

**Implementing Triple P Online for Baby in Prince Edward Island: The Facilitators and  
Barriers Identified by Parents Who Are Newcomers to Canada**

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

Faculty of Science

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## Abstract

The purpose of this study was to highlight the facilitators and barriers to implementing Triple P Online for Baby on Prince Edward Island, identified by parents who are newcomers to Canada. A review of the literature associated with the newest member of the Triple P parenting program family, Triple P Online for Baby, was conducted to develop an understanding of the area of study. The introduction of this study explores the various theoretical foundations of Triple P Online for Baby, the fundamental principles of the program, several factors of past implementations of Triple P, and a brief review of the current evidence base surrounding the program. This study involved eight parents who self-identified as newcomers to Canada and as parents who were either expecting a newborn child or were the legal caregivers of a baby one year or younger. This sample was interviewed through semi-structured interviews. These interviews were then analyzed through reflexive thematic analysis to develop common themes. Six themes emerged from the interviews: positive outlook of Triple P Online for Baby, online parenting programs, practical concerns, support groups, financial considerations, and raising awareness. These themes are further discussed to reveal potential facilitators and barriers to implementing the positive parenting program in PEI. The study then concludes with an evaluation of the study's limitations, future research recommendations, and future implications of the research.

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Many parents will describe parenting as a meaningful and rewarding experience. Some people have dreamed about becoming a parent forever and can't wait to raise a child. A lot of the time, challenges that arise from parenting can be handled swiftly and cause little worry in individuals. However, this is not always the case. To add to this, newborn babies can cause a variety of problems for parents, ranging from a lack of sleep (Henderson, Motoi & Blampied, 2013) to experiencing PTSD symptoms (Ayers & Pickering 2001). This, in turn, results in many parents struggling with parenting. It is important to ensure that any parent can reach their full potential, no matter their initial skill level or struggles with parenting. This is where evidence-based parenting programs can play a dramatic role in improving parenting. Specifically, The Triple P Positive Parenting Program takes a population-based approach to ensure it can reach a wide range of parents' needs. Concerning the needs of parents with infants, the Triple P Online for Baby program was designed to help parents adjust to their new responsibilities. This paper seeks to compile the appropriate literature behind the Triple P Online for Baby program to provide a foundation for a qualitative research project involving parents who are newcomers to Canada and the potential facilitators and barriers to implementing the program on Prince Edward Island.

## **The Importance of Parenting**

The mental health concerns of many in our society have long gone overlooked; in fact, people have gone as far as to say that it is the forgotten orphan of the Canadian healthcare system (Smith et al., 2015). However, children's mental health has been affected even further. Thus, the title "orphan's orphan" has been given to the children's mental health system (Smith et al., 2015). Clearly, a serious problem is endangering this country's youth. It is a problem that must be solved; this can begin with improving parenting education.

Parenting has been defined as “the use of purposeful activities designed to ensure the survival, care, development, and well-being of a child” (Sanders & Mazzucchelli, 2018a, p. 6). Parenting involves setting appropriate boundaries and becoming a role model (Sanders & Mazzucchelli, 2018a). This highlights that parenting is not exclusively a biological factor and that the skills used in parenting can be greatly enhanced. This is important to note, as parenting can play a role in many aspects of children’s mental health. It has even been shown that parenting is the most modifiable of all the risk factors associated with children’s mental health (Smith et al., 2015). This makes improving parenting skills a high priority. Parenting can affect the development of children in many ways including their brain structure, language development, academic attainment, behavioural difficulties, and so much more (Sanders & Mazzucchelli, 2018a). However, children can play a significant role on parent’s lives as well. Beelman and colleagues (2023) report that children who are diagnosed with conduct disorder cost ten times more to raise than children without this psychological disorder. In this same study, they also found that children with nonclinical antisocial behaviour cost three and a half times more to raise. This can cause many difficulties for parents, including financial strain, attachment issues, marital dysfunction, and so much more. It is clear that while parenting can greatly affect children’s lives, the converse is just as true. Fortunately, research surrounding the importance of parenting (and how to improve it) has been in action for decades.

### **Social Learning Theory**

Programs based on social learning theory emphasize eliminating the harmful effects of parent-child conflict, the use of coercion, and inconsistent discipline (Scott et al., 2008). They have also begun to emphasize “positive dimensions of parenting as a way of promoting child positive behavior and affect, improving the pleasurable nature of parents’ and children’s

interactions with one another, and providing a more positive and effective relationship context for parental disciplinary interventions” (Scott et al., 2008, p. 1047). These programs have the opportunity not only to help develop parenting skills but also to impact the parents’ well-being. Parenting programs based on social learning theory are among the most effective types of intervention for parents (Smith et al., 2015).

Social learning theory was originally posed by Albert Bandura. It can be broadly understood as the theory that children learn and develop their behaviour from real-life experiences and environmental exposures (as cited in Scott et al., 2008). Children have been shown to act upon the examples set in their environment as early as two years old (Bowlby, 1988). This explains the emphasis on techniques like consistent discipline, building positive relationships within the family dynamic, and avoiding coercion in parenting. While it is important to acknowledge the dynamic relationship that environment and the self have on an individual’s behaviour, social learning theory stresses that behaviour itself also plays a significant role. This process is known as reciprocal determinism (Bandura, 1978). This means that the self, behaviour, and environment all shape the development of an individual in an interwoven way. This means that various factors in an individual, such as somebody’s culture (self), socioeconomic status (environment), and anger management techniques (behaviour), would interact with one another and produce a behavioural outcome. One of these three factors does not solely impact the other; in fact, all three interact with one another to produce a developmental outcome.

Bandura also emphasized the importance of self-efficacy. Self-efficacy can be understood as the idea that people’s beliefs about their ability to solve a certain task will usually be the result they end up with. Essentially, the more one is prepared to handle a situation, the more likely they

are to believe they can do so; thus, a better outcome is produced (Bandura, 2023). When applied to parenting, the higher a person's self-efficacy, the better they will handle challenges related to parenting. It is important to note that Bandura did not believe self-efficacy equals self-confidence (Butler-Bowden, 2017). It is not enough to believe you are a good parent; you must also have the required skills and ability to perform. It has been shown that the higher a caregiver's self-efficacy, the lower their anxiety and discouragement around parenting is. At the same time, their ability to perform parenting tasks such as feeding, monitoring screen time, and more increases (Sanders & Mazzucchelli, 2018a). Parenting programs hope to increase self-efficacy in various ways, including helping parents set reasonable goals for themselves and their children, encouraging self-reflection, and trying new things (Sanders & Mazzucchelli, 2018a).

### **Attachment Theory**

Attachment theory is a result of decades of work by many researchers. It was originally postulated by John Bowlby in the late nineteen-fifties after publishing an article on the adverse influence that poor maternal care had on an individual (Bowlby, 1988). Attachment theory today “focuses on the extent to which a caregiver’s relationship provides the child with protection against harm and a sense of emotional security” (Scott et al., 2008, p. 1046). Bowlby would refer to this as the secure base. Parents are encouraged to become a secure base as it helps create a secure attachment style by meeting their children’s emotional, biological, and security needs. The importance of a secure base has been applied to children’s development, but it has also been found to have a lot of success in creating healthy adult romantic relationships (Heller & Levine, 2010). The importance of becoming a secure base for one’s child cannot be understated.

Mary Ainsworth, another attachment theorist, helped explain the importance of creating a secure base through her research as well. She helped demonstrate four potential working

models, commonly referred to as attachment styles, that Bowlby referred to in his work. The four attachment styles are secure, anxious, avoidant, and disorganized (Heller & Levine, 2010). The securely attached are confident in their ability to explore independently and balance interdependence and intimacy (Gleeson et al., 2021). Those with the anxious style tend to have a negative self-concept and rely on the approval of others to achieve self-acceptance (Gleeson et al., 2021). Avoidantly attached individuals tend to be more independent, avoid intimacy, and have a negative view of others (Gleeson et al., 2021). In the disorganized form of attachment, individuals fluctuate between anxious and avoidant traits (Heller & Levine, 2010). While Ainsworth's experiments highlighted these attachment styles within children, Bowlby highlighted that these internal working models carry out into adulthood and remain predominantly fixed (Bowlby, 1988). Hence, teaching parents these developmental needs in infants early on is important in programs like Triple P for Baby.

Parenting programs that take an attachment-informed framework have proven to be very effective. They can help parents develop an attachment-informed mindset and become a secure base for their child. A secure attachment style has been shown to protect against psychological threats, increase future relationship satisfaction, and protect against the effects of traumatic experiences (Malik et al., 2021; Heller & Levine, 2010). It was even shown that interventions focusing on the parent-child relationship and teaching positive parenting skills are associated with better behavioural outcomes than those focusing on children's pathology (Malik et al., 2021). When developing an effective parenting program, it is important to use an attachment theory-based approach to help parents better meet their child's developmental needs.

## **Evidence-based Parenting Programs**

The importance of parenting and its malleability has been studied for many years, resulting in a strong evidence base. The next question is how do we teach parents about these skills and pass along the scientific information? This question has led to the formation of various evidence-based interventions such as The Triple P Program, Mellow Bumps, Incredible Years, and more (Beelmann et al., 2023; Biston et al., 2023). These parenting interventions vary in length, intensity, and accessibility. Generally, they can be understood as curriculum-based interventions designed to promote positive parenting skills associated with social learning theory. They also help enhance the parent-child relationship, as emphasized by attachment theory (Beelmann et al., 2023).

When creating interventions for anyone, it is important to be informed by a strong evidence base. This ensures that parents can rest assured that the information being provided to them is accurate. Sometimes, we are given useful tips from external sources (like social media), but other times, we are bombarded with misinformation. Evidence-based programs ensure that the information distributed to parents is accurate, fair, and shown to be effective.

### **Online Parenting Interventions**

Traditionally, caregivers have sought help improving their skills through in-person interventions, reading parenting books, and watching parenting video tapes. Today, the internet has greatly impacted how we learn and gather information. While the internet may make useful information more accessible, it allows misinformation to spread. This accessibility has led psychologists, pediatricians, researchers, and other parenting professionals to address the need for evidence-based parenting interventions that can be offered online (Nieuwboer et al., 2013).

Nieuwboer and colleagues (2013) discuss the ability of online programs to offer multi-media experiences, receive and provide anonymous social support, and create structured programs tailored to individual experiences. This means there can be many ways to interact with a program. This helps parents engage in whatever way they would like and could help produce better parenting outcomes in the long run. It is also important to note that online interventions can be self-paced. Parents and caregivers have extremely busy lives, making it challenging to meet the requirements to attend an in-person parenting intervention. Online interventions can help reduce barriers associated with time availability. Online and self-directed interventions can also help reduce the barriers associated with childcare (Nieuwboer et al., 2013). Usually, if a caregiver would like to participate in an in-person parenting intervention, they would have to arrange for childcare as they will be out and unable to attend to their child. This is not the case with online interventions, as one can participate in the program at home. This could reduce the barrier to seeking childcare as a parent could work on the interventions when, for example, their children are asleep.

There are many other benefits associated with online parenting interventions. Generally, online parenting interventions have been shown to increase parental knowledge, parenting skills, and attitudinal behaviour among parents (Nieuwboer et al., 2013). Not only have these results been found in parents, but the same effect has been found on a smaller scale in children whose parents used these programs (Nieuwboer et al., 2013). This highlights the important dynamic relationship that parents and children share. Sanders and others (2008) also report that when self-directed web-based support is coupled with less intensive interventions (in this case, the intervention was simply a reality television series based on Triple P), it can enhance intervention effects. We can also see many other positive effects when examining online parenting

interventions individually. For example, parents who have completed the Triple P Online program have reported improvements in “child behavior, dysfunctional parenting styles, confidence in their parenting role, and managing parental anger” (Baumel & Faber, 2018, p. 541).

