

## GUIDEBOOK

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Downloaded from <https://guidebook.eif.org.uk/programme/triple-p-standard-level-4>

# Level 4 Standard Triple P

Review: [Foundations for Life](#), July 2016

**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.

**Level 4 Standard Triple P is for parents, with a child aged 0 to 12 years, who have concerns about their child's behaviour.**

Parents attend 10 one-to-one weekly sessions with an individual therapist lasting approximately one hour. The sessions are provided by a practitioner trained and accredited in Triple P. Practitioners also receive ongoing supervision.

Parents learn 17 different strategies for supporting their children's competencies and discouraging unwanted child behaviour through role play, homework exercises and discussions involving video-taped examples of effective parenting.

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Evidence  
rating: **3**

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Cost rating: **2**

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## EIF Programme Assessment

Level 4 Standard Triple P has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

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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.

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## 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.

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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

### Reduced disruptive behaviour

#### Based on study 1

28.41-point improvement on the Eyberg Child Behaviour Inventory Intensity Score (mother report)

Improvement index: **+22**

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 72% and worse outcomes than 28% of their peers, if they had received the intervention.

Immediately after the intervention

19.39-point improvement on the Eyberg Child Behaviour Inventory Intensity Score (father report)

Improvement index: **+25**

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 75% and worse outcomes than 25% of their peers, if they had received the intervention.

Immediately after the intervention

### Reduced problem child behaviour

#### Based on study 1

4.47-point improvement on the Parent Daily Report Mean Problem Score (mother report)

Improvement index: **+27**

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 77% and worse outcomes than 23% of their peers, if they had received the intervention.

Immediately after the intervention

2.21-point improvement on the Parent Daily Report Mean Problem Score (father report)

Improvement index: **+23**

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 73% and worse outcomes than 27% of their peers, if they had received the intervention.

Immediately after the intervention

## Reduced negative child behaviour in parent-child interactions

Based on study 1

3.49-point improvement on the Family Observation Schedule

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.

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# Key programme characteristics

## Who is it for?

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

- Infants
- Toddlers
- Preschool
- Primary school

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## How is it delivered?

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

- Individual

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## Where is it delivered?

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

- Community centre
- 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
  - Out-patient health setting
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## How is it targeted?

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

- Targeted indicated
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## Where has it been implemented?

Australia, Belgium, Canada, Denmark, England, Germany, Ireland, Netherlands, New Zealand, Scotland, Singapore, Switzerland, United States

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## UK provision

This programme has been implemented in the UK.

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## UK evaluation

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

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## Spotlight sets

EIF includes this programme in the following Spotlight sets:

- parenting programmes with violence reduction outcomes
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## About the programme

### What happens during delivery?

#### How is it delivered?

- Standard Triple P is delivered in 10 sessions of one-hour duration to individual families by one Triple P practitioner.

### What happens during the intervention?

- Parents learn 17 different strategies for improving their children's competencies and discouraging unwanted child behaviour.
- Learning is supported through role play exercises, homework exercises and discussions involving video-taped examples of effective parenting strategies.

### 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 (eg family support worker) with recommended minimum QCF-4/5 level qualifications.

### What are the training requirements?

- The practitioner has three days of programme training, one day of pre-accreditation and a half-day accreditation workshop (accreditation workshops are held over two days; practitioners attend in groups of five).
- Booster training of practitioners is not required.

## How are the practitioners supervised?

- It is recommended that practitioners are supervised by one host-agency supervisor with QCF-7/8 level qualifications. There is no required training for the supervisor.

## What are the systems for maintaining fidelity?

- Accreditation process
- Training manual
- Supervision
- Fidelity monitoring

## 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?

- Triple P is based on the idea that parents often unintentionally perpetuate unwanted child behaviour through ineffective parenting strategies.
- Triple P helps parents replace ineffective parenting strategies with effective methods for encouraging positive child behaviour.
- 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, children should have greater self-regulatory skills 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

Supporting children's mental health and wellbeing  
Preventing child maltreatment  
Enhancing school achievement & employment  
Preventing crime, violence and antisocial behaviour



## Contact details

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[Triple P Corporate Website](#)[Triple P Parent Site](#)[Triple P Evidence Base](#)[Triple P training info](#)[Triple P cost-effectiveness info](#)

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## About the evidence

Level 4 Standard 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 study with a Level 3, hence the programme receives a Level 3 rating overall.

