Washington State Institute for Public Policy

Triple P—Positive Parenting Program: Level 4, group

Children's Mental Health: Disruptive Behavior

Benefit-cost estimates updated December 2023. Literature review updated June 2018.

Current estimates replace old estimates. Numbers will change over time as a result of model inputs and monetization methods.

The WSIPP benefit-cost analysis examines, on an apples-to-apples basis, the monetary value of programs or policies to determine whether the benefits from the program exceed its costs. WSIPP's research approach to identifying evidence-based programs and policies has three main steps. First, we determine "what works" (and what does not work) to improve outcomes using a statistical technique called meta-analysis. Second, we calculate whether the benefits of a program exceed its costs. Third, we estimate the risk of investing in a program by testing the sensitivity of our results. For

more detail on our methods, see our Technical Documentation.

Program Description: Triple P—Positive Parenting Program (Level 4, group) is a behavioral parent training program for families of children with disruptive behavior problems. The focus is learning skills and role-playing strategies to cope with and correct behavior problems. This review includes evaluations of group Triple P for parents of children diagnosed with, or meeting a clinical threshold for, disruptive behavior disorder. Some programs included individual sessions or phone calls in addition to group sessions. Programs typically consisted of 8 to 12 sessions over two to three months.

		y Statistics Per Participant	
Benefits to:			
Taxpayers	\$1,261	Benefit to cost ratio	n/a
Participants	\$606	Benefits minus costs	\$4,223
Others	\$937	Chance the program will produce	
Indirect	\$825	benefits greater than the costs	97%
Total benefits	\$3,629		
Net program cost	\$594		
Benefits minus cost	\$4,223		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2022). The chance the benefits exceed the costs are derived from a Monte Carlo risk analysis. The details on this, as well as the economic discount rates and other relevant parameters are described in our Technical Documentation.

Meta-Analysis of Program Effects												
Outcomes measured	age seconda	Primary or secondary	effect	Treatment N	Adjusted effect sizes and standard errors used in the benefit-cost analysis					Unadjusted effect size (random effects		
		participant			First time ES is estimated			Second time ES is estimated			model)	
					ES	SE	Age	ES	SE	Age	ES	p-value
Disruptive behavior disorder symptoms	6	Primary	7	249	-0.183	0.094	6	-0.101	0.071	9	-0.676	0.001
Internalizing symptoms	6	Primary	2	97	-0.109	0.162	6	-0.109	0.162	8	-0.259	0.356
Major depressive disorder	35	Secondary	1	20	0.208	0.326	35	n/a	n/a	n/a	0.401	0.222
Parental stress [^]	35	Secondary	2	62	-0.314	0.208	35	n/a	n/a	n/a	-0.513	0.218

[^]WSIPP's benefit-cost model does not monetize this outcome.

^{^^}WSIPP does not include this outcome when conducting benefit-cost analysis for this program.

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our **Technical Documentation**.

Detailed Monetary Benefit Estimates Per Participant

Benefits accrue to:

Affected outcome:

Resulting benefits:¹

Participants Others² Indirect³ Total Taxpayers \$119 Disruptive behavior Criminal justice system \$31 \$0 \$72 \$16 disorder symptoms Disruptive behavior Labor market earnings \$205 \$483 \$262 \$0 \$951 disorder symptoms associated with high school graduation Disruptive behavior K-12 grade repetition \$6 \$0 \$0 \$3 \$9 disorder symptoms Disruptive behavior K-12 special education \$451 \$0 \$0 \$226 \$677 disorder symptoms Disruptive behavior Health care associated with \$598 \$169 \$617 \$299 \$1,682 disorder symptoms disruptive behavior disorder Disruptive behavior Costs of higher education (\$30) (\$14) (\$106) (\$46) (\$15) disorder symptoms Program cost Adjustment for deadweight cost \$0 \$0 \$0 \$297 \$297 of program Totals \$1,261 \$606 \$937 \$825 \$3,629

¹In addition to the outcomes measured in the meta-analysis table, WSIPP measures benefits and costs estimated from other outcomes associated with those reported in the evaluation literature. For example, empirical research demonstrates that high school graduation leads to reduced crime. These associated measures provide a more complete picture of the detailed costs and benefits of the program.

²"Others" includes benefits to people other than taxpayers and participants. Depending on the program, it could include reductions in crime victimization, the economic benefits from a more educated workforce, and the benefits from employer-paid health insurance.

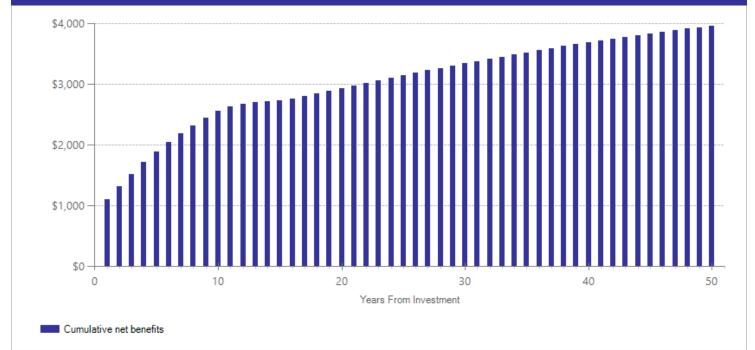
³"Indirect benefits" includes estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