When creating an effective intervention, one must be aware of the challenges one may face. Online parenting interventions have been gaining a lot of attention in recent years, and because of this, some challenges and barriers have also been raised. The primary concern lies in low engagement and high drop-out rates (Yardley et al., 2016). The article highlights ways that programs can help avoid this issue in the future. They believe that the program should have high face validity and feel enjoyable. It is important to include target groups in the production of parenting interventions to see how they engage with the resource. It is important to monitor the use of language, include proper representation, and include additional resources for people. These factors all influence how engaging a program is. This leads to the second point, which is that programs should be tailored to fit the needs of parents (Yardley et al., 2016). Not every parent has the same needs when it comes to parenting. It is important to create a program that can be adapted for use by everyone. Finally, they suggest that programs may need to combine digital and human support systems (Yardley et al., 2016). For example, including additional resources for therapy or being able to contact someone trained in the program may help parents engage with the intervention.

### **Triple P**

The Triple P Positive Parenting program is an evidence-based parenting intervention built upon the theoretical framework of social learning theory. This intervention was developed by Matthew R. Sanders, PhD., and his research team (Cozza, 2021). Today, it has received global

attention and developed a strong evidence base highlighting the intervention's short-term and long-term effects (Triple P International, 2023a). This program is offered in various ways to help meet the varying needs of parents; hence, it has become very popular worldwide.

### **Population-Based Approach**

A population-based approach to parenting is rooted in the theoretical framework of Urie Bronfenbrenner's ecological systems theory. This theory highlights how social forces can shape the development of an individual (as cited in Walsh et al., 2014). Originally, Bronfenbrenner defined four types of systems that "surround" an individual. The microsystem was defined as the immediate surroundings of an individual. These could include one's home, the daycare one goes to, the playground, and place of work. The important thing is that interactions in this system are face-to-face (Rosa & Tudge, 2013). The second system is known as the mesosystem. It can be defined as "the relations among two or more microsystems in which the developing person actively participates" (Rosa & Tudge, 2013, p. 243). For example, a child may have two microsystems, their home, and their daycare; when these two systems interact, this could be defined as the mesosystem. In the third ecological system, the individual does not directly interact with anything but is nonetheless affected by the system. This is known as the exosystem. This system includes societal institutions such as the government, one's neighbourhood, and so on (Walsh et al., 2014). The macrosystem encompasses socioeconomic and political structures that provide blueprints for individuals in society. (Walsh et al., 2014). Bronfenbrenner would eventually add a final component to his theory, the chronosystem. This system stressed the importance that time plays on an individual. It stresses the person's experiences and helps place them in the context of the time period they are in (Rosa & Tudge, 2013). Bronfenbrenner's ecological theory provided the context for development researchers to see the role that

immediate relationships and environment play in an individual's development and how the wider world shapes it. This theory has become essential for parenting interventions such as the Triple P parenting program.

A population-based approach to education should reach every system, from the microsystem to the macrosystem. In their research, Prinz and his colleagues (2009) stress that for a program to work on a population-based level, a community must be well-educated in effective parenting strategies. A central assumption with all population-based approaches is that "intervention strategies should be widely accessible in the community" (Prinz et al., 2009, p. 2); otherwise, the community will not be affected as it should. Making systematic changes in communities can be a vast challenge. In order to take this population approach, a variety of formats, delivery modalities, provider disciplines, and access points need to be accessible (Prinz et al., 2009).

### **Minimal Sufficiency**

I have discussed throughout this literature review that for a program to be successful, it must be adaptable to many individuals and spread at a community or population level. Triple P's focus on minimal sufficiency can help people receive the required level of intervention they need. McWilliam and others (2016) describe minimal sufficiency as using the strength of intervention that is just enough to solve a problem without providing more or less than required. Parents mustn't become too dependent on an intervention; however, ensuring they can receive help when needed is also important. When describing the art of therapy, John Bowlby stated, "We must not offer more than we can give and we must not move faster than the patient can bear... it requires a firm grasp of what the patient's problems are and what they are trying to do"

(Bowlby, 1988, p. 57). To ensure that this principle is upheld, Triple P interventions are offered at varying levels of intensity to ensure that parents can meet their individual needs.

### **Levels of Programming**

To meet the varying needs of parents, programs must be adaptable and meet their specific needs on a large scale. One of the ways that the Triple P program has done this is by offering varying levels of interventions. The interventions increase in intensity, length, and complexity the higher one goes (Sanders et al., 2014). Furthermore, the program also offers various options for participation depending on what level of intervention is needed.

Level 1, Universal Triple P, involves developing media and communication strategies to promote positive messages about raising children. It most obviously reflects a public-based approach to parenting interventions (Sanders et al., 2008). This level of intervention is widely accessible to everyone regardless of one's parenting ability and hopes to eliminate some of the spread of misinformation from other sources. This level of intervention is the least intensive and has used radio, local newspapers, newsletters at schools, mass mailings to family households, presence at community events, and websites to convey their message (Prinz et al., 2009). While the primary goal of this intervention method is to promote positive parenting strategies across a large audience, it also helps destigmatize parenting programs by promoting their use for everyone (Smith et al., 2015).

Level 2, Selected Triple P, is the next level of intervention available. This intervention is mainly used in primary care settings to help parents that are seeking professional guidance for less intensive, common behaviour problems (McConnell et al., 2012). This level of intervention can be offered in two formats. The first includes brief and flexible consultations with individual

parents. These consultations are usually brief (20 minutes) and completed in one or two sessions (Prinz et al., 2009). An example of this delivery method involves large-group seminars that tackle a specific behaviour problem and typically last two hours in length (Smith et al., 2015).

Primary Care Triple P programs (level 3) are accessed for the same reasons as level 2 interventions (McConnell et al., 2012). The major difference between these two levels of intervention is that level 3 uses active skills training. This results in the number of sessions needed in these programs being greater than in the previous level of intervention (Smith et al., 2015). While the sessions primarily focus on certain behaviour concerns, the program also builds general enhancement strategies for parents to apply to other situations (Prinz et al., 2009).

Intensive Triple P (level 4) programs are provided for parents experiencing general problem behaviours with their children or who may benefit from acquiring strategies that could apply to various parental situations (Smith et al., 2015). In Intensive Triple P programs, active skills training is increased. The skills can be taught through various methods including modeling, at home practise tasks, and observing positive parenting skills through video tapes (Sanders et al., 2002). Another addition to this level of Triple P is the option of online intervention. These forms of intervention take a video-based module approach and consist of seven to ten modules depending on the type of Triple P used (Smith et al., 2015). There are, once again, two formats to complete an in-person intervention as previously seen in other levels. The first method has individual one-on-one sessions with a Triple P practitioner that are an hour long each and typically last for ten sessions. The second format is offered to a group and lasts for five two-hour, in-person sessions and concludes with three follow-up sessions offered over the phone (Prinz et al., 2009). As the name implies, these programs are much more intensive and structured than other levels.

The fifth and final level is Enhanced Triple P. Level 5 interventions are usually accessed after parents have completed a Level 4 treatment and would still benefit from further education. These families tend to have additional risk factors to their parenting that may not be covered in a traditional Triple P intervention (Prinz et al., 2009). For example, Lifestyle Triple is a level 5 intervention that helps parents navigate the challenges of raising children with obesity and other weight difficulties (Smith et al., 2015).

### **Self-Regulation**

Self-regulation is another intervention strategy involved in the Triple P parenting program. This concept can be defined as the “process of learning to change one’s behavior and become an independent problem solver” (McWilliam, 2016, p. 637). Triple P programs hope to improve self-regulation by increasing self-sufficiency, self-efficacy, self-management, personal agency, and problem-solving (McWilliam, 2016). Parents need to seek out tips and skills they can use for their parenting, but it is also important to know when to seek out help. Self-regulation can help parents correct their mistakes and become stronger caregivers.

### **Core Principles**

While the Triple P program can vary in many ways including focus, intensity, and style, five core principles are the foundation for all program elements. All programs hope to address and teach parents about these principles and how they can use them in their homes. The first principle is creating a safe and engaging environment. This principle highlights that children need a safe, supervised, and protective environment that allows them to explore and learn both with parents and without. (Sanders & Mazzucchelli, 2018b).

The second principle hopes to create a positive learning environment in parents' homes. Parents and caregivers are taught they are their child's first teacher (Sanders & Mazzucchelli, 2018b). They are encouraged to provide brief moments of attention to their child, have conversations about their interests, be an information resource center, and more (Sanders & Mazzucchelli, 2018b). A positive learning environment will act as a protective factor for children later in life and help promote healthy development.

The third principle promotes assertive discipline. This principle is based on social learning theory's idea that we should prioritize consistent discipline rather than inconsistent punishment (Scott et al., 2008). When children are taught through assertive discipline, they learn to accept responsibility for their actions, become aware of the needs of others, and develop self-control (Sanders & Mazzucchelli, 2018b). Parents are taught ways to be consistent, assertive, and to avoid harmful acts of punishment with their children.

The fourth and fifth principles reflect the parents' beliefs and hope to create healthier habits. Setting realistic expectations is the fourth principle. This principle stresses the importance of setting realistic expectations and goals by parents for their children and themselves (Sanders & Mazzucchelli, 2018b). Finally, the fifth principle of the Triple P program is known as parental self-care. The importance of the parent's relationships with others and their well-being is examined (Sanders & Mazzucchelli, 2018b). Encouraging parental well-being is important, as when parents are happy and healthy, they can better meet their children's needs.

### **Triple P for Baby**

The Triple P program offers a variety of programs to meet the particular needs of parents. This includes programs like Lifestyles Triple P, Stepping Stones Triple P, and Triple P Online

(Smith et al., 2015). Most recently, Triple P for Baby has become a new program dedicated to promoting positive parenting skills that address common developmental and behavioural difficulties in infants. This program is designed for parents who are expecting a baby up until twelve months after birth (Popp et al., 2019). This program is offered similarly to other Level 4 intervention strategies through four in-person group sessions and four follow-up sessions over the phone (Popp et al., 2019). A workbook is also provided to parents that includes information on the “development of infants, parenting skills, and includes psychoeducation for parents about mental well-being and partnership as well as corresponding exercises” (Popp et al., 2019, p. 3). The core concepts of Triple P for Baby are to increase positive parenting skills and promote secure attachment. It also helps to improve partner support, reduce parents’ and infant’s stress, and increase parenting coping methods to reduce the risk of mental health problems developing in infants (Govers, 2023).

### **Triple P Online for Baby**

Triple P for Baby is also offered online to reach a wider audience. This format is modeled after the highly successful Triple P Online. In this version of the program, seven video-based modules are offered (Govers, 2023). This program is completely self-directed, and parents can participate in this program on their own time, in their own house, and at their own pace. This version of the program is sold on a subscription basis for \$90.90 Canadian and lasts for a full year (Triple P International, 2023b). The program also offers several additional resources and tipsheets for families to use during and after the completion of the program. After completing the program, parents are given a certificate of completion (Triple P International, 2023b).

### **Evidence Base**

Although the Triple P for Baby program is a new addition to the Triple P family, a plethora of evidence has been gathered to support it. As already discussed, the early childhood years are an exceptionally important time for mental health development (Popp et al., 2019). In their study, Popp and colleagues (2019) sought to assess the effects of Triple P for Baby on infant behavioural measures. They conducted a randomized control trial study that randomly assigned parents to either a care-as-usual group or a group that received the Triple P for Baby intervention. They were curious about infant behavioural measures and monitored the potential growth using journals and structured diagnostic interviews with the caregivers of the study. Their findings reported significant differences in crying behaviours between the two groups. They reported fewer problems associated with crying behaviour for the group that received the intervention up to six months after completion of the program (Popp et al., 2019). They concluded that these benefits could have been caused by the intervention's ability to raise the knowledge and skills of the parents, leading them to resolve crying bouts due to their ability to regulate infant behaviour better (Popp et al., 2019). These are extremely important results for the evidence base of Triple P for Baby, as crying bouts are among the most common problems in infancy and provide a heavy burden for parents. Extensive crying bouts are also associated with a higher potential for an unfavorable developmental course for a child (Popp et al., 2019).

