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Enhanced Triple P

Review: March 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.

Enhanced Triple P (Level 5) provides adjunctive interventions (alongside a Level 4 Triple P programme) to address family factors that may impact upon and complicate the task of parenting, such as parental mood and partner conflict.

The programme aims to achieve positive outcomes for both parents and children. With regards to parents, Enhanced Triple P aims to: (1) increase parents' competence in managing common behaviour problems and developmental issues; (2) reduce parents' use of coercive and punitive methods of disciplining children; (3) improve parents' personal coping skills and reduce stress; (4) improve parents' communication about parenting issues and help parents support one another in their parenting role; and (5) develop parents' independent problem-solving skills.

With regards to children, the programme aims to: (1) reduce behavioural and emotional problems; and (2) reduce the intensity of disruptive child behaviour.

A component of Enhanced Triple P seeks to improve children's outcomes by improving the quality of interparental relationships (IPR).

Evidence rating: **3**

Cost rating: **2**

EIF Programme Assessment

Enhanced 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

Improved child behaviour

Based on study 1a

7.27-percentage point reduction in participants with observed negative child behaviour on the Revised Family Observation Schedule

Improvement index: **+20**

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 70% and worse outcomes than 30% of their peers, if they had received the intervention.

Immediately after the intervention

Based on study 1a

25.65-point reduction on the Eyberg Child Behaviour Inventory (mother report)

Improvement index: **+30**

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 80% and worse outcomes than 20% of their peers, if they had received the intervention.

Immediately after the intervention

4.42-point reduction on Parent Daily Reports (mother report)

Improvement index: **+31**

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 81% and worse outcomes than 19% of their peers, if they had received the intervention.

Immediately after the intervention

Based on study 1a

15.64-point reduction on the Eyberg Child Behaviour Inventory (father report)

Improvement index: **+30**

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 80% and worse outcomes than 20% of their peers, if they had received the intervention.

Immediately after the intervention

2.09-point reduction on Parent Daily Reports (father report)

Improvement index: **+31**

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 81% and worse outcomes than 19% of their peers, if they had received the intervention.

Immediately after the intervention

Based on study 1b

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:

- Toddlers
- Preschool

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:

- Out-patient health setting

The programme may also be delivered in these settings:

- Home
- Children's centre or early-years setting
- Primary school
- Community centre
- In-patient health setting

How is it targeted?

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

- Targeted selective

Where has it been implemented?

Australia, Belgium, Canada, Denmark, England, Germany, Ireland, Netherlands, New Zealand, Scotland, Switzerland, United Kingdom, 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:

- improving interparental relationships
  parenting programmes with violence reduction outcomes

About the programme

What happens during delivery?

How is it delivered?

- Enhanced Triple P consists of four modules, delivered in 3-11 sessions of between 40-90 minutes duration each, by 1 practitioner to individuals, couples, or families.
- The sessions include 1) a review session to negotiate a treatment plan (1 hour), 2) three optional modules of up to 3 sessions each (40-90 minutes) and 3) a closure session to plan for maintenance and future problem solving (1 hour).
- The optional modules are Practice, Coping Skills, and Partner Support.
- The 3-11 sessions are delivered in conjunction with a Level 4 Triple P programme.

What happens during the intervention?

- Home visits or practice sessions may be conducted to provide personal feedback and goal setting.
- Parents may learn personal coping skills such as relaxation, coping statements, and challenging unhelpful thoughts.
- Parents may learn communication skills such as giving and receiving feedback, problem solving, and improving relationship happiness.

What are the implementation requirements?

Who can deliver it?

The practitioner who delivers this programme is a Triple P practitioner, who can come from a range of professions (e.g. family support worker) with recommended QCF-4/5 level qualifications.

What are the training requirements?

- Practitioners have 25 hours of programme training. Booster training of practitioners is not required.
- Practitioners attend 2 days training and a half-day accreditation. It is recommended they set aside 4-6 hours for quiz and competency preparation before accreditation.
- Practitioners must have completed prerequisite training in a Level 4 Triple P Provider Training Course prior to attending Enhanced Triple P training.

How are the practitioners supervised?

- It is recommended that practitioners are supervised by 1 host agency supervisor (qualified to QCF- 7/8), with 0 hours of programme training.
- Practitioners learn and rehearse the Peer-Assisted Supervision and Support (PASS) procedure during training, and have a PASS manual and checklist available through the Triple P Provider Network. PASS is a workforce development strategy to assist practitioners in the process of peer support.

What are the systems for maintaining fidelity?

