

GUIDEBOOK

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Level 4 Group Teen 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.

Level 4 Group Teen Triple P is a universal intervention for parents of an adolescent child, aged between 12-16 years.

The programme is delivered by a single practitioner, over the course of eight weeks. Parents participate in five (2-hour) group sessions (of up to 12 parents each), as well as three (15-30-minute) individual telephone consultations. In these sessions, parents learn practical strategies for how to manage their child's problematic behaviour and improve the quality of the parent-child relationship.

Evidence
rating: **3**

Cost rating: **1**

EIF Programme Assessment

Level 4 Group Teen 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:

Supporting children's mental health and wellbeing

Increased levels of caring

Based on study 1

0.21-point improvement on the Positive Youth Development Scale (caring subscale)

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

Preventing crime, violence and antisocial behaviour

Reduced behavioural difficulties

Based on study 1

2.94-point reduction on the Strengths and Difficulties Questionnaire (total difficulties scale)

Improvement index: **+32**

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 82% and worse outcomes than 18% 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:

- Preadolescents
- Adolescents

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:

- Community centre

The programme may also be delivered in these settings:

- Secondary school
- Community centre
- Out-patient health setting

How is it targeted?

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

- Universal
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Where has it been implemented?

Australia, Belgium, Canada, Chile, Germany, Mexico, Netherlands, New Zealand, Singapore, South Africa, Switzerland, Turkey, United Kingdom, United States, Ireland

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
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About the programme

What happens during delivery?

How is it delivered?

- Group Teen Triple P is delivered by a single Triple P practitioner. Over the course of eight weeks, parents participate in four (2-hour) group sessions, three (15-30-minute) individual telephone consultations, and a final (2-hour) group session.

What happens during the intervention?

- In the first four (2-hour) group sessions, parents actively participate in a range of exercises to learn about the causes of common adolescent behaviours, how to set specific goals, promote positive adolescent behaviour, manage difficult behaviour, and plan-ahead for high-risk situations.
- After these group sessions, three (15-30 minute) individual telephone consultations are conducted. The aim of these consultations is to assist parents in fine-tuning the implementation of the newly learnt parenting strategies, and to problem-solve any implementation difficulties they may be having.
- As part of the final (2-hour) group session, parents re-convene to review progress, and discuss the use of additional skills to facilitate generalisation and maintenance of positive changes.
- Group Teen Triple P practitioners use a range of learning methods, including behavioural rehearsal to teach parents new 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. Positive parenting skills are demonstrated by videos and by practitioner modelling, with the skills then being practised in small groups.
- Throughout the programme, parents are continuously provided with constructive feedback. They are also encouraged to set goals, practice strategies, and complete their activity workbook and homework tasks.

What are the implementation requirements?

Who can deliver it?

- The practitioner who delivers this programme can come from a range of professions (e.g. school counsellor, nurse, psychologist, social worker, or parent educator), but must have a minimum recommended QCF level 4/5.

What are the training requirements?

- Practitioners attend three days of training. They also attend a one-day pre-accreditation workshop, and a half-day accreditation session.
- Booster training of practitioners is not required.

How are the practitioners supervised?

Practitioner supervision is provided through the following processes:

- It is recommended that practitioners are supervised on a quarterly basis in two-hour sessions, by one practitioner with a minimum QCF level 7/8.
- Triple P has also developed its own Peer-Assisted Supervision and Support Model (PASS), whereby practitioners can provide and receive structured feedback from each other while they deliver the programme. PASS sessions are conducted in small groups of 6-8 practitioners and run for 1-2 hours every month.
- Triple P UK can also provide clinical support for practitioners, either as a one-day workshop or a small group phone consultation with a Triple P Trainer.

What are the systems for maintaining fidelity?

Programme fidelity is maintained through the following processes:

- Training manual
- Other printed and online material
- Video or DVD training
- Face-to-face training
- Fidelity monitoring
- Quality assurance checklist
- Practitioner accreditation
- Intervention fidelity checklists, completed by practitioners after each session
- Supervision and practitioner support, by use of the Triple P Peer Support Network

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?

- Group Teen Triple P assumes that some parenting practices unintentionally reinforce teenage risk taking and emotional problems. The intervention, therefore, helps parents identify parenting practices that may unintentionally reinforce risky and problematic teenage behaviour. In doing so, it aims to reduce family risk factors known to be associated with the development of problematic behaviours.
- Parents also learn strategies for effectively communicating with their teenager, monitoring their teenage child's activities and supporting their teenager's independence.
- In the short term, it is expected that the teenage child will become more respectful of his or her parents, engage in less risky behaviour and make more positive decisions for him or herself.
- In the longer term, the teenager will be less likely to engage in antisocial behaviour and substance misuse, and will be more likely to achieve better in school.

Intended outcomes

Supporting children's mental health and wellbeing Preventing child maltreatment Enhancing school achievement & employment Preventing crime, violence and antisocial behaviour Preventing substance abuse Preventing risky sexual behaviour & teen pregnancy

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

About the evidence

Group Teen Triple P's most rigorous evidence comes from one RCT which was conducted in New Zealand. This is a rigorously conducted level 3 study, which has identified statistically significant positive impact on a number of child and parent outcomes. A programme receives the same rating as its most robust study, and so this programme receives a level 3 rating overall.

