# EARLY INTERVENTION FOUNDATION

# GUIDEBOOK

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Downloaded from https://guidebook.eif.org.uk/programme/level-3-triple-p-discussion-groups

# Level 3 Triple P Discussion Groups

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 3 Triple P Discussion Groups is for parents with specific concerns about the behaviour of a child between the ages of 0 and 12.

Parents can attend one to four small group sessions lasting approximately two hours, facilitated by a trained and accredited Triple P practitioner. The discussion groups are designed to provide an overview of the positive-parenting principles, covering topics involving common child-rearing issues, including dealing with disobedience, managing fighting and aggression, developing good bedtime routines, and shopping with children. Evidence rating: **3+** 

Cost rating: 1

# **EIF Programme Assessment**

Level 3 Triple P Discussion Groups has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

# 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.

# What does the plus mean?

The plus rating indicates that this programme has evidence from at least one level 3 study, along with evidence from other studies rated 2 or better.

# **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

Evidence rating: **3+** 

# **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 behaviour

#### Based on study 1

13.73-point reduction on the Eyberg Child Behaviour Inventory (Intensity Scale)

#### 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 2

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
- 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:

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

The programme may also be delivered in these settings:

- · Children's centre or early-years setting
- Primary school
- Community centre
- Out-patient health setting

#### How is it targeted?

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

Universal

### Where has it been implemented?

Australia, Belgium, Canada, China, England, Ireland, Netherlands, New Zealand, Scotland, 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?

A Triple P Discussion Group is delivered by one practitioner in one session of two hours' duration.

### What happens during the intervention?

- Triple P Discussion Group sessions are delivered in a two-hour small group format on a specific parenting topic. The discussion groups are designed to provide an overview of the positive parenting principles.
- The sessions may cover the following topics:
  - Dealing with disobedience
  - Managing fighting and aggression
  - Developing good bedtime routines
  - Hassle-free shopping with children

## What are the implementation requirements?

#### Who can deliver it?

 The practitioner who delivers this programme can come from a range of professions (eg family support worker) and has recommended minimum QCF-4/5 level qualifications.

#### What are the training requirements?

The practitioner has two days of programme training, one day of pre-accreditation and attends 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, with no required programme training.

### 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 crime, violence and antisocial behaviour

# **Contact details**

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Triple P Corporate WebsiteTriple P Parent SiteTriple P Evidence Base

Triple P training infoTriple P cost-effectiveness info

# About the evidence

Level 3 Triple P Discussion Groups' most rigorous evidence comes from two RCTs, one conducted in Australia and New Zealand the other conducted only in Australia.

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

This programme has evidence from at least one rigorously conducted RCT along with evidence from an additional comparison group study. Consequently, the programme receives a 3+ rating overall.

Study 1	
Citation:	Dittman et al. (2015)
Design:	RCT
Country:	Australia, New Zealand
Sample:	85 middle-class families in Australia and New Zealand
Timing:	Post-test
Child outcomes:	
	Improved behaviour

#### Other outcomes:

Improved parenting

#### Study rating: 3

Dittman, C.K., Farruggia, S.P., Keown, L. J. & Sanders, M.R. (2015). Dealing with disobedience: An evaluation of a brief parenting intervention for young children showing noncompliant behaviour problems. Child Psychiatry and Human Development, 47, 102-112. DOI: 10.1007/s10578-015-0548-9.

Available athttps://www.ncbi.nlm.nih.gov/pubmed/25863790

#### Study design and sample

The first study is a rigorously conducted RCT.

This study involved random assignment of parents and children to a Triple P Discussion Group treatment group and a waitlist control group.

This study was conducted in Australia and New Zealand, with a sample of 85 middle-class parents and children between the ages of three and five. The majority of the children came from Australian or New Zealand European backgrounds (79%) and most had an annual family income of more than \$70,000 (60%).

#### Measures

Child behaviour (intensity, problem behaviour) was measured using the Eyberg Child Behaviour Inventory (parent report).

Parenting and parenting confidence (laxness, over-reactivity, verbosity) were measured using the Parenting Scale (parent report). Parents' task-specific self-efficacy (behaviour, setting) were measured using the Parenting Task Checklist (parent report). Parental depressive symptoms were measured using the Depression Anxiety Stress Scales (parent report). Parental relationship functioning was measured using the Parent Problem Checklist (parent report) and the Relationship Quality Inventory (parent report).

#### Findings

This study identified statistically significant positive impact on one child and parent outcome, respectively.

