Published July 2024



# Standard Stepping Stones Triple P

Review: September 2017

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

**Stepping Stones Triple P has been developed for parents or caregivers of children aged 0-12 with a developmental disability, such as Down's syndrome or Autistic Spectrum Disorder, as well as moderate or severe behavioural problems. Standard Stepping Stones Triple P is one mode of implementation of the Stepping Stones programmes.**

It is designed as a one-to-one 10-session intervention, delivered over 10 consecutive weeks. The intervention begins with a thorough assessment of parent-child interaction. Through a range of learning methods, the intervention provides parents with comprehensive support in managing their child's behaviour across settings. Parents set goals, practise strategies, complete an activity workbook and undertake homework tasks.

Evidence rating: **3**

Cost rating: **2**

# EIF Programme Assessment

Standard Stepping Stones Triple P has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

Evidence rating: **3**

## What does the evidence rating mean?

**Level 3** indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

# Cost rating

A rating of 2 indicates that a programme has a medium-low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of £100–£499.

Cost rating: **2**

# Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

## Preventing crime, violence and antisocial behaviour

### Decreased child negative behaviour

**Based on study 1**

11.53-point reduction on the Family Observation Schedule (expert observation)

Improvement index: **+26**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 76% and worse outcomes than 24% of their peers, if they had received the intervention.

Immediately after the intervention

### Decreased child problem behaviour

**Based on study 1**

1.77-point reduction on the Developmental Behaviour Checklist (disruptive subscale – parent report)

Improvement index: **+9**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 59% and worse outcomes than 41% of their peers, if they had received the intervention.

Immediately after the intervention

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the 'About the evidence' section for more detail.

# Key programme characteristics

## Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Preschool
- Primary school

## How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Individual

## Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Home
- Out-patient health setting

The programme may also be delivered in these settings:

- Home
- Out-patient health setting

## How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted indicated

## Where has it been implemented?

Australia, Canada, Denmark, England, Hong Kong, Ireland, Netherlands, New Zealand, Romania, United States

## UK provision

This programme has been implemented in the UK.

## UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

## Spotlight sets

EIF includes this programme in the following Spotlight sets:

- parenting programmes with violence reduction outcomes
  programmes for children with recognised or possible special education needs

# About the programme

## What happens during delivery?

### How is it delivered?

Standard Stepping Stones Triple P is delivered in 10 sessions of one-hour duration each by one practitioner to individual parents.

### What happens during the intervention?

- The first two sessions are for assessment and include an initial interview, observation and assessment feedback.
- In general, parents will set their own goals and work out what changes they would like to see in their child's behaviour.
- Sessions 3-4 cover positive parenting strategies, sessions 5-7 are for practice, sessions 8-9 are for planned activities training, and session 10 covers maintenance and closure.
- Practitioners use a range of learning methods with parents, including behavioural rehearsal to teach skills, guided participation to discuss assessment findings and active skills training methods to facilitate the acquisition of new parenting routines.

## What are the implementation requirements?

### Who can deliver it?

The practitioner who delivers this programme typically has a background as a school counsellor, nurse, psychologist, social worker, or as an allied health professional. Practitioners have QCF level 4/5.

### What are the training requirements?

- Practitioners attend three days' training (9.00am - 4.30pm), one day pre-accreditation workshop and a half-day accreditation session. It is recommended that they spend between four and six hours on individual preparation before accreditation.
- Booster training of practitioners is not required.

### How are the practitioners supervised?

It is recommended that practitioners are supervised by one host agency supervisor qualified to QCF level 7/8. The host agency supervisor does not receive programme training.

### What are the systems for maintaining fidelity?

- Training manual
- Other printed material
- Other online material
- Video or DVD training
- Face-to-face training
- Fidelity monitoring

A quality assurance checklist is available for organisations to use when planning for quality assurance of Triple P. There are three standard fidelity protocols built into the Triple P Implementation Framework (1) Practitioner Accreditation, (2) Intervention Fidelity using Session Checklists, (3) Supervision and Practitioner Support Standards using the Peer Support Network. Triple P UK offers trainer facilitated PASS sessions or a Flexibility & Fidelity workshop for professional development.

