



VIRTUAL DELIVERY GUIDELINES

1. Virtual delivery format
 - a. Preference for video conferencing when possible, as this allows for better participation and connection. Parents are able to see the practitioner as the practitioner demonstrates skills, and the practitioner can still “observe” the parent (both formally during observation tasks as well as informally during role-play exercises or general facial cues when discussing content/process). Please check that your chosen platform complies with local legislation in your area)
 - b. Some practitioners and parents may not have access to video conferencing, in which case, telephone support is also an option.
 - c. Consideration of parent text reminders as allowed by your agency or local jurisdiction.
2. Expectation that none of the virtual sessions be recorded, as there are confidential and copyrighted materials presented/discussed during the sessions.
3. Most parents are in situations where their children are at home, so practitioners may preemptively want to work with parents on creating a Planned Activities Routine to set children up with safe, engaging activities so that parents can participate more fully in the session.
4. Considerations for maintaining fidelity to Triple P:
 - a. Session checklists
 - i. Even for experienced practitioners, moving to a different delivery format will create “disruption,” so pulling out those session checklists is a great way to monitor the content covered and to ensure that all the content is delivered to families.
 - b. Core domains of fidelity:
 - i. Parent Assessment
 1. Self-report questionnaires can be emailed, but considerations for parent confidentiality needs to be taken.
 2. Consideration for Survey Monkey/Survey Gizmo etc. for parent satisfaction.
 3. For those interventions that involve direct observations, when possible, a parent could video themselves interacting with their children and send that electronically to the practitioner (considering confidentiality in sharing, of course). Another option can be to use video-conferencing, where the practitioner could still observe the parent-child interaction. If done via telephone, this may have to be an audio observation.

- 4. Guided participation model of discussing assessment findings can still be done virtually. Again, being able to video conference allows practitioners to gauge parental facial expressions as well as verbal comments.
- ii. Parent-Practitioner Alliance
 - 1. Acknowledge the very real stressors that parents are facing now and normalize the feelings (e.g., anxiety, frustration, etc.) that parents are experiencing. Then offer hope that with the plans and specific strategies to be discussed that they will be able to feel more confident in how to tackle this new normal, lower stress, and enjoy their parent-child interaction.
 - 2. Also important to align with the parents' experience that virtual service delivery may be new to both parties here (parent and practitioner) and allow time for discussing with honesty how things are going ... What's going well? What's challenging? And being able to problem-solve on the areas that are challenging.
- iii. Teaching Parent Strategies
 - 1. One of the hardest parts of moving to virtual sessions will be role-plays; however, role-play practice is a critical part of parents' learning. Practitioners should plan prior to the call about how to do role-plays with parents given the format of the virtual delivery. For those on video conference, role-plays can be emulated as if they were live. For telephone calls, it may be more by words only ... so some consideration for how to communicate the nonverbal as well (e.g., I am getting down on my child's level and touching their shoulder gently and saying "It's time to get off your screen now" or "It's time to start your math assignment.")
 - 2. Timing of the session may be different when conducting the session virtually – some parents may pace faster and some parents may pace slower. It's important to not let time pressure override the covering of each strategy, including the key teaching points. This may require another session if the parent paces slower with virtual learning.
- iv. Self-regulatory framework
 - 1. Practitioners should still aim to use the guided participation model for discussion as well as self-evaluation for parents. This may pose challenges for parents who are slower to develop self-regulation and may be more challenging with phone delivery. However, it is important for practitioners to keep building parent self-regulation as a goal. Remembering to use a general prompt, then a more specific prompt,

- but providing direct feedback when a parent is unable to answer after two prompts.
2. Furthermore, when parents or practitioners are stressed or anxious, it may be more difficult to come up with ideas. Practitioners may need to think about giving more examples or offering more specific prompts sooner if they realize that parents are struggling with idea generation.
- v. Co-creating and reviewing homework
 1. Make plans for parents to share tracking sheets via email and/or text prior to the start of the session when possible. If unable to share the documents electronically, make sure as a practitioner that you still review homework with the parent as part of the session. Homework is the parent's application of learning at home, so hearing how that is going guides the session content moving forward.
 - vi. Local Program Outcomes
 1. Like noted above, may need to make plans for parents to share assessment measures electronically
 - vii. Training Protocol
 1. Practitioners delivering Triple P to parents virtually should be Triple P trained and accredited.
 2. Triple P Online is an option for referral for providers who do not have staff trained to deliver Triple P.
 3. TPI is currently offering remote training options for practitioners who need to be trained, but also are under social distancing/isolation restrictions.
5. Supplying resources to parents remotely
 - a. Have available to pick up from an office (if office is open)
 - b. Mail to families
 - c. May also consider using a Triple P Online access code (particularly for Level 4), if that is an option
 6. Practitioners should maintain contact with fellow Triple P practitioners (including PASS sessions) right now, as we need to support each other in learning this new format. May need to increase the frequency of PASS sessions during this time for more immediate shared learning on what's working, what's challenging, and maintaining fidelity to achieve outcomes.
 7. Other resources available for parent self-paced interventions: 1) Triple P Online or 2) Self-Directed Triple P (workbook)