Foundations
What Works Centre for Children & Families

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Intervention website: www.triplep-parenting.net

GUIDEBOOK INTERVENTION INFORMATION SHEET

Enhanced Triple P

Please note that in the 'Intervention Summary' table below 'child age', 'level of need', and 'race and ethnicities information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	Level 5 Enhanced Triple P is a parenting intervention for parents with concerns about the behaviour of their child. It combines Standard Triple P with adjunctive components aimed at improving parental mood and reducing partner conflict. It is delivered by a Triple P practitioner to families individually or in groups via 12 to 14 sessions lasting 40 to 90 minutes each.
Evidence rating	3
Cost rating	2
Child outcomes	• Preventing crime, violence and antisocial behaviour - Improved child behaviour.
Child age (population characteristic)	3 to 4 years
Level of need (population characteristic)	Targeted Indicated

Intervention summary	
Race and ethnicities (population characteristic)	Not reported
Type (model characteristic)	Individual
Setting (model characteristic)	• Home • Out-patient.
Workforce (model characteristic)	• Psychologist • Mental health professional.
UK available?	Yes
UK tested?	No

Model description

Level 5 Enhanced Triple P is part of the Triple P multilevel system of family support, developed specifically for parents with concerns about their child's behaviour. It is delivered by a Triple P practitioner to families individually or in groups via 12 to 14 sessions lasting 40 to 90 minutes each.

Enhanced Triple P combines Standard Triple P with adjunctive components aimed at improving parental mood and reducing partner conflict. It can be attended by one or both parents, although both parents are preferable if issues regarding the co-parenting relationship need to be addressed.

During the first session, parents provide detailed information about their child's behaviour, developmental history, and family circumstances. Parents then complete a detailed questionnaire about their child and receive a form to help them observe and monitor their child's behaviour during the following weeks.

During the second session, the practitioner observes the parents interacting with their child and provides detailed feedback. The practitioner and parent then work together to develop a shared understanding of the nature, severity, and probable causes of the parents' concerns about their child's behaviour. The practitioner and parent then identify specific goals for child and parent behavioural changes.

During sessions 3 to 10, parents are introduced to 17 strategies for encouraging positive child behaviour and enforcing age-appropriate discipline. Ten of the strategies are designed to promote children's competence and development (i.e. quality time; talking with children; physical affection; praise; attention; engaging activities; setting a good example; Ask, Say, Do; incidental teaching; and behaviour charts), and seven strategies are designed to help parents manage misbehaviour (i.e. setting rules; directed discussion; planned ignoring; clear, direct instructions; logical consequences; quiet time; and time-out). Parents are also introduced to a six-step planned activities routine to enhance the generalisation and maintenance of skills promoted during the sessions.

The adjunctive Enhanced Triple P components are included as within-session exercises and homework assignments, tailored to the needs of each family.

- Components aimed at improving the co-parenting relationship included strategies for improving parent-to-parent communication and methods for noticing and supporting each other's role as parents.
- Components aimed at addressing parental mood (e.g. depression, anger, anxiety, and stress) include relaxation techniques, strategies for identifying and challenging parents' maladaptive cognitions about their child, and themselves. Parents are also encouraged to prepare a set of coping self-statements in preparation for potentially stressful situations (e.g. discussing child's behavior difficulty with a mother-in-law).

On average, adjunctive components require two sessions in addition to the Standard Group Triple P.

Target population

Age of child	0 to 12 years
Target population	Parents who have concerns about their child's behaviour and are experiencing family stresses, such as couple conflict and/or low parental mood

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.

