mentally and emotionally?
 - Have you found yourself more stressed either from parenting responsibilities or other factors in your life that have been impacted by the pandemic? (e.g., work, finances)
 - Have you used any of the parenting skills you learned from Triple P Online? If yes, which skills?
 - Has there been any changes in the parenting behaviours you have been engaging in? (e.g., using punishments that weren't used before, being more lenient or lax with misbehaviour, being quick to anger or holding grudges)
- Do you think Triple P Online is a suitable resource for parents who may be experiencing significant parenting issues during the COVID-19 pandemic?

This is a research project being conducted by Brianna Squires, a student at the University of Prince Edward Island. If at any point you have any questions or concerns regarding the research, you can contact myself, Brianna Squires (bsquires@upei.ca) or my supervisor Dr. Philip Smith (smithp@upei.ca).

This research project has been approved by the UPEI Research Ethics Board. Any concerns about the ethical aspects of your involvement in this research project may be directed to the UPEI Research Ethics Board (902) 620-5104, email: researcherportal@upei.ca

If you wish to participate, please respond to this email indicating days of the week and times of day that are most convenient for you to take part, and I will be in touch to set up a time. If you do not wish to participate in this research, please reply to this email stating that you no longer wish to participate, and we will not contact you again regarding this research.

I thank you for your consideration.

Sincerely,
Brianna Squires

Appendix 4

SCRIPT FOR TELEPHONE CONSENT AND INTERVIEW

Hello, my name is Brianna Squires. I am calling today regarding our scheduled telephone interview about your experience as a past or present user of Triple P Online. I am an honours student at the University of Prince Edward Island conducting research to find out about people's experiences using Triple P Online so as to improve the program experience for future users. Your participation will involve one informal interview that will last between twenty and forty minutes. This research has no known risks. Please keep in mind that your participation is voluntary, and you can stop the interview or choose not to answer any question at any time.

Please know that I will do everything I can to protect your privacy. Your identity or personal information will not be disclosed in any publication that may result from the study.

Would you be able to provide me with your mailing address so we can mail you your \$25 gift card to compensate you for your time?

Would you like to provide me with your email address to be emailed a link to the results of the study once they have been published?

Do you have any questions about the information and consent letter emailed to you?

Do I have your permission to interview you?

Do I have your permission to audio-record the interview?

Would it be okay to begin with my questions?

Tell me about your experience parenting prior to engaging with Triple P Online

- What are some things that you think make parenting challenging either in your personal experience or in general for parents?
- What are some ways in which you feel you are supported as a parent? Do you feel that there is adequate support available for parents?
 - Do you think parents are aware of the programs, like Triple P Online, that exist to support them?
- What was your experience like parenting after engaging with Triple P Online?
 - Did you notice any emotional or behavioural changes in your child?
 - Did you feel better equipped to deal with potential parenting challenges?

Tell me about your overall experience with Triple P Online

- What motivated you to get involved with Triple P Online?
 - Were you encouraged by a professional in the community, like a doctor or teacher, or was it something you sought out yourself?
 - How did you find out about Triple P Online?
- What were the important factors in choosing Triple P Online?
 - Was it important to you that Triple P Online has a strong evidence base?
 - Was it important that you were able to complete the program from home at your own pace?

- What aspect(s) of Triple P Online did you find the most useful? (e.g., video clips, activities, worksheets, etc.)
 - Were there any aspects that you did not find as useful or that you would like to see changed?
- What is/are something(s), if anything, you would change about Triple P Online?
 - Is there a feature you would have liked to see more of, such as activities or video clips?
 - Is there a component not currently a part of the Triple P Online experience that you would like to see added?
 - What was your experience like trying to navigate the site? Was there difficulties? If yes, would having technical support have been of benefit?
- Did you find yourself sharing any of the information you learned from Triple P Online with friends, family, or other parents?
 - If yes, how was it received?
 - Would you recommend Triple P Online to other parents?

As best as you are able to recall, of the 8 available modules, how many did you complete?

- What barriers, if any, did you find in completing the modules?
 - What was the experience like having to complete the modules independently? Was there any difficulty in staying motivated?
 - Was the content applicable to your and your circumstances? Did you have any trouble picturing how the content would help you with your concerns?
 - What was your experience like trying to apply what you learned in the modules? Was there any difficulty trying to put it into practice? If yes, was it discouraging?
- What kinds of things could have helped you in completing more modules?
 - How do you think your experience would have changed if you had the option of communicating with other parents/caregivers via a social media component of Triple P Online?
 - How do you think having access to a Triple P practitioner, via telephone conversation, would have influenced your experience using Triple P Online, if at all?
- What do you think the case might be for other parents?
 - Is there anything you think that may not have been necessary for you to have a successful experience but may enhance the experience for other parents using Triple P Online?

Given that the \$80 access code is paid for by the government, Islanders are able to access Triple P Online for free. How important to you is it that access to the program remains free?

- How important do you think it would be for other parents that access remains free?

Can you tell me what your experience has been like parenting during the COVID-19 pandemic?

- Have you seen any changes in your child's emotions or behaviour?
 - Have any behaviours or feelings returned that you saw had improved since using Triple P Online?
- How has it impacted you mentally and emotionally?

- Have you found yourself more stressed either from parenting responsibilities or other factors in your life that have been impacted by the pandemic? (e.g., work, finances)
- Have you used any of the parenting skills you learned from Triple P Online? If yes, which skills?
- Has there been any changes in the parenting behaviours you have been engaging in? (e.g., using punishments that weren't used before, being more lenient or lax with misbehaviour, being quick to anger or holding grudges)
- Do you think Triple P Online is a suitable resource for parents who may be experiencing significant parenting issues during the COVID-19 pandemic?