Foundations
What Works Centre for Children & Families

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Intervention website: www.triplep-parenting.net

GUIDEBOOK INTERVENTION INFORMATION SHEET

Primary Care Stepping Stones 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	Primary Care Stepping Stones Triple P is a short parenting intervention for families with a child with a developmental disability and/or moderate or severe behavioural problems. It is delivered by health professionals to individual families through four short sessions.
Evidence rating	2
Cost rating	2
Child outcomes	• Preventing crime, violence and antisocial behaviour - Improved behaviour.
Child age (population characteristic)	2 to 9 years old
Level of need (population characteristic)	Targeted Indicated
Race and ethnicities (population characteristic)	White Australian

Intervention summary	
Type (model characteristic)	Individual
Setting (model characteristic)	Out-patient health setting
Workforce (model characteristic)	• Nurse • Paediatrician • Allied health professional.
UK available?	Yes
UK tested?	No

Model description

Primary Care Stepping Stones Triple P is part of the Triple P multi-level system of family support and is specifically for parents or caregivers with a child between 0 and 12 years with a developmental disability, (such as Down's Syndrome or Autistic Spectrum Disorder), or a moderate or severe behavioural problem.

It is one mode of implementation of Triple P's Stepping Stones series, designed to be delivered in a primary care setting by a health provider or practitioner with training in psychology or social work. It involves four individual sessions lasting between 15 and 30 minutes each to parents who only require specific support around a discrete parenting or child issue. It is not uncommon for parents attend Primary Care Triple P as an introduction to parenting strategies before attending a more intensive Group Stepping Stones Triple P for further support.

During the sessions, parents learn strategies for encouraging their child's social communication skills, emotional self-regulation, independence, and problem-solving capabilities. In the first session, the practitioner assesses the child's presenting problem and teaches parents to keep track of their child's behaviour. In session 2, the parent and practitioner work together to develop a parenting plan with active skills training. This plan is reviewed, refined, and followed up on in sessions 3 and 4.

Target population

Age of child	0 to 12 years old
Target population	• Families with children aged 0 to 12 years old • Children who have a developmental disability as well as moderate to severe behaviour problems.

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**
Children with developmental disabilities typically have more difficulty regulating their emotions and behaviour.	Parents are influential in supporting the self-regulatory development of children with developmental disorders associated with child behavioural problems.	Parents with a child diagnosed with a developmental disability and/or serious behaviour problems.	Parents learn strategies for: • Encouraging positive child behaviour • Discouraging problematic child behaviour • Supporting children's communication skills • Encouraging emotional self-regulation • Increasing child independence.	• Reductions in parental stress • Improved parental confidence • Improved parenting behaviours.	• Improved child behavioural regulation • Improved child emotion regulation • Improved child communication skills.	Children are better able to self-regulate in contexts outside of the home, including school and other social situations.

Implementation requirements

Who is eligible?	Children who have a developmental disability such as ASD and Down's Syndrome, or moderate to severe behaviour problems.
How is it delivered?	Primary Care Stepping Stones Triple P is delivered in 4 sessions of 15 to 30 minutes duration each by one practitioner, to individual families. However, the participants in the evaluated version of the intervention received four sessions of between 15 and 30 minutes' duration.
What happens during the intervention?	Triple P's Stepping Stones series teach parents how to encourage their child's social and communication skills, emotional self-regulation, independence, and problem-solving ability. 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. In the first session, the practitioner assesses the child's presenting problem and teaches parents to keep track of their child's behaviour. In session two, the parent and practitioner work together to develop a parenting plan with active skills training. This plan is reviewed, refined, and followed up on in sessions three and four.
Who can deliver it?	Primary Care Stepping Stones Triple P is typically delivered by a nurse, family physician, paediatrician, allied health professional, psychologist, or other practitioner with training in a helping profession.
What are the training requirements?	The 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 practitioners supervised?	It is recommended that practitioners are supervised by one host-agency supervisor, 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.

Is there a licensing requirement?	No
Contact details	Organisation: Triple P UK Email address: contact@triplep.uk.net Websites: www.triplep-parenting.net www.triplep.net https://pfsc-evidence.psy.uq.edu.au/

Evidence summary

Primary Care Stepping Stones Triple P's most rigorous evidence comes from an RCT conducted in Australia with evidence consistent with Foundations' Level 2 evidence strength threshold.

This study observed statistically significant improvements in child behaviour post-intervention, although most benefits were not maintained at six-month follow-up.

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.