- Accreditation
- Training materials
- Supervision
- Practitioners fill in a ‘fidelity checklist’ after every session
- Peer-Assisted Supervision and Support (PASS) Networks
- Quality assurance checklist for organisations implementing Triple P

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?

- Enhanced Triple P is based on the idea that parents often unintentionally perpetuate unwanted child behaviour through ineffective parenting strategies, and that the risk of demonstrating such parenting is increased when parents experience adjustment problems such as marital conflict and/or parental mood.
- Enhanced Triple P helps parents replace ineffective parenting strategies with effective methods for encouraging positive child behaviour.
- Moreover, Enhanced Triple P helps parents to improve their personal coping skills and reduce stress, as well as improve couple communication about parenting issues.
- In the short term, parents learn more effective strategies for managing their child's behaviour and the child's behaviour improves.
- In the longer term, parents demonstrate improved mental health and couple relations, and children should have greater self-regulation and self-confidence and do better in school.
- It is also expected that children will be less likely to have behavioural problems and/or engage in antisocial behaviour

Intended outcomes

Preventing crime, violence and antisocial behaviour

Contact details

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About the evidence

Enhanced Triple P's best evidence comes from one rigorously conducted RCT.

Study 1a

Citation:	Sanders et al., (2000)
Design:	RCT
Country:	Australia
Sample:	305 families, with preschoolers at high risk of developing conduct problems
Timing:	Baseline (T1), post-intervnetion (T2), 1-year follow-up (T3)

Child outcomes:

- Improved child behaviour
- Improved child behaviour
- Improved child behaviour

Other outcomes:

- Reduced use of dysfunctional parenting (self-report) Improved sense of parental competency in mothers (self-report)

Study rating: 3

Sanders, M., Markie-Dadds, C., Tully, L., & Bor, W. (2000). The Triple P-Positive Parenting Program: A comparison of enhanced, standard, and self-directed behavioral family intervention for parents of children with early onset conduct problems. Journal of Consulting and Clinical Psychology, 68(4), 624-640. http://dx.doi.org/10.1037//0022-006x.68.4.624
Available athttps://www.ncbi.nlm.nih.gov/pubmed/10965638
Study design and sample

The first study is a rigorously conducted RCT.
This study involved random assignment of children to one of four conditions – Enhanced Behavioural Family Intervention (n=76), Standard Behavioural Family Intervention (n=77), Self-Directed Behavioural Family Intervention (n=75), or a waitlist control (n=77).
This study was conducted in Australia. The sample included families with a child aged between 36 and 48 months, recruited from three low-income areas of Brisbane.
Measures

Several measures were used to assess the effectivness of Enhanced Triple P:

- Disruptive child behaviour was measured using the Eyberg Child Behaviour Inventory (parent report).
- Problem child behaviour and the use of physical punishment by parents was measured using the Parent Daily Report (parent report).
- Parental competence was measured using the Parenting Sense of Competency Scale (parent self-report).
- Parental conflict was measured using the Parent Problem Checklist (PPC) (parent self-report).
- Relationship quality was measured using the Abbreviated Dyadic Adjustment Scale (parent self-report).
- Parental symptoms of depression, anxiety and stress was measured using the Depression Anxiety Stress Scales (parent self-report).
- Service quality was assessed using the Client Satisfaction Questionnaire (parent self-report).
- Mother-child interactions were measured through independent observation using the (Family Observation Schedule) (independent observation).

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes. This includes improved child behaviour, reduced use of dysfunctional discipline styles, and improved sense of parenting competency in mothers.

Study 1b

Citation:	Sanders et al., (2007)
Design:	RCT
Country:	Australia
Sample:	305 families, with preschoolers at high risk of developing conduct problems
Timing:	3-year follow up (T4)

Child outcomes:

- Improved child behaviour

Other outcomes:

- Reduced use of dysfunctional parenting (self-report) Improved sense of parental competency in mothers (self-report)

Study rating: 3
Sanders, M., Bor, W., & Morawska, A. (2007). Maintenance of treatment gains: A comparison of enhanced, standard, and self-directed Triple P-Positive Parenting Program. Journal of Abnormal Child Psychology, 35(6), 983-998. http://dx.doi.org/10.1007/s10802-007-9148-x
Available athttps://www.ncbi.nlm.nih.gov/pubmed/17610061
This is a follow-up of study 1a.
Intervention effects were found to be maintained.

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.

Bodenmann, G., Cina, A., Ledermann, T., & Sanders, M. R. (2008). The efficacy of the Triple P-Positive Parenting Program in improving parenting and child behavior: A comparison with two other treatment conditions. Behaviour research and therapy, 46(4), 411-427 - **This reference refers to a randomised control trial, conducted in Sweden**.

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.

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