Theory of change

Why		Who	How	What		
Science-based assumption	**Science-based assumption**	**Science-based assumption**	**Intervention**	**Short-term outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Challenging and non-compliant behaviours are common in early childhood. Challenging child behaviours during childhood increase the risk of antisocial behaviour in adolescence.	Ineffective parenting responses to challenging child behaviours increase the likelihood of problematic behaviour persisting and becoming more entrenched.	High levels of family stress, including stress associated with couple conflict and parental mood, increase the likelihood of ineffective parenting responses.	Parents learn strategies for: • Managing sources of family stress • Reinforcing positive child behaviour • Improving the parent–child relationship.	• Parents are better able to manage their own mood and family conflict. • The parent–child relationship improves.	• Children are better able to manage their own behaviour • Child behaviour improves.	• Children are at less risk of antisocial behaviour in adolescence • Children are more likely to engage positively with teachers and peers.

Implementation requirements

Who is eligible?	Parents who have concerns about their child's behaviour and are experiencing family stresses such as couple conflict and/or low parental mood.
How is it delivered?	Enhanced Triple P consists of four modules, delivered in three to 11 sessions of between 40 and 90 minutes duration each, by one practitioner to individuals, couples, or families. The sessions include: 1) A review session to negotiate a treatment plan (1 hour) 2) Three optional modules of up to three sessions each (40–90 minutes) 3) A closure session to plan for maintenance and future problem solving (one hour). The optional modules are Practice, Coping Skills, and Partner Support. The three to 11 sessions are delivered in conjunction with a Level 4 Triple P intervention.
What happens during the intervention?	• Parents learn 17 strategies for encouraging positive child behaviour and enforcing age-appropriate discipline. • Practitioner observations of parent–child interaction are used to target child behaviours of particular concern. • Home visits or practice sessions may be conducted to provide personal feedback and goal setting. • Parents may learn personal coping skills such as relaxation, coping statements, and challenging unhelpful thoughts. • Parents may learn communication skills such as giving and receiving feedback, problem-solving, and improving relationship happiness.
Who can deliver it?	A certified Triple P practitioner, who may come from a range of helping professions, including psychologists, social workers, and family support workers.
What are the training requirements?	• Practitioners have 25 hours of intervention training. Booster training of practitioners is not required. • Practitioners attend two days' training and a half-day accreditation. It is recommended they set aside four to six hours for quiz and competency preparation before accreditation. • Practitioners must have completed prerequisite training in a Level 4 Triple P Provider Training Course prior to attending Enhanced Triple P training.

Implementation requirements (cont.)

How are practitioners supervised?	Typically, an NFQ-9 qualified practitioner would supervise practitioners with 2 hours' supervision time per quarter. Practitioners learn the Triple P Peer Assisted Supervision and Support Model (PASS), a structured feedback process to promote learning of a complex set of consultation skills. Using the self-regulatory framework, practitioners are both providers and recipients of peer support. PASS sessions are conducted in small groups of 6 to 8 practitioners and run for one to two hours every month. TPUK can provide additional clinical support for practitioners as either a one-day workshop or small group phone consultations with a Triple P Trainer. This support is beneficial for practitioners who do not have access to formalised or peer support.
What are the systems for maintaining fidelity?	• Accreditation • Training manual • Supervision • Practitioners fill in a 'fidelity checklist' after every session • Peer Assisted Supervision and Support (PASS) Networks • Quality assurance checklist for organisations implementing Triple P.
Is there a licensing requirement?	No
Contact details	Organisation: Triple P UK Email address: contact@triplep.uk.net Website/s: www.triplep-parenting.net www.triplep.net https://pfsc-evidence.psy.uq.edu.au/ *Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.

Evidence summary

Level 5 Enhanced Triple P's most rigorous evidence comes from a single RCT conducted in Australia that is consistent with Foundations' Level 3 evidence strength criteria.

This study identified statistically significant improvements in children's behaviour that are consistent across a variety of measures.

This means Enhanced Triple P 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.

Enhanced Triple P 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.