Detailed Annual Cost Estimates Per Participant								
	Annual cost	Year dollars	Summary					
Program costs Comparison costs	\$449 \$868	2017 2010	Present value of net program costs (in 2022 dollars) Cost range (+ or -)	\$594 30%				

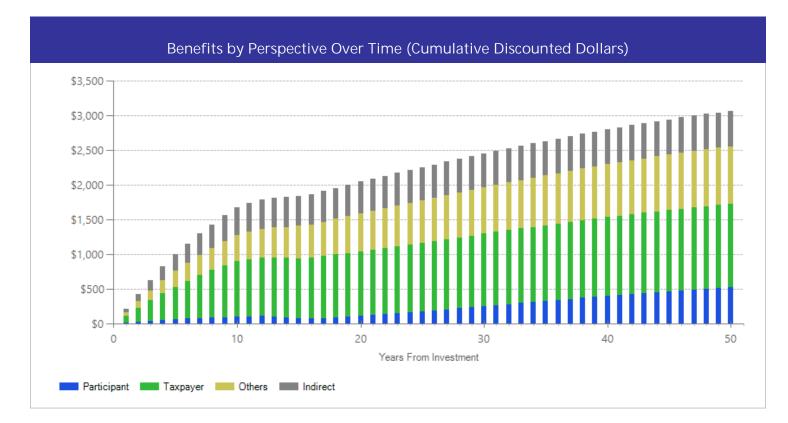
Triple P costs are the average per-family service cost for families receiving individual Triple P in Washington in fiscal year 2018, provided by Tim Kelly (8/23/2018), Washington State Department of Children Youth and Families. For group administration of Triple P, we assume six families could receive training at the same time from the same therapist. We also add an estimated cost for venue rental (a cost that is unnecessary when conducting the program with individual families). For comparison group costs we use 2010 Washington State DSHS data to estimate the average reimbursement rate for treatment of child and adolescent disruptive behavior disorders.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The cost range reported above reflects potential variation or uncertainty in the cost estimate; more detail can be found in our Technical Documentation.

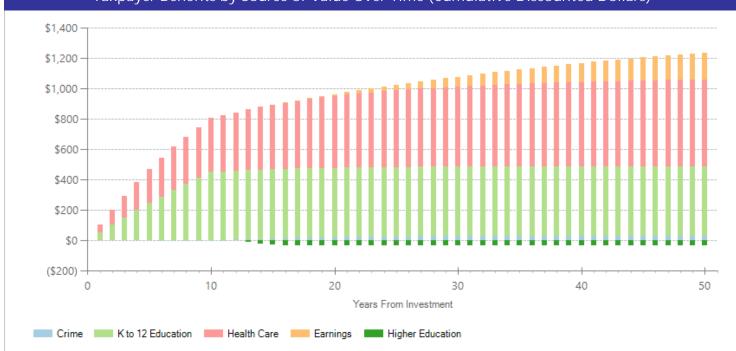
Benefits Minus Costs Over Time (Cumulative Discounted Dollars)



The graph above illustrates the estimated cumulative net benefits per-participant for the first fifty years beyond the initial investment in the program. We present these cash flows in discounted dollars. If the dollars are negative (bars below \$0 line), the cumulative benefits do not outweigh the cost of the program up to that point in time. The program breaks even when the dollars reach \$0. At this point, the total benefits to participants, taxpayers, and others, are equal to the cost of the program. If the dollars are above \$0, the benefits of the program exceed the initial investment.



The graph above illustrates the breakdown of the estimated cumulative benefits (not including program costs) per-participant for the first fifty years beyond the initial investment in the program. These cash flows provide a breakdown of the classification of dollars over time into four perspectives: taxpayer, participant, others, and indirect. "Taxpayers" includes expected savings to government and expected increases in tax revenue. "Participants" includes expected increases in earnings and expenditures for items such as health care and college tuition. "Others" includes benefits to people other than taxpayers and participants. Depending on the program, it could include reductions in crime victimization, the economic benefits from a more educated workforce, and the benefits from employer-paid health insurance. "Indirect benefits" includes estimates of the changes in the value of a statistical life and changes in the deadweight costs of taxation. If a section of the bar is below the \$0 line, the program is creating a negative benefit, meaning a loss of value from that perspective.



Taxpayer Benefits by Source of Value Over Time (Cumulative Discounted Dollars)

The graph above focuses on the subset of estimated cumulative benefits that accrue to taxpayers. The cash flows are divided into the source of the value.

Citations Used in the Meta-Analysis

- Leung, C., Fan, A., & Sanders, M.R. (2013). The effectiveness of a Group Triple P with Chinese parents who have a child with developmental disabilities: A randomized controlled trial. *Research in Developmental Disabilities*, *34*(3), 976-984.
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- Whittingham, K., Sofronoff, K., Sheffield, J., & Sanders, M.R. (2009). Stepping Stones Triple P: An RCT of a parenting program with parents of a child diagnosed with an autism spectrum disorder. *Journal of Abnormal Child Psychology*, 37(4), 469-480.
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For further information, contact: (360) 664-9800, institute@wsipp.wa.gov

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Washington State Institute for Public Policy

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