In a similar randomized control trial with first-time parents, it was also found that parents themselves receive many benefits from the Triple P for Baby program. When comparing the intervention group versus the treatment-as-usual group, they reported decreased depressive symptomology postintervention and decreased levels of anxiety immediately after completing the program (McPherson et al., 2022). The anticipation of having a child can be troubling. The promising results from studies like these add to the important evidence base of Triple P for Baby.

When reviewing the evidence base of a particular intervention, it is important to consider particularly vulnerable groups. Children who are born very preterm are at risk of motor and cognitive abnormalities, as well as language, behavioural, and emotional problems (Boyd et al., 2019). This can result in many additional worries for parents. Through the use of another randomized control trial, Boyd and colleagues (2019) were able to demonstrate very promising results. In a follow-up with caregivers two years after completing the Triple P for Baby intervention, children had better cognitive, motor, and symbolic communication skills than those in the care-as-usual group. As this group is considered very vulnerable, seeing these positive results early on in children's development is promising. While the Triple P for Baby intervention is still in its infancy, it is developing a strong evidence base. As the program continues to gain traction, it is important to monitor this evidence base to ensure the effectiveness of Triple P for Baby.

## **Implementation**

Implementation plays an important role in the success of an evidence-based intervention. When the implementation process is not followed, many negative outcomes can occur, such as interventions being unlikely to achieve their intended effects, core elements being left out of interventions, and inconsistent programs (McWilliam et al., 2016). To secure proper implementation of the Triple P parenting programs, a purveyor organization, Triple P International, has been formed. A purveyor organization actively works on implementing a program to produce optimal implementation outcomes (McWilliam et al., 2016). Specifically dedicated to increasing the reach of the Triple P program, Triple P International focuses on the program's dissemination and maintaining the program's quality (McWilliam et al., 2016). In this

final section of the literature review, we will cover the effects that culture plays in parenting, as well as the facilitators and barriers associated with the implementation of the Triple P program.

### **The Significance of Culture on Parenting**

Culture plays a very significant role in parenting. For this reason, it is important to ensure that parenting programs are culturally relevant and acceptable for many parents before broadly expanding the program (Sanders & Mazzucchelli, 2018a). Overall, the basic parenting skills taught through Triple P are seen as relevant and acceptable across cultures, including individualistic cultures, collectivist cultures, and select ethnic groups (Sanders & Mazzucchelli, 2018a). Additionally, immigrating from one culturally dominant society to another can result in parenting difficulties. In their paper, Wei and others (2023) highlight that a range of stressors associated with immigration may negatively impact parenting ability and, in turn, negatively impact child behaviour. These factors could include a lack of family support, acculturation difficulties, and parent-child acculturation conflict. Parenting programs must be aware of these difficulties and ensure they can help all parents with their unique difficulties. It is especially important to consider the role of culture in parenting when discussing the Triple P program as it takes a population-based approach. It is important to understand the extent to which these interventions can be applied universally to reach a wide population.

### **Facilitators to Implementation**

Also important to implementing an evidence-based intervention is recognizing the facilitators of the intervention. These factors help ensure that the program runs smoothly and is effectively implemented. A common facilitator used to monitor the impact of parenting interventions is parental satisfaction with the program (Bjorknes & Ortiz-Barreda, 2021).

Bjorknes & Ortiz-Barreda (2021) reviewed many studies on evidence-based parenting interventions. When reviewing the studies' characteristics, we see a positive response from parents regarding the Triple P intervention. These positive results have also been seen in the Triple P for Baby program (Popp et al., 2019) and cross-culturally when using the Triple P program (Wei et al., 2023).

Practitioners' feelings towards an intervention are another important facilitator to implementing Triple P. Several factors can influence the implementation of parenting interventions related to practitioners. These can be seen on program, organization, and provider levels. These factors, such as acceptability, adoption, use, and sustainability, can influence implementation outcomes (Côté & Gagné, 2020). For this reason, Triple P International introduces potential organizations to the five phases of execution: engagement, commitment and contracting, implementation planning, training and accreditation, and implementation and maintenance (Smith et al., 2015). Along with ensuring that practitioners receive the support they need, studies are conducted to gather practitioner's opinions on the acceptability and satisfaction of the program. The results of many studies have been very positive. In one study, staff members of a mother-baby unit in England regarded a parenting program like Triple P for Baby as a "feasible and acceptable intervention that would be favourably perceived by service users" (Butler-Coyne, 2017, p. 629). Another study highlighted that when practitioners are supported through the implementation process, they report higher perceived benefits of the Triple P parenting intervention (Côté & Gagné, 2020). These facilitators are important to remember when implementing an evidence-based program like Triple P to ensure the program runs smoothly and effectively.

### **Barriers to Implementation**

While Triple P is associated with many facilitators, a few barriers have also been recognized in the literature. These barriers involve the “integration of the program into the practitioners’ workload, the perceived compatibility between the program and clients’ needs, and the quality of coordination and clinical supervision” (Côté & Gagné, 2020, p.489.). When practitioners are not properly supported through the implementation process because of an increased workload, poor supervision, and rushed training, they can struggle greatly. This can be a major barrier to the successful implementation of the Triple P program. Also, Côté & Gagné’s (2020) article highlights that negative attitudes among practitioners can be extremely hard to change when they are associated closely with an individual’s values. These negative attitudes toward the program can lead to a poorer outlook. It is important to remember these challenges when implementing a new program into a community.

### **Present Study**

This study is one in a series of three qualitative honours theses exploring the facilitators and barriers to implementing Triple P Online for Baby in Prince Edward Island among various populations. The primary objective of this study is to identify potential facilitators and barriers identified by parents who are newcomers to Canada regarding the positive parenting program. As this program is new to Prince Edward Island, it is important to identify these factors early on to ensure a smooth transition of the program into the community. This information will be gathered through semi-structured interviews with families who identify as newcomers to Canada and reside in Prince Edward Island. The questions involved in these interviews will explore topics such as parents’ initial thoughts on evidence-based interventions, the positive parenting skills demonstrated in Triple P Online for Baby, initial thoughts towards the parenting program,

opinions on online learning, the use of language throughout the program, representation of modern-day parenting, and recommendations for advertising the program to families on PEI.

The broader implication of this study is to help effectively implement Triple P Online for Baby in Prince Edward Island. The results of this study will contribute to an implementation plan for Triple P Online for Baby in PEI, along with two other qualitative projects. Together, the studies will be applied to the advertising and implementation process of the positive parenting program in PEI.

## **Methods**

### **Participants**

There were three required elements for a person to be eligible to participate in this study. Primarily, all participants had to identify as a newcomer to Canada. To meet this requirement, participants had to identify that they were not born in Canada and provide their estimated time residing in Prince Edward Island. Secondly, all participants had to identify as parents or legal caregivers of children one-year-old or younger. They could, however, also have been an expecting parent. Finally, participants had to identify that they could participate in an hour-long English-language interview.

It is important to note the absence of participating in the Triple P Online for Baby program as an eligibility criterion. As this study focused on the potential facilitators and barriers to the program's implementation, we were interested in participants' initial reactions to the program. Thus, they did not have to have participated in the program to be a part of the study.

Participants were asked a set of demographic questions to gain an understanding of the sample. Participants reported that they had been living in PEI for a short time, with the longest

period of residence in PEI of being only two years. The countries that participants previously lived in included countries in Africa, the United States of America, and the United Kingdom. Two participants identified themselves as expectant mothers, while the other six were parents who had one firstborn baby identified as being under a year old. Three participants did not identify with having a partner, while the other three mentioned having a spouse. The age of participants varied from 24 to 31 years of age. Participants self-identified their ethnicity. One participant identified as Nigerian, four identified as African American, two as black, and one as a Non-Hispanic person of colour. Seven of the participants identified as female, while one identified as male. Six participants only spoke English, while two spoke another language; however, neither wished to share what other language they spoke. Finally, all participants identified strong internet usage by saying they use it every day, all the time, or very often.

## **Procedure**

### **Collaboration With the Triple P Coordinator**

To ensure that this research could have practical implications for Prince Edward Island, it was important to establish a working relationship with the Triple P coordinator for Prince Edward Island, Kelly MacWilliams. Our initial meeting with Ms. MacWilliams was held on 3 October, 2023. We discussed the new Triple P Online for Baby program and what she would look for from our research. She helped inform my colleagues and I about how this research could be used to inform the implementation process on PEI. Her input helped me generate many of my research questions.

Through several meetings afterward, Ms. MacWilliams also helped us use appropriate language for our interview questions. Overall, she helped establish the practical concerns for the project so that it has potential to have a real effect on PEI parenting resources.

### **Collaboration with Family Place**

Family Place is a family resource center located in Summerside, Prince Edward Island. During the summer of 2023, I worked as a program support worker at the resource center. During this opportunity, I got to work with and grow a connection with the resource center's Director, Laura Quinn Graham. Laura's support through recruitment was essential to this research.

After meeting with the Triple P coordinator, I contacted Ms. Quinn Graham to see if she would help with recruitment, and she was more than delighted to lend a hand. Together, we created a letter of support (see Appendix A) for the project's ethics submission. As the Director of Family Place, Ms. Quinn Graham could post recruitment advertisements for my research on the resource center's Facebook page (see Appendix B). Once I was approved by the PEI Research Ethics Board, Ms. Quinn Graham posted the advertisement on social media. This led to an overwhelming influx of emails directed to me that I could not keep up with. Many of these responses were produced through the use of bots, which was an unforeseen complication. I had to ask Ms. Quinn Graham to take the post down in less than twenty-four hours. With her help, I was able to recruit the participants described in the previous section.

### **PEI Research Ethics Board Approval**

Ethics approval was received from the PEI Research Ethics Board (Appendix C). This project was assessed alongside my two colleagues', Alyssa Nolan and Patrick Lank, projects. As I have discussed, we are collaborating but interviewing three different sample groups. We and

our supervisor met in person with members of the Research Ethics Board. After submission of some brief but important revisions, we gained approval to continue the research as described below.

## **Design**

Recruitment for this study resulted from advertisements placed on Family Place's Facebook pages. Laura Quinn Graham made these postings; however, once a client was interested in participating, they were instructed to contact me directly via email to establish a time and place for the interview. The initial email script for forwarding the consent form and confirming interview arrangements is provided in Appendix D. Participants began reaching out to me in early March, 2024. During this email conversation, three main aspects of the study were established. First, the consent form was attached for the user to review before our meeting. Second, the participant was provided with a time and Zoom meeting link, which was scheduled through a phone call or email conversation. Finally, the email also included an infographic designed by my colleague, Allyssa Nolan, in consultation with Patrick Lank and me.

The qualitative interviews were scheduled at the participant's convenience and for an hour-long period of time. The interviews were also audio and video recorded. These meetings began with a review of the consent form (see Appendix E) that had already been sent to the participants. During this segment, participants were encouraged to ask any questions about the study to ensure they fully understood the research. Once their questions were answered and they consented to participate in the study, they were asked general introductory questions about their parenting and experience as a newcomer to Prince Edward Island (see Appendix F). Participants were then shown a ten-minute introductory video of the Triple P Online for Baby program created by my colleagues and me. The interview then continued with questions directly related to

the Triple P Online for Baby program and the participants' unique experiences as newcomers to Canada. Afterward, the participants were asked demographic questions to provide a general sense of the sample.

