EARLY
INTERVENTION
FOUNDATION

GUIDEBOOK

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Resilience Triple P

Review: January 2019

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.

Resilience Triple P is a family intervention. It is a targeted indicated programme for children between the ages of 6 and 12. It is delivered in primary schools, outpatient/health centres and community centres. The programme aims to improve mental health and wellbeing, and school achievement & employment.

The intervention is designed to address known modifiable risk and protective factors for children bullied at school. The programme is designed to be delivered in groups by a trained practitioner.

The programme is offered over an eight-week period with one session per week. Four of the sessions are for children, and focus on how to prevent and handle difficult behaviour of peers. The other four sessions are for parents, and focus on how to support their child and request assistance where required from schools. Children learn play and friendship skills, everyday body language, how to interpret and respond to negative peer behaviour and how to resolve conflicts.

Parents learn facilitative parenting strategies to promote a warm parent child relationship, support children's friendships, address problem behaviour, coach effective responses to bullying and conflict, and communicate with school staff. Behavioural and cognitive strategies are described, modelled, practised and coached.

Evidence rating: **3**

Cost rating: **NA**

EIF Programme Assessment

Resilience 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

NA indicates that the information required to generate a cost rating is not available at this time.

Cost rating: **NA**

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

Reduced negative thoughts and feelings

Based on study 1

0.11-point improvement on the Sensitivity to Peer Behaviour measure (child report)

Improvement index: **+16**

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 66% and worse outcomes than 34% of their peers, if they had received the intervention.

Immediately after the intervention

0.2-point improvement on the Sensitivity to Peer Behaviour measure (child report)

Improvement index: **+22**

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 72% and worse outcomes than 28% of their peers, if they had received the intervention.

6 months later

Reduced depressive symptoms

Based on study 1

1.61-point improvement on the Preschool Feelings Checklist (parent report)

Improvement index: **+21**

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 71% and worse outcomes than 29% of their peers, if they had received the intervention.

6 months later

Reduced distress

Based on study 1

0.3-point improvement on child ratings of distress

Improvement index: **+16**

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 66% and worse outcomes than 34% of their peers, if they had received the intervention.

Immediately after the intervention

0.44-point improvement on child ratings of distress

Improvement index: **+24**

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 74% and worse outcomes than 26% of their peers, if they had received the intervention.

6 months later

Based on study 1

0.69-point improvement on parent ratings of distress

Improvement index: **+29**

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 79% and worse outcomes than 21% of their peers, if they had received the intervention.

Immediately after the intervention

0.61-point improvement on parent ratings of distress

Improvement index: **+27**

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 77% and worse outcomes than 23% of their peers, if they had received the intervention.

6 months later

Preventing crime, violence and antisocial behaviour

Reduced bullying

Based on study 1

0.25-point improvement on child ratings of bullying

Improvement index: **+16**

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 66% and worse outcomes than 34% of their peers, if they had received the intervention.

Immediately after the intervention

0.31-point improvement on child ratings of bullying

Improvement index: **+17**

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 67% and worse outcomes than 33% of their peers, if they had received the intervention.

6 months later

Based on study 1

0.59-point improvement on parent ratings of bullying

Improvement index: **+27**

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 77% and worse outcomes than 23% of their peers, if they had received the intervention.

Immediately after the intervention

0.46-point improvement on parent ratings of bullying

Improvement index: **+20**

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 70% and worse outcomes than 30% of their peers, if they had received the intervention.

6 months later

Reduced overt aggression

Based on study 1

0.13-point improvement on the Preschool Social Behaviour Scale (overt aggression subscale - teacher report)

Improvement index: **+13**

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 63% and worse outcomes than 37% of their peers, if they had received the intervention.

Immediately after the intervention

0.48-point improvement on the Preschool Social Behaviour Scale (overt aggression subscale - teacher report)

Improvement index: **+19**

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 69% and worse outcomes than 31% of their peers, if they had received the intervention.

6 months later

Reduced overt victimisation

Based on study 1

0.3-point improvement on the Preschool Peer Victimisation Measure (overt victimisation subscale - teacher report)

Improvement index: **+21**

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 71% and worse outcomes than 29% of their peers, if they had received the intervention.

6 months later

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:

- Primary school
- Preadolescents

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:

- Out-patient health setting

The programme may also be delivered in these settings:

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

How is it targeted?

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

- Targeted indicated

This intervention can also be delivered to individuals.

Where has it been implemented?