Child outcomes			
Outcome	**Improvement index**	**Interpretation**	**Study**
Improved child behaviour	+20	7.27-percentage point reduction in participants with observed negative child behaviour on the Revised Family Observation Schedule (Immediately after the intervention)	1
Improved child behaviour	+30	25.65-point reduction on the Eyberg Child Behaviour Inventory (Mother report) (Immediately after the intervention)	1
Improved child behaviour	+31	4.42-point reduction on the Parent Daily Report (Mother report) (immediately after the intervention)	1
Improved child behaviour	+30	15.64-point reduction on the Eyberg Child Behaviour Inventory (Father report) (Immediately after the intervention)	1
Improved child behaviour	+31	2.09-point reduction on Parent Daily Report (Father report) (Immediately after the intervention)	1

Search and review

	Number of studies
Identified in search	2
Studies reviewed	1
Meeting the L2 threshold	0
Meeting the L3 threshold	1
Contributing to the L4 threshold	0
Ineligible	1

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	Australia
Sample characteristics	305 Australian families experiencing behavioural problems with a child between 3 and 4 years old.
Race, ethnicities, and nationalities	Australian
Population risk factors	All families had at least one of the following family adversity factors: maternal depression, relationship conflict, single-parent household, or low gross family income.
Timing	• Pre-intervention • Post-intervention • One-year follow-up (intervention group only) • Three-year follow-up (intervention group only).

Study 1	
Child outcomes	• Improved child behaviour (Researcher observation) • Improved child behaviour (Parent report).
Other outcomes	• Improved parental discipline • Improved parental sense of competence (Mother report).
Study Rating	3
Citations	**Study 1a:** Sanders, M. R., Markie-Dadds, C. Tully, L. A. & Bor, W. (2000) The Triple P-Positive Parenting Program: A comparison of enhanced, standard, and self-directed behavioural family intervention for parents of children with early inset conduct problems. *Journal of Consulting and Clinical Psychology*. 68 (4), 624–640. **Study 1b:** Sanders, M. R., Bor, W. & Morawska, A. (2007) Maintenance of treatment gains: A comparison of enhanced, standard, and self-directed Triple P-Positive Parenting Program. *Journal of Abnormal Child Psychology*. 35 (6), 983–998. **Study 1c:** Bor, W., Sanders, M. R. & Markie-Dadds, C. (2002) The effects of the Triple P-positive Parenting Programme with co-occurring disruptive behaviour and attentional/hyperactive difficulties. *Journal of Abnormal Child Psychology*. 30, 571–587.

Brief summary

Population characteristics

This study involved 305 Australian parents with concerns about the behaviour of a preschool child aged between three and four years. Parents were eligible if 1) mothers rated their child's behaviour as being in the elevated range on the Eyberg Child Behavior Inventory, and 2) they were experiencing at least one of the following adversities: maternal depression, couple relationship problems, single parenthood, low family income, or unskilled work employment.

40% of the recruited families were experiencing financial difficulties and 40% of the fathers and mothers had not completed secondary education.

About 7% of mothers and 9% of fathers had a history of drug use, 55% of mothers and 37% of fathers had a family history of psychiatric illness, 20% of mothers and 30% of fathers had a family history of criminal activity, and 8% of mothers and 4% of fathers reported witnessing at least one violent interaction (i.e. hit partner with hand or object) between their parents in their family of origin, and 20% of the mothers and 13% of the fathers reported that during their childhood they had been physically abused by their parents and required medical treatment afterwards.

56% of mothers and 29% of fathers were found to have high risk of physically abusing their own child and may have already done so according to the Child Abuse Potential Inventory measure.

68% of the children were male. Approximately 60% of the families reported the presence of five or more of the 23 risk factors for conduct problems.

Study design

Families were randomly assigned to one of four conditions as follows:

- Level 4 Standard Triple P (77 families). Families learn 17 different parenting strategies aimed at addressing specific concerns they have about the behaviour of their preschool child.
- Enhanced Triple P (76 families). Enhanced Triple P includes the support covered in Level 4 Standard Triple P with additional adjunctive components aimed at supporting the relationship between the mother and father and their ability to work together effectively as co-parents.
- Self-directed Triple P (75 families): Self-directed Triple P is a self-paced version of Level 4 Standard Triple P.
- Wait-list control group (77 families) involving no intervention and no contact with the research team for 15 weeks.