### Is there a licensing requirement?

There is no licence required to run this programme.

## How does it work? (Theory of Change)

### How does it work?

- Stepping Stones Triple P assumes that parents with a disabled child need help understanding and adapting to their child’s needs.
- Parents therefore learn positive strategies for managing their child’s behaviour and helping their child become more independent.
- Children, in turn, become more independent and learn how to better manage their own behaviour.
- Children ultimately become more independent of their parents and parents experience less stress and greater family harmony.

### Intended outcomes

Supporting children's mental health and wellbeing Preventing child maltreatment Preventing crime, violence and antisocial behaviour

## Contact details

Jo Adreini Triple P UKcontact.tpuk@triplep.uk.net

http://www.triplep.net/ www.triplep-parenting.net
www.pfsc.uq.edu.au/research/evidence/

# About the evidence

Standard Stepping Stones Triple P's most rigorous evidence comes from an RCT which was conducted in Australia. This study identified statistically significant positive impact on a number of child and parent outcomes. This programme is underpinned by one rigorously conducted (level 3) study, hence the programme receives a Level 3 rating overall.

This evidence rating applies to the programme as tested in Plant & Sanders (2007) (outlined below), which reflects its typical format of 10 sessions delivered to individual parents. It is worth noting that other studies have tested the same 10 session programme, with varied results (Kleefman et al., 2014; Shapiro et al., 2014). This included one study which investigated a preventative version of the programme for lower-risk children under 24 months which suggested no effect, although the study was not sufficiently robust to make strong claims about effectiveness. A version of this programme delivered through both group and individual face-to-face sessions has also been tested (Whittingham, Sofronoff, Sheffield, & Sanders, 2009b, 2009a). However, this is treated as a different programme due to the substantial group component, and has therefore not contributed towards the rating. A full list of references can be found under 'Other studies'.

## Study 1

**Citation:** Plant & Sanders (2007)

**Design:** RCT

**Country:** Australia

**Sample:** 74 families with children under age 6, average age 4.5 years.

**Timing:** Post test

**Child outcomes:**

- Decreased child negative behaviour
- Decreased child problem behaviour

**Other outcomes:**

- Decreased parental dysfunctional discipline style (parent self-report)
  Increased parental perception of competence (parent self-report)
  Decreased frequency of problematic care-giving tasks by parent (parent self-report)

**Study rating:** 3

Plant, K., & Sanders, M. (2007). Reducing problem behavior during care-giving in families of preschool-aged children with developmental disabilities. Research in Developmental Disabilities, (28), 4, 362-385.
**Available at:**http://www.sciencedirect.com/science/article/pii/S0891422206000515

**Study design and sample**

This study is a rigorously conducted RCT. This study involved random assignment of participants to three conditions: Standard Stepping Stones Triple P, Standard Stepping Stones Triple P-Enhanced, and a waitlist control group. The first two conditions are the focus of this summary because they relate to Standard Stepping Stones Triple P and its comparison with a control group. Standard Stepping Stones Triple P-Enhanced is treated as a separate programme, due to its increased duration (it has the 10 standard sessions plus 6 additional sessions) and therefore is not reported on. This study was conducted in Australia, with a sample of 74 families (26 families allocated to Standard Stepping Stones Triple P-S, 24 families allocated to the waitlist control, and the remainder allocated to Standard Stepping Stones Triple P-Enhanced), with children under the age of 6. The average age was 4.5 years. All children had a developmental disability and all had behaviour in the elevated range on the Eyberg Child Behaviour Inventory. 39% of families had a combined income of more than AUS$ 50,000 per annum. No information regarding ethnicity is provided.