Once the interview was completed, the interviewer contacted the participants and emailed them copies of the signed consent form and the gift card honorarium form (see Appendix G). Also, if the participants did not receive their infographic, they were sent one at this stage of the study. Once the honorarium form was completed, or the participants returned an email saying they received the form and would be receiving the \$50 Amazon gift card, they were sent the gift card by my supervisor.

The interviews were transcribed verbatim and analyzed through reflexive thematic analysis (TA). Reflexive TA is a qualitative procedure that involves a six-phase process (Braun & Clarke, 2021). The first phase involves data familiarisation, in which the user begins re-reading their transcribed data and developing connections between different points. In the second phase, researchers begin the process of coding. The third phase involves the initial development of themes. Themes can be understood as shared meanings united by a central organizing concept. The fourth phase of reflexive TA involves reviewing and further developing themes further. The fifth phase involves refining, defining, and naming these themes. The reflexive TA's final phase involves writing the themes into a written report (Braun & Clarke, 2021).

## **Materials**

### **Consent Form**

The consent form (see Appendix E) began with an introduction about the study, explained why the study was being done, and why these participants were being asked to join the study.

Participants were also informed of the requirements for participation. The study's general format was then described for the interviewees. The reader was then informed of the risks of the study, that some of the questions may have made the interviewee uncomfortable. To make the participant feel as comfortable as possible, they were informed that they could stop participation in the study, withdraw their data within two weeks of the completed interview, or skip any questions they did not want to answer. Additional supports for people in distress were listed as well. Next, the participants were informed that they would receive a \$50 Amazon gift card for participating in the study. Most important was the participant's right to privacy. In the consent form, they were informed that there would be no way to identify them in any reporting of the results found in this study. They were also informed of the storage method for all documents in password-protected files on the OneDrive storage service. Any paper documents would be quickly transported to OneDrive and promptly destroyed. The consent form also detailed that their confidential information would never be shared with anyone other than my research supervisor, Dr. Philip Smith, unless it was discovered that vulnerable persons were being mistreated or I had to comply with a court order. If the participants wanted to leave the study, they were free to halt participation at any time and could withdraw their data up to two weeks after their interview. Participation was completely voluntary and up to them. Contact information was provided at the bottom of the consent form in case participants had questions after the interview. Finally, signing the consent form was done through Zoom, as I had no in-person interviews. For the online procedure, I read a verbal statement to the interviewee. If they agreed to the statement, then I would sign the form on their behalf. The consent forms were stored on OneDrive, and the original copy was destroyed.

The infographic created by Alyssa Nolan was also provided to the participants (see Appendix H). This infographic highlighted the key takeaways of Triple P Online for Baby. It provided the reader with a brief description of the program and how it can help enhance parenting. It also provided a listing of the seven video-based modules that are involved in the Triple P Online for Baby program. The infographic included a QR code that would bring the reader to the Triple P for Baby website if interviewees wanted to participate or learn more about the program.

### **Triple P Online for Baby Introductory Video**

Patrick Lank, Alyssa Nolan, and I created this video for this research. It is not affiliated with the Triple P organization. In this video, the participant was walked through the general elements of the program in hopes that they would gather a sense of what the program offered. The video provided a general summary of Triple P, the core principles and levels of the programs, features of Triple P Online for Baby, a module walkthrough, and a look at the tip sheets and external resources provided by the program. To provide a concrete example, the introductory video looks at a portion of module three of the Triple P Online for Baby program titled *Promoting Your Babies Development*. In the video, the section on the importance of praising one's baby is reviewed, as well as the program's general format. A detailed outline of the introductory video can be found in Appendix I, and it can be viewed at <https://www.youtube.com/watch?v=ULKd3yqyaqE>.

### **Interviews**

Semi-structured interviews were designed to be up to an hour in length. These interviews began with general questions about newcomers to Canada's experience with their parenting. The

interview then moved into asking more in-depth questions about the program and participants' unique initial feelings towards it. The questions were designed around the research question, What are the initial facilitators and barriers to implementing Triple P Online for Baby as identified by newcomer parents to Prince Edward Island? There were thirteen questions about parenting, the Triple P Online for Baby program, the unique experiences of newcomer parents to Canada, and whether they had any initial ideas on how best to advertise the program. Each question had a unique set of probes to gather more information from participants. Also, during the interview, seven demographic questions were asked to develop a summary of the participants involved in the study. These questions pertained to the interviewee's time spent on PEI, family structure, age, ethnicity, gender, internet use, and languages spoken. Overall, all questions were designed to be open-ended to ensure that as much detail could be provided for analysis.

## **Results**

Reflexive thematic analysis was conducted to identify themes among participants. Themes can be thought of as shared meanings or understandings discovered through participant interviews (Braun & Clarke, 2021). In this study, six main themes were identified. They were: support groups, financial considerations, practical concerns, the benefits of online parenting programs, the positive outlook of Triple P Online for Baby, and raising awareness.

### **Support Groups**

#### **Family as A Support Group**

Participants frequently brought up the importance of having support from their families. In fact, seven out of the eight participants mentioned the role that family plays in supporting newcomers to Canada and their parenting. The primary form of support parents identified was

seeking advice or general information about parenting. Many participants mentioned that the experiences that parents provided were essential to helping them navigate their own struggles.

One parent discussing what her family has helped her with stated:

“Yeah. Like my mom. You know, I talked to her just to, you know, I’m new to this environment. I try talking and maybe sharing experience with that and you know she’s more experienced than I am. And I feel she can guide me through parenting” (Participant 4).

Newcomer parents also recognized their struggles in finding social support groups in a new environment. For some, this can be a drastic challenge, as I will discuss later in this theme, but others found that their family was the best support they *could* have. When discussing these matters, a parent explained:

“Yeah, the only person that I really communicate like feelings and challenges to are my husband and my mother because she understands me so well, she knows me. Better than anyone does too. They understand my feelings, understand the frustrations and they know just what to do. How to help me out” (Participant 5).

Participants also strongly resonated with the idea that family should be viewed as a team dynamic. This idea emerged repeatedly when discussing elements of the program that interviewees enjoyed. Parents described their idea of family as dependable, working together, and strong. Participants 1 and 5 perfectly exemplify this idea.

“Now in that video, they show family systems, how the family who works together. It’s that, it’s a teamwork. That’s why it’s called a family” (Participant 1).

“Okay, it just captures my understanding of family because I’ve always grown up with this impression that family comes first. And families, everything. You know, friends may abandon you at some point, but family sticks together, so yeah” (Participant 5).

Another aspect of this theme was the barrier of proximity to family members. It is clear that parents rely on their families to support their needs; however, many parents have also moved away from their families, creating challenges with communication. Three parents who identified their family as a support group also mentioned that they are not in the same environment as their family.

### **Alternative Support Groups**

Interviewees mentioned two other types of support groups, the first being coworkers. One parent informed me of their interest in discussing parenting with others. When discussing their social support groups, they discussed the encouragement received from coworkers and how this caused them to face little disadvantages in finding social support groups.

Another participant mentioned a support group they were introduced to by their friend. In this support group, moms with newborns share their experiences with one another. She also mentioned that many newcomers like herself can share their experiences with one another in this online support group. In their words: “I feel like I got a lot of support from them. It’s been a beautiful experience so far” (Participant 8).

### **The Importance of Support Groups**

Regardless of the type of social support group parents identified, they shared a lot of common reasons for having them. Firstly, emotional support was a necessity for parents with newborns. One participant stated:

“So yeah, I mean that with me trying to help me and the issue is that they are not here, right? They are not with me here... they call me, check up on me, this, and that. It makes me happy sometimes when I’m feeling down lonely. Yeah, so they have been helping” (Participant 6).

Social support groups were also identified as a way to exchange parenting opinions with one another and receive feedback from other people. Participants identified this as a beneficial factor that helps them improve their parenting. They liked receiving input on their parenting strategies. They discussed the importance of exploring alternative parenting strategies that they otherwise would not have been exposed to. Participant 2 had a very strong feeling towards this element of support groups, stating:

“I can just walk up to my neighbors or my coworkers and other persons, and I would like to hear the other side of the person you know. We are human beings, we are individuals, and we can’t think the same way. The way I think is going to be different from the way you think. So, I would like to hear the person’s feedback and then weigh it with my own. Maybe I’m on the right track or not... I’ll make use of asking questions from my neighbors and my coworkers in order to be good yeah” (Participant 2).

### **Lack of Support Groups**

Another important element of this theme emerged because some parents don’t have the same opportunities as others to find social support groups. This could be caused by a drastic change in living arrangements caused by moving to a new country, a lack of friends, or because they are single parents. Participant Six, a single parent themselves, expressed much concern with this aspect of the program. She said:

“Yeah, in the video, there was a part that said both the mother, and the father should, like, I think, share responsibilities or something like that. So, what’s if in category like maybe this is a single parent. So, how would that work? I would need to assist that person since you don’t have someone to share your responsibility with. And, just as right. So, what I’m just trying to say is that include for single parents to just ways to help, way to help their children to improve” (Participant 6).

## **Online Parenting Programs**

### **Time Constraints**

Another theme that emerged from my interviews with newcomers to Canada who are also parents came from various feelings toward online parenting programs. Three distinct sections of this theme emerged. The first regarded the numerous comments on parents having limited time to engage in activities. Parents regarded their responsibilities as new parents to take up most of their time in the day. This time constraint was recognized by most parents and a potential barrier to in-person parenting programs by others. Many parents commented on the ability of online programs to fit into these parents’ tight schedules much more easily than in-person sessions.

“I think both is very important because there are some parents that won’t have time to come in person for those lectures, and so they prefer and any other stuff online that can just create times to catch up with it. So, I think online is way better because you can do it at your leisure time. When you have time, you can go through the programs” (Participant 6).

### **The Flexibility of Online Programs**

An element of online programs mentioned by half of the participants was flexibility. This aspect of programs seemed to be important to parents for several reasons. The first relates to the time constraints that parents are under and the need for the program to be flexible for the parents. However, other reasons were identified as well. Parents appreciated the ability to stop and start the program at any time, do the program from home, and not have to arrange childcare to participate in the program. Participant 8 strongly believed in this idea, going as far as to say that in-person programs are not flexible compared to the online format.

“Well, online parenting programs is actually flexible for parents. Because they can get to be wherever they are to have access to these programs at the comfort of their homes while still paying much attention to their baby. Compared to when he has to do it in person. For in-person, like they’ll have the stress of you having to go down to the venue and all of that. So, it actually not flexible compared to the online” (Participant 8).

### **Other Benefits**

Participants mentioned a few other benefits that strengthened the use of online parenting programs for new parents. Specifically, one participant mentioned the idea that online parenting programs can be more captivating than in-person programs. They believed the ability to make predetermined teaching material made it possible to incorporate more interesting elements about babies and parents that may not be captured by chance in an in-person program. They found in-person parenting programs to be more limited with respect to what can be expressed by families than in video format.

Another participant mentioned that online parenting programs can be easier to understand, making the information more applicable to daily life and creating a positive impact.

Overall, these sentiments were not felt by a wide range in the sample. Still, they could be recognized as potential facilitators of the program.

### **Positive Outlook of Triple P Online for Baby**

Overall, the entire sample of people interviewed generally appreciated the program. Many participants explained that what they saw really interested them. They found that overall, the program was easy to follow, taught valuable strategies, and was thought-provoking. One parent commented on how using a visual-based medium enhanced their understanding of the concepts taught throughout the program as a visual learner. While all the participants provided strong praise for the program, they highly regarded two specific program elements.