Study 1

Citation: Chu et al., 2014

Design: RCT

Country: New Zealand

Sample: 72 families with children aged between 12-15 years (mean = 12.85), recruited through the local community and with low-to-moderate needs

Timing: Post-test

Child outcomes:

- Increased levels of caring
 - Reduced behavioural difficulties
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Other outcomes:

- Reduced family conflict Improved family cohesion Reduced parent-adolescent conflict Improved parental laxness Improved parental over-reactivity Increased parental monitoring Improved parental confidence
-

Study rating: 3

Chu, J. T. W., Bullen, P., Farruggia, S. P., Dittman, C. K., & Sanders, M. R. (2014). Parent and adolescent effects of a universal group program for the parenting of adolescents. *Prevention Science*, 16(4), 609-620. Available at: <https://link.springer.com/article/10.1007%2Fs11121-014-0516-9>

Study design and sample

This study is a rigorously conducted RCT, which involved random assignment of parents to a Group Teen Triple P intervention group and a treatment as usual control group.

The study was conducted in New Zealand, with a sample of 72 families with children aged between 12 and 15 years (mean = 12.85). Participating mothers were predominantly married (66.7%), with higher-level education (52.2%) and in paid employment (81.2%). Most families were two-parent families (65.2%), reporting no major difficulties in paying for household expenses in the past year (70.0%), but with less than half the families earning above the average New Zealand household income of \$81,067 (34.7%). The children's ethnic breakdown was comparable to that of the New Zealand population, with the majority of children described as Pakeha/European (72.5 %), and the remaining defined as M?ori (Indigenous New Zealanders, 10.1 %), Pacific Islander (8.7 %), or Asian (8.7 %).

Measures

- Child behaviour was measured using the total difficulties scale of the Strengths and Difficulties Questionnaire (parent and child report).
- Child problematic behaviour was measured using the Adolescent Problem Behaviour Checklist (child report).
- Child autonomy was measured using the Autonomy Scale (child report).
- Child self-esteem was measured using the Rosenberg Self-Esteem Scale (child report).
- Child level of caring, including sympathy and empathy for others, was measured using the Positive Youth Development (child report).
- Family conflict and cohesion was measured using the Family Environment Scale (parent and child report).
- Parent-adolescent conflict was measured using the Parent Conflict Questionnaire (parent and child report).
- Interparental conflict over child rearing was measured using the Parent Problem Checklist (parent report).
- Parental relationship quality and satisfaction was measured using the Relationship Quality Index (parent report).
- Parental discipline practices, including laxness and overreactivity, were measured using the Adolescent Parenting Scale (parent report).
- Parental monitoring was measured using the Parental Monitoring Scale (parent and child report).
- Parental confidence was measured using the Parental Self-Efficacy Scale (parent report).
- Parental mental health and wellbeing, including parental levels of depression, anxiety and stress, were measured using the 21-Item Depression, Anxiety, and Stress Scale (parent report).

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes. Outcomes which have the same strength of evidence as the overall study were found at post-test, when attrition was relatively low. They included:

- Child behavioural difficulties (Strengths and Difficulties Questionnaire)
- Child level of caring (Positive Youth Development)
- Family conflict and cohesion (Family Environment Scale)
- Parent-adolescent conflict (Parent Conflict Questionnaire)
- Parental laxness and overreactivity (Adolescent Parenting Scale)
- Parental monitoring (Parental Monitoring Scale)
- Parental confidence (Parental Self-Efficacy).

Further outcomes were found at 6-months follow-up, but were judged to be less rigorous due to high attrition rates. At 6-months follow-up, all the same results found at post-test (and described above) remained significant, except for the parent report of family conflict and parental confidence, which were no longer significant. In addition, the following outcomes became significant:

- Child problematic behaviours (Adolescent Problem Behaviour Checklist).

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.

Chand, N., Farruggia, S., Dittman, C., Sanders, M., & Ting Wai Chu, J. (2013). Promoting positive youth development: Through a brief parenting intervention program. *Youth Studies Australia*, 32(1), 29 - **This reference refers to a pre-post study, conducted in New Zealand.**

Ralph, A., & Sanders, M. R. (2003). Preliminary evaluation of the Group Teen Triple P program for parents of teenagers making the transition to high school. *Australian e-Journal for the Advancement of Mental Health*, 2(3), 169-178 - **This reference refers to a pre-post study, conducted in Australia.**

Ralph, A., & Sanders, M. R. (2004). The 'Teen Triple P' positive parenting program: a preliminary evaluation. *Australian Institute of Criminology* - **This reference refers to a randomised control study, conducted in Australia.**

Ralph, A., & Sanders, M. (2006). The 'Teen Triple P' Positive Parenting Program: A Preliminary Evaluation. *Youth Studies Australia*, 25(2), 41 - **This reference refers to a randomised control study, conducted in Australia.**

Kliem, S., Aurin, S. S., & Kröger, C. (2014). Zur Wirksamkeit des adoleszenzspezifischen Elterntrainings Group Teen Triple P. *Kindheit und Entwicklung* - **This reference refers to a randomised control study, conducted in Germany.**

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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