**Measures**

Child negative behaviour was measured using the Family Observation Schedule (expert observation of behaviour). Child problem behaviour was measured using the Developmental Behaviour Checklist – disruptive scale (parent report). Difficult child behaviour was measured using the Caregiving Problem Checklist - difficult child behaviour. Frequency of problematic care-giving tasks were measured using the Caregiving Problem Checklist –problematic care giving tasks (parent self-report). Dysfunctional discipline style was measured using the Parenting Scale, total score (parent self-report). Parents' views on their competence was measured using the Parenting Sense of Competence Scale, total score (parent self-report). Negative parent behaviour was measured using the Family Observation Schedule – observed negative parent behaviour (expert observation of behaviour). Parental depression, anxiety and stress were measured using the Depression, Anxiety and Stress Scale, total score (parent self-report). The quality of dyadic couple relationship adjustment was measured using the Abbreviated Dyadic Adjustment Scale (parent self-report).

**Findings**

This study identified statistically significant positive impact on a number of child and parent outcomes. Identified child outcomes were: decreased child negative behaviour and decreased child problem behaviour. Identified parent outcomes were: decreased frequency of problematic care-giving tasks, decreased dysfunctional discipline style and increased parental perception of competence.

## Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.


Kleefman, M., Jansen, D., & Reijneveld, S. (2011). The effectiveness of Stepping Stones Triple P: the design of a randomised controlled trial on a parenting programme regarding children with mild intellectual disability and psychosocial problems versus care as usual. BMC Public Health, 11(1), 676 - **This reference refers to a randomised control trial, conducted in the Netherlands.**

Kleefman, M., Jansen, D., Stewart, R., & Reijneveld, S. (2014). The effectiveness of Stepping Stones Triple P parenting support in parents of children with borderline to mild intellectual disability and psychosocial problems: a randomized controlled trial. BMC Medicine, 12(191), 1–10 - **This reference refers to a randomised control trial, conducted in the Netherlands.**

Hodgetts, S., Savage, A., & McConnell, D. (2013). Experience and outcomes of stepping stones triple P for families of children with autism. Research in Developmental Disabilities, 34(9), 2572–2585 - **This reference refers to a multiple case-study design, conducted in Canada.**

Reis, A. (2004). Behavioural family intervention for families with pre-school children with disabilities and challenging behaviours: Assessing effects on parent and child play interactions. Unpublished Masters Thesis, Curtin University of Technology, Perth, Australia.

Roberts, C., Mazzucchelli, T., Studman, L., & Sanders, M. (2006). Behavioral family intervention for children with developmental disabilities and behavioral problems. Journal of Clinical Child and Adolescent Psychology, 35(2), 180–193 - **This reference refers to a randomised control trial, conducted in Australia.**

Shapiro, C., Kilburn, J., & Hardin, J. (2014). Prevention of behavior problems in a selected population: Stepping StonesTriple P for parents of young children with disabilities. Research in Developmental Disabilities, 35, 2958–2975 - **This reference refers to a randomised control trial, conducted in the USA.**

Whittingham, K., Sofronoff, K., Sheffield, J., & Sanders, M. (2009a). Do parental attributions affect treatment outcome in a parenting program? An exploration of the effects of parental attributions in an RCT of Stepping Stones Triple P for the ASD population. Research in Autism Spectrum Disorders, 3(1), 129–144 - **This reference refers to a randomised control trial, conducted in Australia.**

Whittingham, K., Sofronoff, K., Sheffield, J., & Sanders, M. (2009b). Stepping Stones Triple P: An RCT of a parenting program with parents of children diagnosed with autism spectrum disorder. Journal of Abnormal Child Psychology, 37, 469 – 480 - **This reference refers to a randomised control trial, conducted in Australia.**

## Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

How to read the Guidebook

EIF evidence standards

About the EIF Guidebook

## EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

www.EIF.org.uk | @TheEIFoundation

10 Salamanca Place, London SE1 7HB | +44 (0)20 3542 2481

## Disclaimer

The EIF Guidebook is designed for the purposes of making available general information in relation to the matters discussed in the documents. Use of this document signifies acceptance of our legal disclaimers which set out the extent of our liability and which are incorporated herein by reference. To access our legal disclaimers regarding our website, documents and their contents, please visit eif.org.uk/terms-conditions/. You can request a copy of the legal disclaimers by emailing info@eif.org.uk or writing to us at Early Intervention Foundation, 10 Salamanca Place, London SE1 7HB.