### **Evidence-based Programs**

The importance of evidence-based information was highlighted by all parents except for one. This single parent instead commented on the importance of learning through the experience of other parents. While not directly related to evidence-based interventions, reliance on others' personal experiences closely correlates with acquiring trustworthy information. Particularly interesting around people's praise for evidence-based programming was the increase in parents' confidence throughout the interview when referring to evidence-based information. It became increasingly obvious throughout the interviews that parents were more confident in their answers when discussing evidence-based information. Participants also highlighted that information, in general, becomes more meaningful when it is itself attached to evidence. For instance, participant 1 describes:

“...when you're explaining a concept to someone, you got to let them know if you're talking based on evidence... People like it when you're explaining things based on

experience. It gives you a much better perspective because you've actually experienced these things. You know what you're talking about. They're not just giving advice. They are not just assuming" (Participant 1).

### **Language**

The other major area of praise for the program came from the use of language. Many parents recognized the challenge of using appropriate language throughout the program, regardless of whether they spoke languages other than English. Parents discussed that the program explained the concepts clearly and respectfully. Some parents found that including a transcript was a much-needed addition for those struggling with English and would rather read the program than listen to it. Interviewees also described the importance of an organization being present and thoughtful of its language when constructing a universal program. One parent commented on the importance the program puts on taking their time to explain certain concepts.

"Well, the program, like the video, from the video, how the concepts were being explained. Well, explaining the concept from the video that, I was like they did a good job having to like take their time to give the details, the necessary details." (Participant 8).

### **Practical Concerns**

The participants of my study had a lot of practical concerns when it came to their parenting. Most attention was put on encouraging children, showing affection, the importance of praise, building a strong attachment, understanding the babies' needs in the moment, developmental challenges, and personal well-being. These concerns can be best explained through the participants' words:

“So, I was thinking. How did they want to train? How did I want to go on with the with the development of the baby, how did I want to, am I going to create a positive or negative impact on my child?... The relationship that I’ll go on between my child, me, and my child like communication between us. The labour and delivery, the anxiety about delivery process, the pain management, the potential complication and the safety of both the mother (me) and the baby” (Participant 4).

Another participant said,

“Of course I think of challenges like I don’t understand why little ones are so difficult to take of. The fact that they don’t understand anything and the fact that they totally depend on me is scary. I feel like it’s a challenge because your baby may just be crying, and you don’t even know what the problem is because they can’t choke. You just have to find out what the problem is: is it food, is it sleep, or is it to have a bath or something” (Participant 3)?

### **The Importance of Learning Parenting Skills and Strategies**

Parents also expressed a lot of reasons for the importance of helping parents develop various skills and strategies to address many of the practical concerns they emphasized. First and foremost, parents discussed feeling empowered when they learn a new parenting skill or technique. Participants mentioned that learning new skills can address their concerns, increase their knowledge, encourage them to become better parents, raise their confidence, and improve personal well-being. It is important to understand these implications to ensure that parents grow in the areas they are looking for.

### **Expectant Mother’s Concerns**

Expectant mothers were in a unique circumstance in this study. While many talked highly about the program, they also expressed concern about the lack of support for expectant mothers. They believed the program generally focused on new parents, children, and practical concerns for new parents. For example, one participant explained that one of her major worries about raising her child came from breastfeeding concerns. While this element of this theme was not expressed by many parents, it is important to note that all my study's expectant mothers expressed concerns about wanting more information on what to prepare for before their baby's birth.

## **Financial Considerations**

### **Positives of a Free Parenting Program**

Newcomer parents had conflicting stances on their initial reactions to the price of the Triple P Online for Baby parenting program. Four participants believed that offering the program for free would benefit parents. Parents with this viewpoint discussed many concerns about parents having limited excess spending money. While they had an overall positive view of Triple P Online for Baby, they believed that parents may lack resources to use the program if it was not provided for by the province. A parent summarized this idea in their statement, saying:

“Cause not everybody out there, not every parent out there, have the finances to go for this program. Yes, so I think it’s gonna have although the program is in existence too, I feel like it’s going to have a positive impact. But in the sense of finance, that is, I don’t think it’s gonna have any positive impact if my rather have a negative impact. Everyone has some bills to pay, and not everyone has enough money to, you know, afford to. Yeah, that’s what I think” (Participant 5).

Parents who believed that free programming benefits parents also discussed the additional costs that come with parenting. Many participants explained how this financial worry can greatly impact their worries as expecting parents. Some of their concerns included the cost of pregnancy, raising children, health care necessities, and other childcare necessities. From the thematic analysis, I concluded that these parents wanted to participate in programs like Triple P Online for Baby, but their financial situation made it difficult for them when a program came with an additional cost.

### **Negatives of a Free Parenting Program**

Half of the participants did not think the price would affect parents' participation in the program. In fact, many parents discussed the benefits of paying for a parenting program. Some parents believe they should be responsible for seeking validated parenting information. Since it is necessary, the financial responsibility should fall on the parents. Some participants believed it wouldn't make any difference in their program participation. Interestingly, one parent discussed the value of having to pay for products. They believed that one would only be able to receive an item's true value if they bought it themselves. They stated:

"I feel like it's good because there's just a saying that if you don't pay for something, you won't know the value of what you don't pay for. So. Well, the price is not too high... So it's okay when it's free, but I think maybe the price should be a bit lower so that those people that are not really buying it they can also have access to it. But I feel like when you don't pay for something, you don't know the worth of that thing" (Participant 6).

### **Raising Awareness**

Parents expressed a spectacular interest in learning about parenting; however, they also described not being aware of how to learn about parenting in general. This led to a discussion on the importance of awareness campaigns. Parents discussed interesting ways to raise awareness, including hosting annual events to reach parents who may not be on social media and advertising the program in communities. One parent suggested the idea of advertising in schools. The participants discussed how this advertising would make it easier for young mothers to discover positive parenting information. They also mentioned that through the use of advertisements in schools, students may be more inclined to speak about parenting with their siblings and other family members. While this sentiment was only felt by one participant, raising awareness in schools may help destigmatize parenting programs.

### **Social Media and Online**

Parents identified the most prominent way to learn about parenting as being done online or through social media. Parents also described social media as the best way to spread information on a wide scale. However, many identified that what is posted online is not always trustworthy information. This sample believed the Triple P Online for Baby program should be advertised across numerous social media platforms, including Facebook and Instagram. When discussing the aspect of raising awareness and what social media platforms should be used, one of the parents stated:

“Everybody is on different social media. So, I think it should be on every session in their like platform should be everywhere. Not just one, one specific place. So, if I’m not looking at this now, I might be looking at this, and I can still get through to it, and I be looking at this, and to get through we shouldn’t be on a set of platforms. It should be

generally everywhere... It should be on different platforms. Yeah, no one specific. It should be across all the platforms" (Participant 6).

### **Testimonies of Parents**

Another important aspect that parents believed would help advertise the program and raise awareness was to include the testimonies of parents who had seen successful results from the program. Many parents discussed the importance of learning from the success stories of other parents.

"I like the benefits and positive outcome that parents can expect from participating in the program. It could catch their attention! Highlighting the benefits and positive outcome will capture the parent's attentions for the Triple Ps. Highlighting the success stories if a parent has already gone through those things by the time parents share success stories with other parents. Sharing success stories and testimony from their parenting will benefit other parents. So, sharing success stories and other stories from parents who have benefitted from the program may also be good" (Participant 2).

### **Discussion**

#### **Main Findings**

This study aimed to discover possible facilitators and barriers to implementing Triple P Online for Baby in Prince Edward Island, as highlighted by new parents who are also newcomers to Canada. The main findings of this study, and my colleagues' studies, are seeking to help inform Triple P services on Prince Edward Island about how to effectively implement the program. It is important to note that as a small qualitative study, the findings are not intended to represent the population of parents who are newcomers to Canada; however, the study still

revealed valuable insights that could help implement Triple P Online for Baby on Prince Edward Island. This portion of my study will discuss the themes discovered in the context of facilitators and barriers to implementation.

### **Support Groups**

Support groups were discussed by every participant in some matter or form. The Triple P Online for Baby program dedicates a module to the personal well-being of parents and how communication through support groups can help enrich parents' lives. The identification by parents on the importance of support groups could be an important facilitator to highlight for the positive parenting program. Informing parents of this aspect of the program could lead them to participate to better their relationships with themselves, their peers, family, and other support groups. Having people to rely on while raising a child for information, emotional support, and physical support is necessary for many parents.

A potential barrier recognized in this study was emphasized by single parents. While the program does spend a lot of time on the importance of family bonds and support groups, it does provide limited support for single parents. Understanding this barrier may help guide these parents to alternative resources to better suit their needs. These results may also help inform the implementation of alternative supplementary resources within Triple P Online for Baby that would benefit single parents' unique experiences. When implementing a particular program, it is important to recognize the potential limits of said program.

### **The Benefits of Online Parenting Program**

Several facilitators were recognized regarding Triple P for Baby's online format. Parents recognized that the primary benefits identified of this format were the flexibility and the focus on

working with parents' tight schedules. The introductory section of this paper discussed these factors as important design considerations for Triple P Online for Baby. To have these facilitators recognized by parents who have yet to participate in the program is extremely important. This recognition could apply to other parents who are considering participating in the program themselves. Perhaps parents could be more inclined to participate if these facilitators were emphasized through awareness campaigns.

### **Positive Outlook of Triple P Online for Baby**

An essential element to successfully implementing parenting interventions is a positive outlook of the program. Participants of this study highlighted strong initial positive feelings about Triple P Online for Baby. The parents emphasized many aspects of the parenting program, as discussed in the results section; however, the two most significant initial positive reactions came from its emphasis on evidence-based information and language use. In this study, regardless of whether parents identified with many challenges or not, they had a positive outlook on the program. These findings may contribute to the message that parenting programs are for everyone, a central message of Triple P.

### **Practical Concerns**

Overall, parents discussed many practical concerns addressed through the Triple P Online for Baby program. As the parents only had an initial understanding of Triple P for Baby, many of these concerns resulted directly from the parents' experiences. The understanding that parents' primary concerns are addressed in this specific parenting program provides promising future implications.

Parents also discussed the empowered feeling they develop when learning various parenting strategies and skills. This idea is captured as a foundational aspect of all Triple P programs through the principle of self-efficacy. While these findings can only be understood as initial feelings towards the program and not as outcomes, they may point to potential growth in self-efficacy. It is important to improve parents' abilities, but their belief in their ability to be an effective parent is just as important. Initial reactions captured by parents in this study highlight that Triple P Online for Baby may be effective in doing so.

A barrier that was highlighted by expectant mothers was the lack of information on the experience of parenting before the baby's birth. This is an important barrier to recognize, as the program is meant to help parents with newborn babies and those expecting a baby. It is important to note that parents only had limited access to the elements covered in the Triple P Online for Baby program; however, all elements were explained in as much detail as possible in each interview's limited amount of time. A possible solution to this barrier is to monitor expecting parent's reactions to the program after completion.

### **Financial Considerations**

Interestingly, parents expressed conflicting feelings about the financial considerations of the program. Half of the participants recognized free programming as an important facilitator to Triple P Online for Baby participation. The other half believed that paying for the program would not affect participation and there was value in paying for it. It is important to recognize the unique situations that parents are in. Some may have more financial liberties than others and, because of this, may have conflicting views on the price of the program. However, it is important to meet the needs of as many parents as possible in constructing a universal program. A possible middle ground between these two opposing mentalities would be providing the base program for

free and providing supplementary material at an extra cost. This would provide every parent seeking the knowledge with a strong foundation of the program, but it would also provide value to those who seek full engagement from purchasing a product themselves. It is important to be mindful of the sample size of this study before making grand changes.

### **Raising Awareness**

The Triple P platform seeks to be applied on a universal level. To do this, the community in which it is being implemented must be well-educated on the program's themes. While parents had generally never participated in the program, many believed in the authenticity and importance of the information provided by the program. However, many parents did not understand how to discover evidence-based programming like Triple P Online for Baby. Two other aspects discovered in this theme could combat this potential barrier.