## Study 1

**Citation:** Sanders et al. (2000); Bor et al. (2002); Sanders et al. (2007)

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**Design:** RCT

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**Country:** Australia

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**Sample:** 305 families

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**Timing:** Post-test

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**Child outcomes:**

- Reduced disruptive behaviour
  - Reduced problem child behaviour
  - Reduced negative child behaviour in parent-child interactions
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**Other outcomes:**

- Improved parenting Increased self-efficacy
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**Study rating:** 3

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Sanders, M.R., Markie-Dadds, C. Tully, L.A. & Bor, W. (2000). The Triple P-Positive Parenting Program: A comparison of enhanced, standard, and self-directed behavioural family intervention for parents of children with early onset conduct problems. *Journal of Consulting and Clinical Psychology*, 68 (4), 624-640.

Bor, W., Sanders, M.R., & Markie-Dadds, C. (2002). The effects of the Triple P-positive Parenting Programme with co-occurring disruptive behaviour and attentional/hyperactive difficulties. *Journal of Abnormal Child Psychology*, 30, 571-587.

Sanders, M. R., 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.

**Available at** <https://www.ncbi.nlm.nih.gov/pubmed/10965638><https://www.ncbi.nlm.nih.gov/pubmed/12481972>  
<https://www.ncbi.nlm.nih.gov/pubmed/17610061>

### **Study design and sample**

The first study is a rigorously conducted RCT.

This study involved random assignment of children to one of three treatment conditions and a control group: Triple P (Level 4) Standard; Enhanced Triple P (including partner support and coping skills); Self-directed Triple P (involving 10 workbooks); and a wait-list control group.

This study was conducted in Australia, with a sample of 305 families with a preschool child (average age of 40.88 months). The parents were predominantly of lower socioeconomic class and Caucasian.

### **Measures**

Child behaviour was measured using the Eyberg Child Behavior Inventory (Intensity score) (parent report). Child problem behaviours were measured using the Parent Daily Report (mean Problem score) (parent report). Observed negative child behaviour was measured using the Revised Family Observation Schedule (FOS-R-III) (expert observation of behaviour).

Parental sense of competency was measured using the Parenting Sense of Competency Scale (parent report). Conflict between partners over childrearing was measured using the Parent Problem Checklist (parent report). Quality of dyadic relationship adjustment was measured using the Abbreviated Dyadic Adjustment Scale (parent report). Parental symptoms of depression, anxiety, and stress were measured using the Depression Anxiety Stress Scales (parent report). Observed negative maternal behaviour was measured using the FOS-R-III (expert observation of behaviour).

### **Findings**

This study identified statistically significant positive impact on a number of child and parent outcomes.

Child outcomes include:

- Reduced disruptive behaviour
- Reduced problem child behaviour
- Reduced negative child behaviour in parent-child interactions

## **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.

Cann, W., Rogers, H., & Matthews, J. (2003). Family Intervention Services program evaluation: A brief report on initial outcomes for families. *Australian e-Journal for the Advancement of Mental Health*, 2(3). doi:10.5172/jamh.2.3.208 - **This reference refers to a pre-post study, conducted in Australia.**

de Graaf, I., Haverman, M., Onrust, S., & Tavecchio, L. (2009). Improving parenting and its impact on parental psychopathology: Trial of the Triple P Positive Parenting Program.

Frantz, I., Stemmler, M., Hahlweg, K., Pluck, J., & Heinrichs, N. (2015). Experiences in Disseminating Evidence-Based Prevention Programs in a Real-World Setting. *Prevention Science*.

doi:10.1007/s11121-015-0554-y

Glazemakers, I. (2012). A population health approach to parenting support: Disseminating the Triple P

P-Positive Parenting Program in the province of Antwerp. ((Unpublished doctoral thesis)), Universiteit Antwerpen, Antwerp, Belgium - **This reference refers to a quasi-experimental design, conducted in Belgium.**