Measurement

Assessments took place at baseline (pre-intervention) and post-intervention. Families participating in the three Triple P intervention groups returned for follow-ups at one- and three-years post-intervention.

Post-assessment and one-year follow-up (Study 1a)

- **Parent report** measures included the Eyberg Child Behavior Inventory, the Parent Daily Report, the Revised Family Observation Schedule (FOS-R-III) (expert observation of behaviour), the Parenting Scale (PS), the Parenting Sense of Competency Scale (parent report), the Parent Problem Checklist (parent report), the Abbreviated Dyadic Adjustment Scale (parent report), and the Depression Anxiety Stress Scales (parent report).
- **Researcher-led** assessments included videotaped sessions of parent–child interaction, coded with the Family Observation Schedule (FOS-R-III),

Three-year follow-up (Study 1b)

- **Parent report** measures included the Eyberg Child Behavior Inventory, the Parent Daily Report, the Revised Family Observation Schedule (FOS-R-III) (expert observation of behaviour), the Parenting Scale (PS), the Parenting Sense of Competency Scale (parent report), the Parent Problem Checklist (parent report), the Abbreviated Dyadic Adjustment Scale (parent report), and the Depression Anxiety Stress Scales (parent report).
- **Teacher report** measures included the Sutter–Eyberg Student Behaviour Inventory (SESBI).
- **Clinician-led** interviews were used to measure the presence of disruptive behaviours with the Diagnostic Interview Schedule.

Study retention

Post-intervention

83% (254) families participated in the assessments at post-intervention, representing 83% (64) of the Standard Triple P families, 76% (58) from Enhanced Triple, 81% (61) from self-directed Triple P and 92% (71) in the wait-list control group.

Tests for differential attrition observed that Triple P mothers with higher levels of negative affect were less likely to complete post-test measures, whereas mothers with higher levels of negative affect in the wait-list group were more likely to complete post-test measures. In addition, mothers who dropped out of the intervention and study were significantly more likely to rate their child's behaviour as difficult at baseline.

One-year follow-up (Study 1a)

71% (162) of the 228 families participating in one of the three treatments returned for the one-year follow-up assessment. 75% (58) represented Standard Triple P, 71% (54) represented Enhanced Triple P and 67% (50) represented Self-directed Triple P. Those originally assigned to the wait-list control did not participate in this assessment, as they no longer represented an appropriate counter-factual.

Three-year follow-up (Study 1b)

61% (139 of the 228) of the families initially assigned to one of the three Triple P interventions returned for the three-year follow-up assessment. 65% (50) represented the Level 4 Standard Group Triple P sample, 63% (48) represented Enhanced Triple P and 55% (41) represented Self-directed Triple P. Those originally assigned to the wait-list control did not participate in this assessment, as they no longer represented an appropriate counter-factual.

Results

Post-intervention

Data-analytic strategy

A series of four group analyses of covariance (ANCOVAs), controlling for baseline parent and child scores, were used to measure the impact of the three Triple P interventions immediately post-intervention. Multivariate analyses of covariance (MANCOVAs) with post-intervention scores as dependent variables were used in comparisons when multiple measures of the same construct were used. Intent-to-treat analysis was used, not imputing for missing data.

Findings

At post-intervention, statistically significant improvements favouring the Level 4 Standard Triple P and Enhanced Triple P groups were observed for negative child behaviour in the coded videotaped observations in comparison to the wait-list control group. Similarly, parents receiving Standard Triple P and Enhances Triple P were more likely to report improvements in their child's behaviour, dysfunctional parenting behaviour, and greater parental competence in comparison to the other

two groups. While the benefits of Enhanced Triple P were the greatest, they were not significantly greater than Standard Triple P when compared to Self-directed Triple P and the wait-list control condition.

