

GUIDEBOOK

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

Level 4 Standard 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.

Standard Teen Triple P is a targeted-indicated intervention for parents of an adolescent child, aged between 12-16 years.

The programme is indicated for parents who are concerned about their teenager's development and behaviour. As part of the programme, parents attend 10 (1-hour) face-to-face sessions, where they learn practical strategies for how to manage their child's problematic behaviour, promote healthy development, and improve the quality of the parent-child relationship.

Evidence
rating: 2

Cost rating: 2

EIF Programme Assessment

Level 4 Standard Teen Triple P has **preliminary evidence** of improving a child outcome, but we cannot be confident that the programme caused the improvement.

Evidence
rating: **2**

What does the evidence rating mean?

Level 2 indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

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

Reduced behavioural difficulties

Based on study 1

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:

- Individual

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
 - Secondary 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
-

Where has it been implemented?

Australia, Belgium, Canada, Hong Kong, Netherlands, New Zealand, 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
programmes for children with recognised or possible special education needs
-

About the programme

What happens during delivery?

How is it delivered?

- Standard Teen Triple P is delivered by an individual therapist to parents, over 10 one-to-one weekly sessions that last approximately one hour each.
 - NB: Where applicable, both parents are invited to attend the sessions. Teenagers are also encouraged to attend some of the sessions, however, their attendance is not essential.

What happens during the intervention?

- Standard Teen Triple P involves a thorough assessment of the parent-child relationship, and the application of parenting skills to a broad range of target behaviours.
- 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. In addition, parents are continuously provided with constructive feedback and are encouraged to set goals, practice strategies, and complete their activity workbook and homework tasks.
- The first three sessions are set-aside for assessment. In session 1, parents are interviewed to obtain information regarding the current problem, the teenager's developmental history and the family history. If possible, session 2 involves an interview with the teenager and an observation of the parent-child interaction. Then, in session 3, the practitioner shares assessment findings and assists the parent(s) to set goals.
- The next sessions are focussed on the actual intervention, whereby each session of active training (sessions 4, 6, and 8) are followed by practice sessions (sessions 5, 7, and 9). Sessions 4-5 cover promoting appropriate behaviour, sessions 6-7 are for managing problematic behaviour, and sessions 8-9 are on dealing with risky behaviour.
- The intervention ends with session 10, which covers additional skills to facilitate generalisation and maintenance of treatment gains.

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 allied health professional), but must have a minimum recommended NFQ level 6.

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 2-hour sessions, by one practitioner with a minimum NFQ level 9/10.
- 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?

- Standard Teen Triple P Teen assumes that some parenting practices unintentionally reinforce teenage risk taking and emotional problems. The programme, therefore, helps parents identify parenting practices that may unintentionally reinforce risky and problematic teenage behaviour.
- 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

Contact details

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About the evidence

Standard Teen Triple P's most rigorous evidence comes from a comparison group study which was conducted in Australia. This study identified statistically significant positive impact on a number of child and parent outcomes. It is rated as level 2, providing preliminary evidence. Therefore, the programme receives a level 2 rating overall.

Study 1

Citation: Salari et al., 2014

Design: Comparison group study

Country: Australia

Sample: 58 families, with children aged between 11–16 years (mean age = 12.92) and experiencing detectable behavioural and emotional problems

Timing: Post-test

Child outcomes:

- Reduced behavioural difficulties
-

Other outcomes:

- Reduced parental over-reactivity Reduced parent-adolescent conflict
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Study rating: 2

Salari, R., Ralph, A., & Sanders, M.R. (2014). An efficacy trial: positive parenting program for parents of teenagers. *Behaviour Change*, 31(1), 34-52.

Available at: <https://www.cambridge.org/core/journals/behaviour-change/article/an-efficacy-trial-positive-parenting-program>

Study design and sample

This study is a comparison group study, which involved allocating parents to a Standard Teen Triple P intervention group or a wait-list control group.

Using standard methods of randomization was not practical in this study. Therefore, all eligible families recruited from April to August 2007 were assigned to the intervention group, and all families recruited after this period, from September to December 2007, were assigned to the wait-list control group. Recruitment was stopped from December onwards and restarted in June 2008 up until August 2008, at which point all eligible families were randomly allocated to each condition.

The study was conducted in Australia with a sample of 58 families, who had a child aged between 11-16 years (mean = 12.92 years) experiencing detectable behavioural and emotional problems. The population was a motivated sample of parents who had concerns about their child's behaviour and had scored the child in the elevated range of the Strengths and Difficulties Questionnaire.

The majority of children were either Australian or European (93.5%), and there were more females in the control group (62.1%) as compared to the intervention group (30.3%). Most parents had been educated to tertiary level (mothers: 75.8%; father: 79.2%) and were employed outside the home (mothers: 80.6%; father: 97.9%). In addition, 75.8% of families were two-parent families with an average of two children living at home (mean = 2.45 children), and with over half the sample (53.1%) receiving an annual income of more than AUD\$ 75,000.

Measures

- Child behaviour (including emotional symptoms, conduct problems, hyperactivity, peer relationship problems, prosocial behaviour, and total behavioural difficulties) was assessed using the Strengths and Difficulties Questionnaire (parent report).
- Communication and conflict in the parent-adolescent relationship was assessed using the Conflict Behaviour Questionnaire (parent report).
- Parental discipline practices (including laxness and overreactivity) were measured using the Adolescent Parenting Scale (parent report).
- Interparental conflict over child rearing (including parents' ability to cooperate and work together, the extent to which parents disagree over rules and discipline for child misbehaviour, the amount of open conflict over childrearing issues, and the extent to which parents undermine each other's relationship with their children) was measured using the Parent Problem Checklist (parent report).
- Marital or relationship quality and satisfaction was assessed using the Relationship Quality Index (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, including:

- Child's behavioural difficulties (Strengths and Difficulties Questionnaire)
- Parent-adolescent conflict (Conflict Behaviour Questionnaire)
- Parental overreactivity (Parenting Scale).

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.

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

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