

Group 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 to 12 with a developmental disability, such as Down's Syndrome or Autistic Spectrum Disorder. Group Stepping Stones Triple P is one mode of implementation of the Stepping Stones programmes.

It is delivered to groups of parents or caregivers with children who have mild to moderate level challenging behaviours. It is classified as a 'Level 4' Triple P programme. Parents learn skills and strategies to encourage their child's social and communication skills, emotional self-regulation, independence and problem-solving ability. Practitioners use a range of learning methods with parents, including behavioural rehearsal to teach skills, guided participation to discuss assessment findings, active skills training methods to facilitate the acquisition of new parenting routines and generalisation-enhancement strategies to promote parental autonomy. Practitioners provide parents with constructive feedback on their implementation of the strategies. Parents also complete an activity workbook and undertake homework tasks.

Evidence
rating: 3

Cost rating: 1

EIF Programme Assessment

Group 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 1 indicates that a programme has a low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of less than £100.

Cost rating: **1**

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 number of disruptive behaviours

Based on study 1

5.75-point reduction on the Eyberg Child Behavior Inventory (problem subscale - parent report)

Improvement index: **+34**

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 84% and worse outcomes than 16% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced frequency of disruptive behaviours

Based on study 1

22.34-point reduction on the Eyberg Child Behavior Inventory (intensity subscale - parent report)

Improvement index: **+35**

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 85% and worse outcomes than 15% 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:

- Group

Where is it delivered?

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

- Primary school
- Community centre

The programme may also be delivered in these settings:

- Primary school
- Community centre

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, Germany, Hong Kong, Ireland, Japan, New Zealand, Scotland, Singapore, Switzerland, 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
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About the programme

What happens during delivery?

How is it delivered?

Group Stepping Stones Triple P is delivered in six group sessions of 2–2.5 hours' duration and three individual telephone sessions of 30 minutes' duration. It is delivered by one practitioner and 5–10 families attend the group sessions.

What happens during the intervention?

- Sessions 1 and 2 focus on positive parenting, setting goals and promoting child development.
- In the following sessions, parents are taught new skills, behaviours and strategies to teach children with disabilities and manage misbehaviour. They learn how to adapt strategies to suit their family's needs.
- The latter sessions focus on planning ahead, implementing parenting routines and looking at ways to maintain changes.
- Parents will see examples of positive parenting on DVDs and will discuss what they have learned with the provider and group.
- Parents also have a workbook to help record their goals and achievements.

What are the implementation requirements?

Who can deliver it?

The practitioner who delivers this programme may come from a range of backgrounds, including nursing, psychology and school counselling, with a recommended QCF level of 4 or 5.

What are the training requirements?

The have 4.5 days of programme training / pre-accreditation session. 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-7/8 level). The host agency supervisor does not receive 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

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

About the evidence

Group 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.

The rating is based on the typical Group Stepping Stones Triple P format, which is delivered through six group sessions (approximately 2–2.5 hours each) and three brief individual telephone consultations (approximately 30 minutes each). 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 individual component, and has not contributed towards the rating. A full list of references can be found under 'Other studies'.

Study 1

Citation: Roux, G., Sofronoff, K., & Sanders, M. (2013)

Design: RCT

Country: Australia

Sample: 52 families, with children between 2 and 9 years old

Timing: Post-test

Child outcomes:

- Reduced number of disruptive behaviours
 - Reduced frequency of disruptive behaviours
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Other outcomes:

- Improved parenting style (parent self-report) Improved parenting adjustment (parent self-report) Reduced conflict over parenting (parent self-report)
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Study rating: 3

Roux, G., Sofronoff, K., & Sanders, M. (2013). A Randomized Controlled Trial of Group Stepping Stones Triple P: A Mixed-Disability Trial. *Family Process*, 52(3), 411–424.

Available at <http://onlinelibrary.wiley.com/doi/10.1111/famp.12016/full>

Study design and sample

This study is a rigorously conducted RCT. This study involved random assignment of parents to a Group Stepping Stones Triple P treatment group and a waitlist control group.

This study was conducted in Australia with a sample of 52 families with children between the ages of 2 and 9, with a mean age 4.8 years. Children had autistic spectrum disorder (with and without intellectual disability), Down syndrome, Cerebral Palsy, or an intellectual disability (global intellectual impairment or intellectual impairment not otherwise specified). Children either had, or were at risk of developing, behavioural problems. The majority of children were in 2-parent, original families.