After numerous discussions with parents, their interest in learning about parenting became apparent. Parents discussed wanting to learn about parenting from their friends, family, books, parenting magazines, and especially social media. Social media was identified as the most frequently used source for acquiring parenting information. This led many parents to identify social media as a way to spread awareness of the Triple P Online for Baby program. Parents identified various social media platforms, such as Facebook and Instagram, as possible ways to advertise the parenting program. Parents also discussed the spread of misinformation across social media platforms. Spreading awareness of Triple P Online for Baby through Facebook groups or advertisements could help parents on these sources be exposed to evidence-based programming instead of information based on misinformation.

Another important aspect that was brought up was the use of awareness campaigns. Parents discussed numerous options that could be implemented to ensure that parents learn about Triple P Online for Baby. Parents who could not be reached online may benefit from in-person events or advertisements that would not otherwise reach them. Once again, parents express a desire to learn. The challenge is many of them do not know where to begin.

### **Limitations**

The biggest limitation of this study comes from the small number of participants and the fact that saturation of themes was not met. It is important to note that although themes were connected, some concepts may have developed further with a wider range of responses. For instance, although expecting mothers' concerns could be addressed, my sample's relatively low number of participants made it hard to learn much about their unique experiences. Another group that was under-represented in my study was fathers. Only one person in my study identified as male and a father to a newborn baby. This made it impossible to compare any potentially unique experiences between mothers and fathers.

The next limitation came from the design of the study. Since this study was focused only on the initial reactions of parents who are newcomers to Canada, the study is not able to draw any conclusions about the outcomes of Triple P Online for Baby itself. It is important to make this distinction between potential facilitators and barriers and *actual* facilitators and barriers. The results from this study should only be used to inform the implementation process of Triple P Online for Baby. Evidence-based research can help us make changes in our community. Still, it is also important to understand the limits of studies such as this one. Another challenge with the study's design was the limitations on the type of questions we could ask participants. Since my

sample had never participated in the program, gathering information on every aspect of the program was impossible.

The third limitation I discovered resulted from the design of the demographic questions. While it is usually a strength for interview questions to be open-ended for the interviewees to speak openly, participants struggled to consistently answer the questions when reflecting on my experiences with the demographic questions. Some parents struggled to grasp what the questions were asking. For example, when asking about participants' family structure, they were unsure who to include in their answers. The intention of the question was to gather an understanding of their household, but the openness of the question lead to some confusion. A review of the language of these questions and how to ensure they capture the entirety of the question without probes would be useful for future research.

### **Reflexivity**

In this section, it is also important to discuss the principle of reflexivity. Reflexivity is the concept of evaluating oneself and recognizing how one's biases and interpretations can affect how and what is being studied. It is important to remember that one's interpretations can never be independent of their research (Braun & Clarke, 2021). This is especially true when conducting reflexive thematic analysis. While reflexivity has to be used throughout the entire process of psychological study, I think it would be important to demonstrate one way that it was used throughout my study to provide an idea of the possible limitations of my analysis.

As a young researcher who has never had serious experience with raising a child and the concerns that come with it, I found many of the ideas in the literature review portion of this study and the statements made by parents during the research portion new. I had never faced any of the

challenges discussed by parents in this study, and because of this, I had to be mindful during the analysis stage of this research. The potential concerns I may have as a parent down the road are not the same as what parents are experiencing now. It was important to keep these ideas as separate as possible and ensure I developed an understanding of my participant's concerns and not let that be unduly influenced by my own.

## **Future Recommendations**

### **Recommendations for Future Research**

Qualitative research can provide the ability to learn directly from people's unique experiences. It has the potential to give voices to people who may otherwise not have the opportunity. A recommendation for future research is to continue to seek out these experiences when researching parenting programs. This qualitative research has provided the opportunity to learn from parents who are newcomers to Canada about their initial feelings towards the Triple P Online for Baby program. While this information is valuable for the program's implementation, it only has so much reach. It is important to collect qualitative data from parents' experiences after completing Triple P Online for Baby to continue meeting the needs of parents.

Understanding people's lived experience with the program itself can impact the future of the Triple P Online for Baby program on Prince Edward Island in several ways. Firstly, with the program's continued support through evidence-based research, the program can be better managed to ensure the product is being used consistently. Secondly, since this is a provincially provided program, it is important to monitor how these resources are being used and perceived by parents to ensure that resources are justly provided. Finally, as I have mentioned, qualitative

research allows one to view the user's experience through their own words. This can best help understand the user's experience to help ensure the program is meeting their needs.

Another recommendation for future research is to investigate expecting parents' concerns with Triple P Online for Baby. In this study, all expectant mothers felt that there was not enough specifically designed for them. While my study did not have a large percentage of expectant mothers, and we did not have time to introduce all the ways in which the existing program can be relevant to expecting parents, it is important to understand this theme further. The program is specifically designed for both expecting parents and new parents. Determining if these feelings persist after completing the Triple P Online for Baby program may be useful. This may provide insight into the concepts discussed by expecting parents in this study.

The final recommendation for future research comes from the conflicting data collected under the financial considerations theme. In this theme, while many parents believe that resources were being justly used to provide free parenting programs to the public, others believed it would not make any difference if someone had to pay for the product. While this study cannot provide a concrete solution to this discussion, it sheds light on it. This theme should be explored in more detail to ensure that resources provided by the province are being used in the right locations. For example, if the feelings of parents who believe that paying for the program were justified, perhaps resources could be better used for awareness campaigns for Triple P Online for Baby. While this discussion is beyond the scope of this paper, it is an important consideration for future research.

### **Recommendations for Triple P Online for Baby Implementation**

The findings from the study would lend a lot of support to raising awareness for the Triple P for Baby program in various formats. The facilitators identified in this study could be used to inform advertising, awareness campaigns, and other implementation strategies for Triple P Online for Baby.

The positive outlook of Triple P Online for Baby provides a promising outlook for the program's implementation. Parents who are newcomers to Canada have discussed many ways the Triple P program appeals to them. These feelings should be used to gather parents' attention as the raising awareness theme highlighted that parents want to hear from other parents. Perhaps highlighting some of the aspects of the program that parents have validated could help parents gather interest in the program.

Secondly, many of the online aspects of Triple P for Baby were also highlighted. These would once again be important aspects to highlight while advertising the program. Online methods were one of the primary resources identified by parents for learning about parenting information. Triple P Online for Baby may fit into parents' means without shaking up their lives too much. Since parents are already using online resources to acquire parenting information, helping them find reliable online resources may be a beneficial implementation strategy.

The practical concerns and support group themes identified in this study may help support some of the areas that should be discussed with parents through the implementation process. These themes are elements of the program that are addressed in some form and can help parents understand what they can expect to gain out of the program. It is important to note that parents with low support groups identified the programming as needing to provide more for them. Parents should be informed of other programs that may support their unique circumstances

if this is the case, or additional Triple P resources could be provided through supplementary material.

Most important to implementing the program in Prince Edward Island is the need for a mass production of awareness of the program within the community. Parents identified wanting to learn not only about Triple P but also about parenting in general. However, they also did not have many concrete strategies to learn about parenting. Providing parents with the knowledge and power to learn about parenting is the most important implication of this study. Parents want to learn about parenting but don't know where to begin. Parents can see their desire to learn being met by providing awareness on a large scale for Triple P Online for Baby and other Triple P programs.

## **Conclusion**

This research was intended to help better inform the implementation of Triple P Online for Baby in Prince Edward Island through interviews with parents who are newcomers to Canada. This population's unique experiences can often be underrepresented in research. As their input can have a big effect on the successful implementation of a program, it was important to gather their initial feelings towards Triple P Online for Baby. The results of this study identified numerous facilitators and barriers that could affect how the program is implemented in Prince Edward Island. As this study involved a small number of participants and gathered only initial reactions to the program, it is important to consider the limitations of this study when making decisions on the program. These results can help implement Triple P Online for Baby into PEI through mass marketing strategies supported by facilitators and barriers recognized by parents who are newcomers to Canada.

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## Appendix A

### Laura Quinn Graham Letter of Support



**902-436-1348 \* [familyplace@eastlink.ca](mailto:familyplace@eastlink.ca) \* [www.familyplacepei.com](http://www.familyplacepei.com)**  
**Programs & Services for families with children aged from 0-12 years old**

Prenatal & Postpartum Classes \* Breastfeeding Support \* Birth & Postpartum Doulas \* Reggio Kids! Playgroups & Family Programs \* Parenting Workshops

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Phone (902) 436-1348 Email [familyplace@eastlink.ca](mailto:familyplace@eastlink.ca) Web [www.familyplacepei.com](http://www.familyplacepei.com)

January 20, 2024

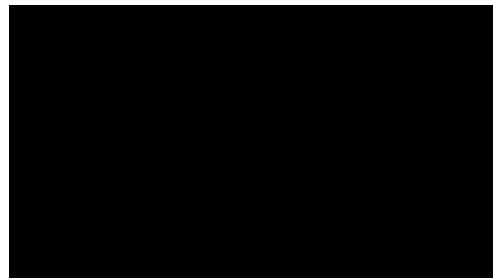
Dear Austin Gallant,

I am writing to inform you of my intended support for your current honours thesis project. As the director of Family Place in Summerside and co-chair of the Family Resource Centre Association of Prince Edward Island, I can support you in numerous ways.

I believe that by making posts to our social media accounts, I will be able to help you recruit participants based on your criteria as described in your consent form. I would also like to help you with recruitment for your interviews by informing the parents of the various programs offered by our centre. I believe many young newcomer parents would be interested in participating in your study. Finally, regarding recruitment, if unable to meet recruitment needs through our social media platforms or our various programs, I would also be able to contact other family resource centers across PEI in hopes that they will also be able to help with recruitment.

I am also interested in participating in one of your research partner's interviews. They plan to interview various practitioners across PEI on their initial thoughts towards the Triple P Online for Baby program. If possible, I would like to participate in this study myself.

I look forward to helping you recruit for your study and possibly participating in your partner's study.



Laura Quinn Graham  
MEd, PGDE, BA, RECE  
Executive Director  
Family Place

## Appendix B

### Content of Family Place Social Media Post

Are you a Newcomer to Canada?

**And**, are you expecting a baby or have a child age one or younger?

If so, you are invited to take part in a UPEI research interview. Parents will hear about a new online program for parents of babies, and asked their opinions. The interview is online or in-person. It lasts less than one hour. Parents taking part receive a \$50 gift card.

For more information, contact the interviewer, Austin Gallant [argallant8102@upei.ca](mailto:argallant8102@upei.ca), or leave your name and contact info with staff at Family Place to pass on to Austin.

## Appendix C

### Research Ethics Board Approval Letter



PEI Research  
Ethics Board

16 Garfield Street  
PO Box 2000, Charlottetown  
Prince Edward Island, Canada  
C1A 7N8  
[www.healthpei.ca](http://www.healthpei.ca)



Comité d'éthique de la  
recherche de l'I.-P.-É.

