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Primary Care 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 0-12 with a developmental disability, such as Down's Syndrome or Autistic Spectrum Disorder, as well as moderate or severe behavioural problems.

Evidence
rating: 2

Primary Care Stepping Stones Triple P is one mode of implementation of the Stepping Stones programmes. It is a targeted parent training intervention conducted in an individual format. It is for families where parents are seeking information about a specific and discrete parenting or child behaviour issue. It is classified as a Level 3 Triple P programme.

Cost rating: 2

Stepping Stones Triple P teaches parents how to encourage their child's social and communication skills; emotional self-regulation, independence and problem-solving ability.

The programme is delivered in approximately four 15-30 minute sessions by a nurse, family physician, paediatrician or allied health professional (alternatively, other providers who may be involved in occasional support for the client including teachers and school counsellors). The programme is designed to provide one-to-one consultation with active skills training to parents who may be unable to commit to regular treatment over longer periods of time. Some parents choose to do this programme as an introduction to parenting strategies and then may become interested in the more intensive Group Stepping Stones Triple P for further support.

EIF Programme Assessment

Primary Care Stepping Stones 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.

Through Triple P Implementation Support and Provider Training Courses, practitioners are encouraged to tailor their delivery of Triple P to suit the needs of the families they are working with, whilst maintaining programme fidelity. One such adaptation that is specifically addressed is to vary the length of programme delivery if practitioners need more time to cover session content with parents. This study's best evidence (Tellegen, C. L., & Sanders, M. R. 2014) evaluates an implementation of the Triple P Stepping Stones Primary Care programme where practitioners delivered the programme over almost twice the guideline duration for the programme overall (which is two hours; in this study, the programme was delivered over almost four hours overall). Subsequently, this evidence rating of Level 2 – 'preliminary evidence of improving a child outcome' – should be seen to apply to the longer-form of the programme, and caution should be exercised in generalising this to the programme as delivered within significantly shorter time frames.

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 number of child behavioural problems

Based on study 1

Reduced frequency of child behavioural problems

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:

- Preschool
- Primary school

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:

- Out-patient health setting

The programme may also be delivered in these settings:

- Out-patient health setting

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, Germany, New Zealand, United Kingdom, 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?

- Primary Care Stepping Stones Triple P is delivered in up to four sessions of 15 to 30 minutes' duration each by one practitioner, to individual families.

What happens during the intervention?

- Stepping Stones Triple P teaches parents how to encourage their child's social and communication skills; emotional self-regulation, independence and problem-solving ability. Providers 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, generalisation-enhancement strategies to promote parental autonomy, and providing parents with constructive feedback on their implementation of the strategies. Parents set goals, practise strategies, and complete homework tasks.
- Primary Care Stepping Stones Triple P provides help for parents in managing one or two specific behaviour problems or developmental issues that are a current concern. They are encouraged to apply the parenting skills and parenting plans developed to other problems that may arise.
- The first two sessions are conducted in-person:
 - Session 1 is for assessing the presenting problem, and involves an intake interview, providing options for intervention, and teaches parents to keep track of children's behaviour.
 - Session 2 is for developing a parenting plan. Parents receive feedback on assessment results, and learn about the causes of child behaviours. Parents set goals for change and prepare a parenting plan, with active skills training. The second two sessions can be conducted in person or by telephone.
 - Session 3 is for reviewing the implementation of the parenting plan, and parents provide the practitioner with an update on their progress. The parenting plan is refined, with active skills training, and the parent is supported to identify and overcome obstacles.
 - Session 4 provides an opportunity to follow up with an update on progress and how to maintain the progress.
- In general, parents will set their own goals and work out what changes they would like to see in their child's behaviour. Parents will learn strategies and how to adapt them to suit their family's needs. Parents will see examples of positive parenting on DVDs and will show the provider what they have learned. Parents also receive tip sheets and booklets relevant to their topic of concern.

What are the implementation requirements?

Who can deliver it?

- The practitioner who delivers this programme is typically a nurse, family physician, paediatrician or allied health professional (alternatively, other providers who may be involved in occasional support for the client including teachers and school counsellors) with QCF-4/5 level qualifications.

What are the training requirements?

- Practitioners have three days of programme training (with an additional day and a half for accreditation). 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 level), with no additional hours of programme training.

What are the systems for maintaining fidelity?

Programme fidelity is maintained through the following processes:

- 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. TPUK 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 the parents experience less stress and greater family harmony.

Intended outcomes

Supporting children's mental health and wellbeing Preventing child maltreatment

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

About the evidence

Primary Care Stepping Stones Triple P's most rigorous evidence comes from one RCT conducted in the Australia. This study identified statistically significant positive impact on a number of child and parent outcomes.

The conclusions that can be drawn from this study are limited by methodological issues pertaining to unequivalent groups at baseline and unclear equivalence of the analysis sample post-attrition, hence why a higher rating is not achieved.

Study 1

Citation: Tellegen, C. L., & Sanders, M. R. (2014)

Design: RCT

Country: Australia

Sample: 65 families, with children between 2 and 9 years old (mean age 5.67 years old) with autism spectrum disorders.

Timing: Post-intervention

Child outcomes:

- Reduced number of child behavioural problems
 - Reduced frequency of child behavioural problems
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Other outcomes:

- Reduced dysfunctional parenting in terms of laxness
Reduced dysfunctional parenting in terms of verbosity
Reduced dysfunctional parenting in terms of overreactivity
Improved parenting confidence in dealing with difficult behaviour in different settings
Improved parenting confidence in dealing with specific child behaviours
Improved parental adjustment and stress
Improved relationship adjustment
-

Study rating: 2

Tellegen, C. L., & Sanders, M. R. (2014). A randomized controlled trial evaluating a brief parenting program with children with autism spectrum disorders. *Journal of consulting and clinical psychology*, 82(6), 1193
Available at<http://psycnet.apa.org/record/2014-26573-001>

Study Design and Sample

The first study is an RCT.

This study involved random assignment of children to a Triple P treatment group and a care-as-usual group. This study was conducted in Australia, with a sample of parents of children between the ages of 2 and 9 (mean age 5.67) with autism spectrum disorder. The majority of recruited families were two-parent families earning above the median income; the majority of children were male (86%) and were Australian/white (89%).

Measures

- Child behaviour problems were measured using the Eyberg Child Behaviour Inventory (parent-report).
- Dysfunctional parenting was assessed using the Parenting Scale (parent-report).
- Parenting confidence was assessed using the Parenting Tasks Checklist (parent-report).
- Parental adjustment was assessed using the Depression, Anxiety, and Stress Scales (parent-report).
- Parenting stress was assessed using the Parental Stress Scale (parent-report).
- Relationship adjustment was assessed using the Parent Problem Checklist (parent-report), and relationship quality was assessed using the Relationship Quality Index (parent-report).
- Parent-child interaction was assessed using the Family Observation Schedule (expert observation).

Findings

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

- Eyberg Child Behaviour Inventory (intensity and problem scales)
- Parenting Scale (laxness, verbosity and overreactivity scales)
- Parenting Tasks Checklist (setting and behaviour subscales)
- Stress subscale of the Depression Anxiety Stress Scale
- Parenting Stress Index
- Parent Problem Checklist
- Relationship Quality Index.

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.

Tellegen, C. L., & Sanders, M. R. (2012). Using primary care parenting interventions to improve outcomes in children with developmental disabilities: A case report. *Case reports in pediatrics*, 2012 - **This reference refers to a case study design, 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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