Australia, Ireland

UK provision

This programme has not been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

Spotlight sets

EIF does not currently include this programme within any Spotlight set.

About the programme

What happens during delivery?

How is it delivered?

- Resilience Triple P is delivered in eight sessions of 2.5 hours’ duration each by one practitioner, to groups of 2–6 families. Four sessions are delivered to parents, and four sessions are delivered to children.
- The programme can also be delivered in eight sessions of 1.5 hours' duration each by one practitioner, to individuals. Four sessions are delievered to parents, and four sessions are delivered to children.

What happens during the intervention?

- Resilience Triple P helps children learn play and friendship skills, everyday body language, how to interpret and respond to negative peer behaviour, and how to resolve conflicts. It helps parents learn strategies to promote a warm parent-child relationship, support children's friendships, address problem behaviour, coach effective responses to bullying and conflict, and to communicate with school staff.
- Resilience Triple P employs an active skills training approach for both parents and children. During the sessions, brief didactic presentations are alternated with discussion, DVD and live demonstrations of skills, rehearsal of skills using role plays, games and peer modelling, and small group problem-solving exercises. Parents and children receive a workbook, which describes the information and strategies presented during the sessions and includes homework tasks.
- The parent and child sessions cover the following themes:
    - Parent session 1: *Understanding bullying* covers working together, describes bullying and why children are bullied, and setting goals for change and keeping track.
    - Child session 1: *Playing well together and building friendships* covers working together, setting goals, joining in, practising play skills, encouraging other children to be friendly, responding to unfairness, and planning for play and friendships.
    - Parent session 2: *Helping children develop*, in which parents learn about positive parenting, building and maintaining good relationships, encouraging appropriate behaviour, teaching new skills and behaviours, and helping children develop skills and confidence.
    - Child session 2: *What to do when other kids act mean* takes the group through what bullying is, why kids act mean, responding calmly, 'bouncing off' bullying, using words to stand up for yourself, and starting to plan to 'bounce off' bullying.
    - Parent session 3: *Managing misbehaviour,* in which parents learn to identify and manage misbehaviour, and learn the early conflict intervention routing, and how to develop other parenting routines.
    - Child session 3: *What else to do when other kids act mean* covers additional ways to 'bounce off' bullying, getting help from an adult, 'bouncing off' cyberbullying, how to help others without becoming a target, and making a plan to 'bounce off' bullying.
    - Parent session 4: *Communicating with school staff and other adults,* in which parents learn about considering seeking help from school staff, preparing to speak with school staff, and meeting with the teacher.
    - Child session 4: *Sorting out conflicts* covers calmly responding to conflict, solutions to conflict, steps of working it out, win-win solutions, good listening, practising working it out, reviewing progress, continuing to improve, and preparing for the future.

What are the implementation requirements?

Who can deliver it?

- The practitioner who delivers this programme is a Child and Family Mental Health Practitioner, or other school support professional with a recommended NFQ-6 level qualification.

What are the training requirements?

- The practitioners attend four full days' training, a one-day pre-accreditation workshop, and a half-day accreditation session.
- Practitioners who have already trained in Group or Standard Triple P will attend two full days' training, and a half-day accreditation session.
- It is recommended that practitioners set aside 4–6 hours for quiz and competency preparation. Booster training of practitioners is not required.

How are the practitioners supervised?

- It is recommended that practitioners receive skills supervision by one host agency supervisor (qualified to a recommended NFQ-9/10 level).
- Typically, supervision would occur for two hours per quarter.
- Supervisors do not require any additional 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 and 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?

- Positive relationships with peers and parents protect children against bullying and its adverse emotional consequences.
- Resilience Triple P teaches social and emotional regulation skills to children and encourages parents to provide warm support, coach and provide opportunities for children to develop positive peer relationships.
- The short-term outcomes for Resilience Triple P are reduced peer victimisation and associated emotional distress, and better acceptance by peers.
- The long-term aims are to reduce risk of chronic victimisation, and associated mental health problems, juvenile delinquency, academic under-achievement and school dropout.

Intended outcomes

Supporting children's mental health and wellbeing Enhancing school achievement & employment

Contact details

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About the evidence

Resilience Triple P's most rigorous evidence comes from one 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 study with a level 3 rating, hence the programme receives a level 3 rating overall.