Additionally, Standard Triple P and Enhanced Triple P were observed to provide comparable benefits in a subgroup analysis of children identified as having attention deficit/hyperactivity disorder or oppositional defiant disorder.

Statistically significant improvements were also observed for Self-directed Triple P in mother's reports of child behaviour on the Eyberg, but these were not upheld in the coded observations.

High levels of intervention satisfaction were reported by most parents attending the three Triple P groups.

One-year follow-up

At the one-year follow-up, children in all 3 Triple P conditions achieved similar levels of clinically reliable change in observed disruptive behaviour. However, Standard Triple P and Enhanced Triple P showed greater improvements in parent reports of disruptive child behaviour in comparison to Self-directed Triple P and the wait-list control group.

Three-year follow-up

The treatment gains for all three Triple P groups (study 1b) appear to have been maintained with respect to the percentage of children not meeting the clinical threshold for behavioural problems at the three-year follow-up.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants*	Measurement time point
Child outcomes					
Aversive child behaviour	Revised Family Observation Schedule (FOS-RIII) (Observer report)	Not reported	Yes	129	Post-intervention
Child behavioural problems	Eyberg Child Behaviour Inventory (Mother report)	Not reported	Yes	129	Post-intervention

Outcome	Measure	Effect size	Statistical significance	Number of participants*	Measurement time point
Child behavioural problems	Eyberg Child Behaviour Inventory (Father report)	Not reported	Yes	129	Post-intervention
Child behavioural problems	Parent Daily Report (PDR) (Mother report)	Not reported	Yes	129	Post-intervention
Child behavioural problems	Parent Daily Report (PDR) (Father report)	Not reported	Yes	129	Post-intervention
Parent outcomes					
Symptoms of depression, anxiety and stress	Depression Anxiety Stress Scales (DASS) (Mother report)	Not reported	No	129	Post-intervention
Symptoms of anxiety and stress	Depression Anxiety Stress Scales (DASS) (Father report)	Not reported	No	129	Post-intervention
Dysfunctional discipline styles	Parenting Scale (PS) (Mother report)	Not reported	Yes	129	Post-intervention
Dysfunctional discipline styles	Parenting Scale (PS) (Father report)	Not reported	Yes	129	Post-intervention

Outcome	Measure	Effect size	Statistical significance	Number of participants*	Measurement time point
Observed negative mother behaviour	Revised Family Observation Schedule (FOS-R) (Observer report)	Not reported	No	129	Post-intervention
Sense of competence as parents	Parenting Sense of Competency Scale (PSOC) (Mother report)	Not reported	Yes	129	Post-intervention
Sense of competence as parents	Parenting Sense of Competency Scale (PSOC) (Father report)	Not reported	No	129	Post-intervention
Couple outcomes					
Quality of dyadic relationship adjustment	Abbreviated Dyadic Adjustment Scale (ADAS) (Mother report)	Not reported	No	129	Post-intervention
Quality of dyadic relationship adjustment	Abbreviated Dyadic Adjustment Scale (ADAS) (Father report)	Not reported	No	129	Post-intervention
Conflict between partners over child rearing	Parent Problem Checklist (PPC) (Mother report)	Not reported	No	129	Post-intervention
Conflict between partners over child rearing	Parent Problem Checklist (PPC) (Father report)	Not reported	No	129	Post-intervention

Outcome	Measure	Effect size	Statistical significance	Number of participants*	Measurement time point
*These comparisons involve Enhanced Triple P and wait-list control groups only at post-intervention.					

Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention receives the same rating as its most robust study or studies.

Bodenmann, G., Cina, A., Ledermann, T. & Sanders, M. R. (2008) The efficacy of the Triple P-Positive Parenting Program in improving parenting and child behavior: A comparison with two other treatment conditions. *Behaviour Research and Therapy*. 46 (4), 411–427

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Note on provider involvement: This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.