Child outcomes include:

Improved behaviour

## Study 2

Citation:	Morawska et al. (2011)
Design:	RCT
Country:	Australia
Sample:	67 Australian middle-class families
Timing:	Post-test
Child outcomes:	

Improved behaviour

#### Other outcomes:

Improved parenting Increased self-efficacy

#### Study rating: 2+

Morawska, A., Haslam, D., Milne, D., & Sanders, M. R. (2011). Evaluation of a brief parenting discussion group for parents of young children. *Journal of Developmental and Behavioural Pediatrics*, *32*(2), 136-145.

#### Available athttps://www.ncbi.nlm.nih.gov/pubmed/20814338

#### Study design and sample

The second study is an RCT.

This study involved random assignment of families to a Triple P Discussion Group treatment group and a waitlist control group.

This study was conducted in Australia, with a sample of 67 middle-class families recruited through advertisements in playgroups and day-care centres in communities in the Brisbane metropolitan area.

#### Measures

Child behaviour (intensity, problem behaviour) was measured using the Eyberg Child Behaviour Inventory (parent report).

Parents' perspective on the parent-child relationship was measured using the Parenting Relationship Questionnaire (parent report). Parenting and parenting confidence (laxness, over-reactivity, verbosity) were measured using the Parenting Scale (parent report). Parents' task-specific self-efficacy (behaviour, setting) were measured using the Parenting Task Checklist (parent report). Social support and partner support were measured using the Parenting Experience Scale (parent report).

#### Findings

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

Child outcomes include:

Improved behaviour.

The conclusions that can be drawn from this study are limited by methodological issues pertaining to a lack of clarity in terms of attrition, hence why a higher rating is not achieved.

# **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.

Chung, S., Leung, C., & Sanders, M. R. (2015). The Triple P – Positive Parenting Program: the effectiveness of group Triple P and brief parent discussion group in school settings in Hong Kong. Journal of Children's Services, 10, 1-14 - **This reference refers to a randomised control trial, conducted in Hong Kong.** Dittman, C. K., Farruggia, S. P., Keown, L. J., & Sanders, M. R. (2016). Dealing with Disobedience: An Evaluation of a Brief Parenting Intervention for Young Children Showing Noncompliant Behavior Problems. Child Psychiatry & Human Development, 47, 102-112. doi:10.1007/s10578-015-0548-9 - **This reference refers to a randomised control trial, and New Zealand.** 

Joachim, S., Sanders, M. R., & Turner, K. M. T. (2010). Reducing preschoolers' disruptive behavior in public with a brief parent discussion group. Child Psychiatry and Human Development, 41, 47-60. doi:10.1007/s10578-009-0151-z - This reference refers to a randomised control trial, conducted in Australia.

Little, A. (2012). An evaluation of a brief disobedience discussion group for pre-schoolers (Unpublished honours thesis), The University of Queensland, Brisbane, Queensland, Australia - **This reference refers to a randomised control trial, conducted in Australia.** 

Mejia, A., Calam, R., & Sanders, M. R. (2015). A Pilot Randomized Controlled Trial of a Brief Parenting Intervention in Low-Resource Settings in Panama. Prevention Science. doi:10.1007/s11121-015-0551-1 -This reference refers to a randomised control trial, conducted in Panama.

Morawska, A., Adamson, M., Hinchliffe, K., & Adams, T. (2014). Hassle Free Mealtimes Triple P: A randomised controlled trial of a brief parenting group for childhood mealtime difficulties. Behaviour Research and Therapy, 53, 1-9. doi:10.1016/j.brat.2013.11.007 - **This reference refers to a randomised control trial, conducted in Australia.** 

Palmer, M. L., Keown, L. J., Sanders, M. R., & Henderson, M. (2016). Enhancing outcomes of a low-intensity parenting group program through generalization promotion strategies: A randomized control trial - **This** reference refers to a randomised control trial, conducted in New Zealand.

Pickering, J. A. (2015). Innovation, Engagement, and the Evaluation of a Parenting Intervention for Improving Sibling Relationships. (Unpublished PhD thesis), The University of Queensland, Brisbane, Queensland, Australia - **This reference refers to a randomised control trial, conducted in Australia.** Tully, L. A., & Hunt, C. (2016). A randomized controlled trial of a brief versus standard group parenting program for toddler aggression. Aggressive Behavior, 9999, 1-13. doi:10.1002/ab.21689 - **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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