16, rue Garfield  
C.P. 2000, Charlottetown  
Île-du-Prince-Édouard, Canada  
C1A 7N8  
[www.healthpei.ca](http://www.healthpei.ca)

February 23, 2024

Dr. Philip Smith  
Professor of Psychology  
Director of Clinical Training, PsyD Program  
University of Prince Edward Island  
550 University Avenue  
Charlottetown, PE C1A 4P3

Dear Dr. Smith;

**RE: *Exploring Triple P Online for Baby***  
**Principal Investigator: Dr. Philip Smith**

The above noted study was reviewed by the full PEI Research Ethics Board on February 15, 2024. Thank you, Austin Gallant, Patrick Lank and Alyssa Nolan for joining the meeting. The following documents were reviewed (including revised documents submitted February 20, 2024);

Documents included for review:

- Letter from Dr. Smith outlining the revisions discussed at the February 15<sup>th</sup> REB meeting (Dated February 20, 2024)
- Cover Letter from Dr. Philip Smith (Dated January 31, 2024)
- Synto Application #62
- Revised Child & Family Parent Interview Guide (Dated February 20, 2024)
- Child & Family Services worker synopsis
- Social Media Content & Notices from Family Resource Centre
- Email Script for Honorarium
- Participant Honorarium Form
- Infographic TP Online for Baby
- Informed Consent Process

- Newcomers Interview Guide
- Revised Parent Consent Form (Child & Family) (Dated February 20, 2024) - Parent Consent Form (Newcomers)

Tel/Tel.:902 569 0576

healthpei.ca

Fax/Telec : 902 368 6136

Dr. Philip Smith

Triple P Online for Baby

February 23, 2024 Pg

2 of 2

- Grade Level Confirmations (screenshots)
- Participants' Explanatory Video Outline
- Practitioner Consent Form
- Practitioner Interview Guide
- Practitioner Recruitment Email
- References
- Script for email forwarding consent form/confirming interview arrangements
- Script for invitation to parents from Child & family Services
- Supervisor Review Form
- Letters of Support; Kelly MacWilliams (Department of Social Development & Seniors) – Dated January 26, 2024 & Laura Quinn Graham (Family Resource Centre) – Dated January 20, 2024
- TCPS2 CORE Certificates for Dr. Philip Smith, Austin Gallant, Patrick Lank & Alyssa Nolan
- Letter of Information for Family Resource Centre Staff - Parent Invitation (Dated February 20, 2024)

I am pleased to advise you that full approval has been granted for the above noted study. This study was reviewed according to ICH GCP guidelines and will require an annual report and request for re-approval to be in place prior to February 23, 2025.

Notification of closure is required once the study is completed or terminates early. The “Continuing Review Reporting Requirements”; the “Reporting Study Closure and/or Early Termination”; and the “Request for Annual Approval” forms can be found on the Health PEI website under the PEI Research Ethics Board link.

*ATTESTATION: This Research Ethics Board complies with Division 5 of the Food and Drug Regulations, the ICH Harmonized Tripartite Guidelines: Good Clinical Practice, and the Tri-Council Policy Statement.*

Sincerely,



Name: Kathryn Bigsby, MD, FRCPC

Title: Chair, PEI Research Ethics Board

## Appendix D

### Script for Participant Email

Dear

Thanks very much for your interest in our interview about Triple P Online for Baby. We are set to meet {on Zoom at [link]} or {at [address]} at {time and date}.

I am attaching a detailed consent form for the study. Please have a look before our meeting. We will review this and any questions you have before proceeding.

I look forward to speaking with you soon!

Sincerely,

{co-researcher}

## Appendix E

### Consent Form

#### CONSENT FORM

#### *Exploring Triple P Online for Baby*

**Principal** Dr. Philip Smith  
**Researcher:** Professor of Psychology  
 Department of Psychology  
 University of Prince Edward Island  
 Email: [smithp@upei.ca](mailto:smithp@upei.ca)  
 Tel: 902-566-0549

**Co-Researcher:** Austin Gallant  
 Department of Psychology  
 University of Prince  
 Edward Island Email:  
[argallant8102@upei.ca](mailto:argallant8102@upei.ca)

#### **INTRODUCTION**

You are being invited to join a research study. The study seeks to learn about your initial feelings towards the Triple P Online for Baby positive parenting program as a newcomer to Canada. The study will involve an on-line interview or, if you prefer, an in-person interview. The information in this form will help you decide whether you want to participate in the study.

#### **WHY IS THIS STUDY BEING DONE?**

To learn about the possible facilitators and barriers of the Triple P Online for Baby program. The information gathered from this study will help better implement the program in Prince Edward Island.

#### **WHY AM I BEING ASKED TO JOIN THIS STUDY?**

You are invited to join the study because we are interested in hearing what newcomers to Canada think about the Triple P Online for Baby program. You do not need to have participated in the program to be able to participate in this study. It is your choice whether you wish to participate or not. If you decide to take part, you can still change your mind and stop participating at any time.

#### **WHO CAN TAKE PART IN THIS STUDY?**

You can join in the study if the answer is YES to all the following:

- I am a newcomer to Canada.
- I am a parent or legal caregiver of a child age 1 or younger, or expecting a baby.
- I can participate in an hour-long English interview.

#### **WHAT HAPPENS IN THIS STUDY?**

First, you will have a short phone call or email conversation with the co-researcher to schedule an interview. Then, you will have a one-on-one interview with the researcher. The interview will be on Zoom or in person and will last up to 1 hour.

The goal is to interview about 6 people in total. There might end up being a few more if more information is needed. At the start of the interview, the co-researcher will show you a short introductory video to the Triple P Online for Baby program. During the interview, the co-researcher will ask you questions about your initial feelings towards the program. The co-researcher will also ask about your prior experience as a parent and how this could better help implement Triple P for Online for Baby in Prince Edward Island. The kinds of questions that you will be asked are:

- What are your initial thoughts on the Triple P for Baby Online Program?
- The use of language in Triple P for Baby is important in constructing a universal program accessible to everyone. Have you faced any problems with this on PEI? • We are looking at ways to help implement Triple P for Baby Online in Prince Edward Island. What are some of the ways that we could advertise this program to make it most appealing to you?

To help us understand the people who participate in this study, you will be asked for information like the date of birth and gender of you and your child. There will be no way to identify you or anyone else involved in the interview in the final report.

The interview will be recorded. If it is on Zoom, both sound and video will be recorded using the Zoom platform. The Zoom recording will be saved on OneDrive and protected with a password. If the interview is in person, a digital recorder will be used to record the sound. The digital recorder will be kept secure in a locked bag. After the interview, the recording will be copied word for word (transcribed). Any names said during the interview will be taken out. The transcript will be kept in a password-protected file on OneDrive. The transcripts from all participant interviews will be analyzed. This is done to look for themes that will help us answer the following research questions:

- What are the possible facilitators and barriers to implementing the Triple P for Baby Online program in Prince Edward Island?
- How can the information gathered from interviews with newcomers to Canada better aid with implementing Triple P for Baby Online in Prince Edward Island?

### **ARE THERE RISKS TO THE STUDY?**

It is possible that you might feel uncomfortable answering some of the interview questions. If this happens, you do not have to answer the question. You can also stop the interview for any reason at any time. Also, you can withdraw from the study after you do the interview, and the video and transcript will be destroyed. If you withdraw, your information will not be used in the study. You have two (2) weeks after the interview date to let us know by email or phone if you would like to withdraw from the study.

Sometimes, talking about things going on in our lives can be upsetting. If you feel upset after the interview, there are places on PEI where you can go or call if you want help. You can also find help online. Here is a list of supports:

- Mental Health and Addictions Phone Line: 1-833-553-6983

- Mental Health Walk-in Clinics:  
<https://www.princeedwardisland.ca/en/information/health-pei/mental-health-walk-in-clinics>
- Bridge the Gapp: <https://pei.bridgethegapp.ca>
- BounceBack: A Free Cognitive Behavioural Therapy (CBT) Program for Mental Health:  
<https://cmha.ca/bounce-back/>

### **WILL IT COST ME ANYTHING TO PARTICIPATE?**

No, it will not cost you anything to participate.

To thank you for participating in the study, you will be given a \$50 gift card from Amazon. This will be yours even if you do not answer all the questions or do not finish the interview. The researchers need to keep a record of who the gift cards go to, so the researcher will send you a form to fill out after the interview. The information on the form will be kept private by the researchers. It is possible that the university might need it in the future for their accounting records.

### **WHAT ABOUT MY RIGHT TO PRIVACY?**

The researchers will do everything possible to keep your personal information private. Fake names and special codes will be used instead of your and your child's names. Quotations from the interview will be used in the final report, but no names or identifying information will be used. Only research team members will have access to the recorded interviews. The recordings will be kept until the project is finished and then destroyed. The interview transcript will not have information that could identify you or your family. Other information gathered will be kept private during the study. Paper documents will be in a locked file cabinet; electronic data will be in password-protected files on OneDrive. If any hard-copy documents or devices (laptop, digital recorder) need to be transported, they will be put in a locked bag. When the study is finished, the documents will be kept for five (5) years in a locked cabinet in a secure area controlled by Dr. Philip Smith.

The study results will be written into a report and presented to a committee, but nobody will be able to tell that you were in the study. The study's results might also be presented at a meeting or published. The Triple P provincial coordinator will be provided with a summary of the findings. You will also be sent a summary of what is learned, by email, after the study is finished.

### **WILL MY INFORMATION EVER BE SHARED WITH OTHERS?**

Your information will not be shared with others without your knowledge and consent; however, there are limits to confidentiality. Researchers are required to act to protect children or other vulnerable persons at risk and when there is risk of serious harm to participants or others. Researchers must also comply with court orders to release information.

### **WHAT IF I WANT OUT OF THE STUDY?**

Taking part in this study is completely up to you. If you decide to participate now and change your mind later, that is ok. You have two (2) weeks after the interview to withdraw from the study and have your information destroyed. If that happens you will still receive the \$50 gift card. Your choice to participate or not will not affect your relationship with any organizations. If you decide to withdraw your consent, please tell the researcher.

### **HOW DO I GIVE CONSENT TO PARTICIPATE IF MY INTERVIEW IS ON ZOOM?**

If the interview is on Zoom, giving your consent to participate in the study will happen verbally. The researcher will read a short statement out loud saying that you understand what the study is about and that you are aware the interview is being audio- and video-recorded. You will then be asked if you agree to join the study. If you say yes, the researcher will sign the paper consent form on your behalf.

The form will be scanned and sent to you by email for your records. The scanned copy will be saved in a password-protected file on OneDrive. The original hard-copy document will be shredded.

### **HOW DO I GIVE CONSENT TO PARTICIPATE IF MY INTERVIEW IS IN-PERSON?**

If your interview is happening in-person, the researcher will read a short statement out loud saying that you understand what the study is about and that you are aware the interview is audio- recorded. You will then be asked if you agree to join the study. If you agree, you will sign the consent form. The researcher will take the signed form (keeping it safe in a locked bag), scan it, and return it to you by email for your records. The scanned copy will be saved in a password- protected file on OneDrive. The original hard-copy document will be shredded.

### **WHO DO I CONTACT IF I HAVE QUESTIONS OR PROBLEMS?**

If you have any questions about the research now, please ask.

If you have questions later about the research, or what you are being asked to do, you can contact any of the people listed below.

- If you have questions about the study, you can contact Austin Gallant. Austin Gallant is conducting this study at UPEI. You can email him at [argallant8102@upei.ca](mailto:argallant8102@upei.ca).
- If you would like more information about the study, you can also contact Dr. Philip Smith. Dr. Smith is the supervisor for this study at UPEI. You can call him at 902-566- 0549 or email him at [smithp@upei.ca](mailto:smithp@upei.ca).
- If you have any questions about being a research participant, you can call the PEI Research Ethics Board at (902) 569-0576.

## **CONSENT FORM SIGNATURE PAGE**

## **For Interviews Happening by Zoom**

After you have verbally consented, the researcher will sign this consent form on your behalf, and you will be emailed a scanned copy.

### **Verbal Statement (to be read to the participant by the co-researcher)**

“I have reviewed all the information in this consent form about the study called *Exploring Triple P Online for Baby*. I have been given the chance to discuss this study and have had all my questions answered. The signature on this consent form, provided on my behalf by the researcher, means that I agree to participate in this study. I am aware that the interview will be audio and video-recorded. I understand that I am free to stop the interview at any time, and I have two (2) weeks after the interview to withdraw my participation and not have any of my information included in the study”.

\_\_\_\_ on behalf of \_\_\_\_\_

## For Interviews Happening In-Person

After you have consented and signed this form, the researcher will scan it and email you a copy.