Heinrichs, N., & Jensen-Doss, A. (2010). The effects of incentives on families' long-term outcome in a parenting program. *Journal of Clinical Child & Adolescent Psychology*, 39(5), 705-712. doi:10.1080/15374416.2010.501290 - **This reference refers to a randomised control trial,**

**conducted in Germany.**

Heinrichs, N., Kruger, S., & Guse, U. (2006). Der Einfluss von Anreizen auf die Rekrutierung von Eltern und auf die Effektivitaet eines praeventiven Elterntrainings [The effects of incentives on recruitment rates of parents and the effectiveness of a preventative parent training]. *Zeitschrift fuer Klinische Psychologie und Psychotherapie*, 35, 97-108 - **This reference refers to a randomised control trial, conducted in Germany.**

Nicholson, J. M., & Sanders, M. R. (1999). Randomized controlled trial of behavioral family intervention for the treatment of child behavior problems in stepfamilies. *Journal of Divorce & Remarriage*, 30(3-4), 1-23. doi:10.1300/J087v30n03\_01 - **This reference refers to a randomised control trial, conducted in**

**Australia.**

Onrust, S., de Graaf, I., & van der Linden, D. (2012). De meerwaarde van Triple P: Resultaten van een gerandomiseerde effectstudie van de Triple P gezinsinterventie bij gezinnen met meervoudige problematiek [The added value of Triple P: Results of a randomized clinical trial of the Triple P family intervention with families with multiple problems]. *Kind en Adolescent [Child and Adolescent]*, 33(2), 60-74. doi:10.1007/s12453-012-0008-2 - **This reference refers to a randomised control trial, conducted in**

**Australia.**

Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, 10(1), 1-12. doi:10.1007/s11121-009-0123-3 - **This reference refers to a randomised control trial, conducted in the**

**USA..**

Rogers, H., Cann, W., Cameron, D., Littlefield, L., & Lagioia, V. (2003). Evaluation of the Family Intervention Service for children presenting with characteristics associated with Attention Deficit Hyperactivity Disorder. *Australian e-Journal for the Advancement of Mental Health*, 2(3). doi:10.5172/jamh.2.3.216 - **This reference**

**refers to a pre-post study, conducted in Australia.**

Sanders, M. R., & McFarland, M. L. (2000). Treatment of depressed mothers with disruptive children: A controlled evaluation of cognitive behavioral family intervention. *Behavior Therapy*, 31(1), 89-112. doi:10.1016/s0005-7894(00)80006-4 - **This reference refers to a randomised control trial, conducted in**

**Australia.**

Sanders, M. R., Pidgeon, A. M., Gravestock, F. M., Connors, M. D., Brown, S., & Young, R. W. (2004). Does parental attributional retraining and anger management enhance the effects of the Triple P-Positive Parenting Program with parents at risk of child maltreatment? *Behavior Therapy*, 35(3), 513-535. doi:10.1016/s0005-7894(04)80030-3 - **This reference refers to a randomised control trial, conducted in**

**Australia.**

Sanders, M. R., Ralph, A., Thompson, R., Sofronoff, K., Gardiner, P., Bidwell, K., & Dwyer, S. B. (2005). Every Family: A public health approach to promoting children's wellbeing. Retrieved from Brisbane, Australia - **This reference refers to a randomised control trial, conducted in Australia.**

Shapiro, C. J., Kilburn, J., & Hardin, J. W. (2014). Prevention of behavior problems in a selected population: Stepping Stones Triple P for parents of young children with disabilities. *Research in Developmental Disabilities*, 35(11), 2958-2975. doi:10.1016/j.ridd.2014.07.036 - **This reference**

**refers to a randomised control trial, conducted in the USA.**

Venning, H. B., Blampied, N. M., & France, K. G. (2003). Effectiveness of a standard parenting-skills program in reducing stealing and lying in two boys. *Child & Family Behavior Therapy*, 25(2), 31-44 - **This**

**reference refers to a case study design, conducted in New Zealand.**



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## 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.

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[How to read the Guidebook](#)

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[EIF evidence standards](#)

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[About the EIF Guidebook](#)

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## 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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[www.EIF.org.uk](http://www.EIF.org.uk) | [@TheEIFoundation](https://twitter.com/TheEIFoundation)

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