Study 1

Citation:	Healy & Sanders., 2014; Healy & Sanders., 2013
Design:	RCT
Country:	Australia
Sample:	111 families, with children between 6 and 12 years old (mean = 8.72). Approximately one quarter (24%) of the families had children with a preexisting diagnosis affecting learning or behaviour. The most common diagnosis was Autistic Spectrum Disorder at 8%.
Timing:	Post-test; follow-up 6 months after programme completion

Child outcomes:

- Reduced negative thoughts and feelings
- Reduced depressive symptoms
- Reduced distress
- Reduced distress
- Reduced bullying
- Reduced bullying
- Reduced overt aggression
- Reduced overt victimisation

Other outcomes:

- Improved facilitative parenting Improved sibling relationships Improved friendedness and enjoyment of school

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Study rating: 3

Healy, K. L., & Sanders, M. R. (2014). Randomized controlled trial of a family intervention for children bullied by peers. Behavior therapy, 45(6), 760-777.
Available at:https://www.sciencedirect.com/science/article/abs/pii/S0005789414000847
Healy., K.L & Sanders M.R. (2013). Detailed Report of Results for Families and Schools: November 2013. The University of Queensland.
Available at:https://exp.psy.uq.edu.au/resiliencetriplep/pdf/report_detailed.pdf

Study design and sample

The first study is an RCT. This study involved the random assignment of families to either an immediate start to Resilience Triple P (RTP) or an assessment control (AC) condition.
This study was conducted in Australia, with a sample of children comprised of 61% boys and 39% girls ranging from six to 12 years with a mean age of 8.72 years. 90% of the sample had siblings. Almost one quarter (24%) of the children had a preexisting diagnosis affecting learning or behaviour with the most common being Autistic Spectrum Disorder at 8%. Most primary caregivers (95%) were mothers and consisted of 73% born in Australia and 9% who spoke a language other than English at home. Just over half the primary caregivers (54%) had completed a university degree, 34% an adult certificate or diploma, and the remaining 12% Grade 10 or 12 of school. In response to a question about money available after essential expenses, 44% of parents reported having enough money for 'most' things they really wanted, 47% had enough for some non-essentials, and 9% no money for anything beyond essentials.

Measures

- Peer victimisation was measured using Things Kids Do (TKD) (child report).
- Change in victimisation and distress was measured using a Likert Scale measure (parent and child report).
- Children's negative thoughts and feelings were measured using the Sensitivity to Peer Beahviour (SPBI) (child report).
- Likelihood of ongoing victimisation was measured using the Child Role Play Assessment (CRPA) (expert observation of behaviour).
- Reactive aggression was measured using the Reactive Aggression subscale of the Sensitivity to Peer Behaviour (SPBI) (child report).
- Friendedness and Liking School was measured using The Loneliness Questionnaire (child report).
- Facilitative Parenting was measured using the Facilitative Parenting Scale (FPS) (parent report).
- Parent-child relating was measured using the Parent Child Discussion task (parent and child report).
- Sibling relationships was measured suing the Parental Expectations and Perceptions of Children's Sibling Relationship Questionnaire (PEPC-SRC) (parent report).
- Peer victimisation was measured using The Preschool Peer Victimisation Measure (PPVM) (teacher report).
- Child depression was measured using the Preschool Feelings Checklist (PFC) (parent report).
- Child social behaviour was measured using the Preschool Social Behaviour Scale (PSPS-T) (teacher report).

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes. This includes reduced victimisation of the target child (Likert Scale: child and parent report), reduced negative thoughts and feelings (Sensitivity to Peer Behaviour: child report), reduced child depression (Preschool Feelings Checklist: parent report), reduced likelihood of ongoing victimisation of the target child (Child Role Play Assessment: independent assessment), reduced reactive aggression (Reactive Aggression sub-scale of the SPBI: child report), improved friendedness and enjoyment of school (The Loneliness Questionnaire: child report), improved parenting (The Facilitative Parenting Scale: parent report), and improved sibling relationships (The Parental Expectation and Perceptions of Children's Sibling Relationships Questionnaire: parent report).
In addition, findings were identified on overt victimisation (Preschool Peer Victimization Measure – teacher report) and overt aggression (Preschool Social Behaviour Scale – teacher report). Whilst these two measures do not yet meet EIF's standards for independently validated measurement, the evaluators have worked to find the best possible measures, given what is available for these outcomes for children of this age, and in consultation with experienced senior clinical psychologists in terms of the relevance, age appropriateness and change sensitivity of the chosen measurement scales.

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.

Healy, K. L., & Sanders, M. R. (2018). Mechanisms through which supportive relationships with parents and peers mitigate victimization, depression and internalizing problems in children bullied by peers. Child Psychiatry & Human Development, 1-14 - **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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