**Verbal Statement (to be read to the participant by the co-researcher):**

“I have reviewed all the information in this consent form about the study called *Exploring Triple P Online for Baby*. I have been given the chance to discuss this study and have had all my questions answered. The signature on this consent form means that I agree to participate in this study, and I am aware the interview will be audio-recorded. I understand that I am free to stop the interview at any time, and I have two (2) weeks after the interview to withdraw my participation and not have any of my information included in the study”.

## Signature of Participant Day

Name (printed)

Year /      Month/

---

Signature of Researcher  
Day

---

Name (printed)

---

Year /      Month/

*Thank you for your time and patience!*

## Appendix F

### Interview Guide

#### **Interview Questions, with Prompts, for Newcomer Parents**

##### **Introductory Questions**

1. What have been your experiences with parenting in general?
  - a. What works the best for you?
  - b. What challenges have you faced?
2. Research evidence has shown that parents can face challenges in their parenting when moving to new countries. Thinking back to your personal experience, I'm interested in your ideas about the challenges around being a parent and a newcomer to Prince Edward Island.
  - a. Do you have any social support groups, like family members or friends, that you can talk about these issues with?
  - b. How do you find Prince Edward Islands' accessibility to parenting services?
3. In general, how do you learn about parenting?
  - a. What role does social media have in accessing parenting information?
  - b. What about these methods works best for you? / What do you like about them?

##### **Triple P Online for Baby Video and Infographic**

##### **Triple P for Baby Questions**

1. What are your initial thoughts on the Triple P Online for Baby Program?
  - a. Is there anything in the video that may be unclear to you?
  - b. Is there anything from the introductory video you may want to look at in more detail?
  - c. Does any part of the program initially jump out to you as something you may want to learn more about?
2. The program we are discussing today is in an online format. What are your initial thoughts on an online parenting program compared to one taught in person?
  - a. Are there any benefits to online learning?
  - b. Are there any disadvantages to online learning?
  - c. Have you ever participated in an online or in-person parenting program?
3. The skills and concepts taught in Triple P for Baby are meant to be built upon over time. From what you have been shown today and from your infographic, tell me about how you think the program does at explaining these concepts?
  - a. Are the videos easy to follow along with?
  - b. Do you think any of the topics that we have discussed would be of interest to you? What ones? Why?

4. As discussed in the introductory video, Triple P for Baby is accessible for free if you are a PEI resident. The regular price of Triple P Online for Baby is \$90.90. If the program was not provided for by the province, I wonder if that would make a difference?
  - a. Would this factor influence your participation in this program?
  - b. Do you think having free/affordable parenting resources on the island is important? Why?
5. The Triple P Online for Baby program is based on evidence-based research. I wonder why this point is emphasized by the program.
  - a. Is this a factor you think about when acquiring parenting techniques?
6. Parents have a lot of worries when they are expecting. What concerns did you have as an expecting parent?
  - a. Did you notice any ways that TPBO addresses these issues?
7. The use of language in Triple P for Baby is important in constructing a universal program that is accessible to everyone. Have you faced any problems with this on PEI?
  - a. Do you think providing a transcript in the way TPBO does could help address some of these issues and make the program more accessible for somebody facing these challenges?
  - b. Please tell me your initial thoughts on how the program explains its skills and concepts.
8. We are interested in how the Triple P Online for Baby program represents modern-day parenting. As a newcomer to Prince Edward Island, how do you think it does at capturing your understanding of families?
  - a. Do you feel like you are properly represented in this program from what you have seen today?
  - b. Does the program help demonstrate that parenting programs are for everyone?
9. We are currently looking at ways to help implement Triple P Online for Baby in Prince Edward Island. What are some of the ways that we could advertise this program to make it most appealing to you?
  - a. What advice do you have for us that could increase the participation of Triple P Online for Baby on PEI?
  - b. What are some of the standout elements of TPBO to you?
  - c. What sources of information reach you the best? Posters, Facebook ads, etc.?
10. Is there anything regarding what we have discussed today that you may want to go back to, or is there anything we did not talk about today that you think may be important to implementing the TPBO program in PEI?

### **Demographic Questions**

1. How long have you been living in PEI?
  - a. Where did you previously live before moving to PEI?
  - b. Where were you born?
2. What does the family structure in your household look like?
  - a. How many children? Age?

- b. Support systems? Single-parent, grandparents, etc.
  - c. Marital status?
- 3. What is your age?
- 4. How do you identify your ethnicity?
- 5. How do you identify your gender?
- 6. How often do you use the internet?
- 7. What is your first language?
  - a. Do you speak any other languages?

**Appendix G**  
**Honorarium Form**

 <b>UNIVERSITY of Prince Edward ISLAND</b>	<b><i>Participant Honorarium/Gift Card Form</i></b>
-------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------

In appreciation for your participation, we would like to offer you an honorarium or gift card of \$\_\_\_\_\_ for your participation in this study.

I, \_\_\_\_\_, hereby confirm that I have participated in a research project being conducted by \_\_\_\_\_ at the University of Prince Edward Island. I understand that there may be tax implications for UPEI students/staff and external participants.

-----  
--

Are you a UPEI Student? Yes/No (UPEI ID: \_\_\_\_\_)

Are you UPEI Faculty/Staff? Yes/No (UPEI ID: \_\_\_\_\_)

If you are none of the above, please provide the following information for tracking purposes:

Name:

Address:

Phone:

Email:

Social Insurance Number (SIN):

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For administrative use only: Project ID#

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 31(c) of the PEI Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of issuing honorariums. Direct any questions about this collection to Financial Services, University of Prince Edward Island, 550 University Avenue, Charlottetown PE C1A 4P3 (902)566-6000.

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## Appendix H

### Triple P Online for Baby Infographic

# Triple P for Baby Online



**Triple P**

- Trustworthy evidence-based parenting program
- Develop a strong parent-child relationship
- Used in 30+ countries, across cultures



**Triple P for Baby**

- Help build a positive parent-infant relationship
- Positive transition to parenthood and the first year with your baby
- Enjoy your life as a parent!



**Program Overview**

- Seven modules
- Online format, so you can do the program anytime
- Videos and fun interactive learning
- Choose what works for you

**Enhance Parenting Skills**

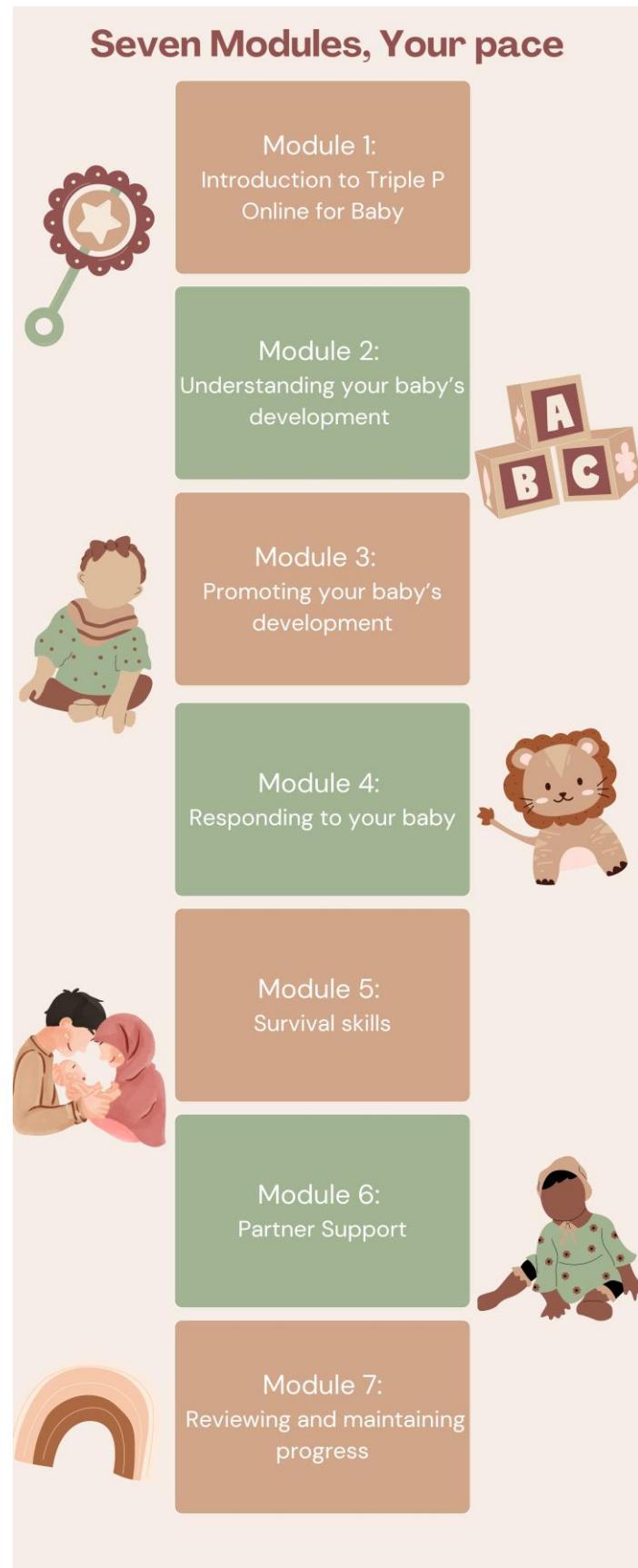
- Reduce stress
- Boost confidence
- Manage emotions
- Improve communication
- Positive impact on your baby's development



**Key Takeaways**

- Government-funded, free program on PEI
- Parenting education is for everyone
- Build a positive foundation for your baby and you

Scan Here to Access the Website: 



## Appendix I

### Video Outline

#### Introduction (1 minute)

- Introduce ourselves and explain the purpose of the video.

#### Triple P General Summary (3 minutes)

- Promote it in a way similar to what the Triple P Website promotes Triple P and provide our definition.
- Highlight the importance of evidence-based information in parenting, differentiating it from general internet sources.
- Explain the concept of parental autonomy, emphasizing that Triple P empowers parents to make informed decisions.
- Stress the idea that parenting education should be accessible to all parents, reflecting the concept of "Minimal Sufficiency."
- Mention the benefits of Triple P, such as reducing parental stress, increasing confidence, self-sufficiency, and self-efficacy.
- Explain how parental beliefs and expectations play a role in parenting and get addressed by Triple P g. Discuss the far-reaching impacts of parenting on children's development, behavior and well-being.

#### Triple P Core Principles and Levels (1 minute)

- Mention core principles like: Safe and engaging environments, positive learning environments, assertive discipline, realistic expectations, and parental self-care.
- Briefly mention that Triple P has different levels of intervention, with a focus on Level 1 and 4 (Triple P for Baby Online)

#### Triple P for Baby Online Features (3 minutes)

- Introduce Triple P for Baby Online as a new resource, mention its availability, price, and format (self-paced with video-based modules).
- Mention availability of online learning format, and potential benefits to online programs
- Highlight its goal to build a positive parent-infant relationship for the infant's development.

#### Module Breakdown (3 minutes)

- List the seven modules of Triple P for Baby Online and briefly describe their content.
- Use one module as an example, and incorporate visual examples (i.e. Module 3)

#### Tip Sheets and Resources (2 minutes)

- Explain the inclusion of tip sheets, activities, and resources for further exploration.
- Show corresponding tip sheets to the example (i.e. Module 3)

- 4 Examples of Tip Sheets (Cover topics of evidence-base information [Development Stages] Worksheet [Observation Record] Teaching examples [Holding positions], Help for parents' relationships [Communication checklist]).

#### Conclusion (2 minutes)

- Summarize key points (reference infographic) and encourage questions.
- Mention the importance of conducting interviews without judgment.
- Mention the potential positive outcomes that research can bring to parenting education.