Measures

Child and parent outcomes were measured on a number of scales: child behaviour and adjustment was measured using the Eyberg Child Behavior Inventory (problem and intensity scales) (parent-report). Child behavioural and emotional problems were measured using the Developmental Behavioural Checklist (parent-report). Parenting style was measured using the Parenting Scale (laxness, over-reactivity and verbosity scales) (parent self-report). Interparental conflict over child rearing was measured using the Parent Problem Checklist (parent self-report). Parenting adjustment was measured using the Depression Anxiety Stress Scales (parent self-report). Relationship quality and satisfaction was measured using the Relationship Quality Index (parent self-report).

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes. The identified child outcomes were: improved child behaviour and adjustment (problem and intensity). Identified parent outcomes were: improved parenting style, improved parenting adjustment and reduced conflict over parenting.

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.

Brown, F., Whittingham, K., Boyd, R., McKinlay, L., & Sofronoff, K. (2014). Improving child and parenting outcomes following paediatric acquired brain injury: a randomised controlled trial of Stepping Stones Triple P plus Acceptance and Commitment Therapy. *Journal of Child Psychology and Psychiatry*, 55(10), 1172–1183 - **This reference refers to a randomised control trial, conducted in Australia.**

Brown, F., Whittingham, K., Boyd, R., McKinlay, L., & Sofronoff, K. (2015). Does Stepping Stones Triple P plus Acceptance and Commitment Therapy improve parent, couple, and family adjustment following paediatric acquired brain injury? A randomised controlled trial. *Behaviour Research and Therapy*, 73(58–66) - **This reference refers to a randomised control trial, conducted in Australia.**

Hampel, O., Hasmann, R., Hasmann, S., Holl, R., Karpinski, N., Bohm, R., & Petermann, F. (2015). Versorgung von Familien mit einem entwicklungsauffälligen oder behinderten Kind: Vergleich zwischen Routinebehandlungen mit und ohne Stepping-Stones-Triple-P-Elterngruppentraining (Psychological care of families with developmentally retarded or disabled children. Comparison between routine treatment with or without Stepping Stones Triple P parenting group training). *Monatsschrift Kinderheilkunde*, (163), 1160–1166 - **This reference refers to a quasi-experimental design, conducted in Germany.**

Hampel, O., Schaadt, A., Hasmann, S., Petermann, F., Holl, R., & Hasmann, R. (2010). Evaluation von Stepping Stones Triple P: Zwischenergebnisse der Stepping-Stones-SPZ-Multicenterstudie [Evaluation of Stepping Stones Triple P: Interims analysis of the Stepping-Stones-SPC-Multicentric Study]. *Klinische Padiatrie*, 222, 18–25 - **This reference refers to a quasi-experimental design, conducted in Germany.**

Harrison, J. (2006). Evaluation of a group behavioural family intervention for families of young children with developmental disabilities. Unpublished Honours Thesis, Charles Sturt University, Wagga Wagga, Australia - **This reference refers to a quasi-experimental design, conducted in Australia.**

Hasmann, R., Schaadt, A., Hampel, O., Karpinski, N., Holl, R., & Petermann, F. (2012). Rehabilitation behindeter Kinder und deren Eltern mit Stepping Stones Triple P: Welche Therapieeffekte haben Einfluss auf die subjective Behandlungszufriedenheit? *Monatsschrift Kinderheilkunde*, 160, 146–154 - **This reference refers to a pre-post study, conducted in Australia.**

Hasmann, S., Hampel, O., Schaadt, A., Bohm, R., Engler-Plorer, S., Mundt, D., & Hasmann, R. (2010). Psychosoziale Aspekte bei motorischen Behinderungen: Wie profitieren Familien mit verschiedenartig behinderten Kindern von einem Elterngruppentraining? *Monatsschrift Kinderheilkunde*, 158, 463–470.

Lake, J. (2010). An evaluation of the Stepping Stones Triple P Parenting Program and an investigation of parental perceptions of children recently diagnosed with autism: A focus group and pilot study. Unpublished Doctoral Thesis, The University of Queensland, Brisbane, Australia - **This reference refers to a qualitative study, conducted in Australia.**

Walsh, N. (2008). The impact of therapy process on outcomes for families of children with disabilities and behaviour problems attending group parent training. Unpublished Doctoral Dissertation, Curtin University of Technology, Perth, Australia - **This reference refers to a pre-post study, conducted in Australia.**

Whittingham, K., Sofronoff, K., & Sheffield, J. (2006). Stepping Stones Triple P: a pilot study to evaluate acceptability of the program by parents of a child diagnosed with an Autism Spectrum Disorder. *Research in Developmental Disabilities*, 27(4), 364–380 - **This reference refers to a mixed-methods study, conducted in Australia.**

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.

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