Search and review

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

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	Australia
Sample characteristics	Participants were parents/caregivers of a 2- to 9-year-old child (mean age: 5.7 years) with an Autism Spectrum Disorder (ASD) diagnosis from a paediatrician or child psychiatrist.
Race, ethnicities, and nationalities	• White Australian (89%) • Other (11%).
Population risk factors	• Child with ASD diagnosis • Parents reporting concern about social, emotional, behavioural, or developmental problems in their child • Not currently receiving parenting assistance.
Timing	• Baseline (T1) • Post-intervention (T2) • Six-month follow-up (T3).
Child outcomes	• Reduced number of child behavioural problems (parent report) • Reduced frequency of child behavioural problems (parent report).
Other outcomes	• Reduced dysfunctional parenting (parent report) • Improved parenting confidence (parent report) • Improved parental adjustment and stress (parent report) • Improved parental relationship adjustment (parent report).
Study Rating	2
Citation	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.

Brief summary

Population characteristics

This study involved 64 parents with a child between the ages of 2 and 9 (mean age 5.67) with autism spectrum disorder, 31% had a comorbid diagnosis.

The majority were two-parent families earning above the median income; 86% of the children were male and 89% were White Australian.

To be eligible for the study, parents needed to be concerned about social, emotional, behavioural, or developmental problems in their child and not be receiving parenting assistance.

Study design

Thirty-five families were randomly assigned to Primary Care Stepping Stones Triple P (PCSSTP) and 29 to a usual care wait-list control condition using a computer-generated random-number sequence, stratified for income (above or below the Australian median household income) and child diagnosis (ASD, autism, Asperger's disorder, pervasive developmental disorder not otherwise specified).

Families in the wait-list control condition were offered the PCSSTP after the six-month follow-up assessment.

The intervention and wait-list control groups were equivalent at baseline.

Measurement

Assessments were conducted at three time points: baseline (pre-intervention), post-intervention (8 weeks after baseline), and at a six-month follow-up.

- Parent report measures included the Eyberg Child Behaviour Inventory (ECBI), the Parenting Scale, the Parenting, the Parental Stress Scale, and the Depression Anxiety Stress Scales (DASS-21).
- Researcher-led assessments were recorded in the home involving 30-minute observations of parent–child interaction coded in 10-second intervals according to a revised version of the Family Observation Schedule. Assessments were carried out by researchers blind to group assignment.

Study retention

Post-intervention

86% (55) of the participants completed measures at the post-intervention assessment; 83% (29) were from the PCSSTP group and 90% (26) from care as usual. The groups remained equivalent in terms of their demographic characteristics and baseline outcomes.

Six-month follow-up

84% (54) of the participants completed assessments at the six-month follow-up, representing 80% (28) from PCSSTP and 90% (26) from the wait-list control.

Results

Data-analytic plan

Intervention effects were analysed using repeated measures multivariate analyses of variance (MANOVAs) and ANOVAs. Effect sizes (d) were standardised mean difference scores based on the pre–post change in the treatment group means minus the pre–post change in the control group means, divided by the pooled pre-intervention standard deviation. Analyses involved intent-to-treat, retaining the entire sample, imputing baseline scores to compensate for missing data.

Findings

This study observed statistically significant short-term improvements in the children of families attending PCSSTP on parent-reported child behaviour problems, dysfunctional parenting styles, parenting confidence, and parental stress, parental conflict, and relationship happiness. No significant intervention effects were found on parental depression or anxiety, or on observed child disruptive and parent aversive behaviour.

Intervention effects were not generally maintained at six-month follow-up, with significant differences between the groups only seen in parental relationship happiness and dysfunctional parenting over-reactivity.

High levels of satisfaction with PCSSTP were reported by families receiving the intervention.

Limitations

The conclusions that can be drawn from this study are due to the lack of clarity about the equivalence of the analysis sample post-attrition.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Intensity of child behaviour problems	ECBI (parent report)	0.4	Yes	64	Post-intervention (two-month follow-up)
Intensity of child behaviour problems	ECBI (parent report)	0.31	No	64	Post-intervention (six months after baseline)

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child behaviour problems	ECBI (parent report)	0.56	Yes	64	Post-intervention (two months after baseline)
Child behaviour problems	ECBI (parent report)	-0.1	No	64	Post-intervention (six months after baseline)
Aversive Behaviours	Family Observation Scale – revised (observation)	-0.05	No	64	Post-intervention (two months after baseline)
Aversive Behaviours	Family Observation Scale – revised (observation)	0.02	No	64	Post-intervention (six months after baseline)
Parent outcomes					
Parenting Laxness	Parenting Scale (parent report)	0.69	Yes	64	Post-intervention (two-month follow-up)
Parenting Laxness	Parenting Scale (parent report)	-0.19	No	64	Post-intervention (six months after baseline)
Parenting Verbosity	Parenting Scale (parent report)	0.65	Yes	64	Post-intervention (two-month follow-up)
Parenting Verbosity	Parenting Scale (parent report)	-0.34	No	64	Post-intervention (six months after baseline)

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parenting Overreactivity	Parenting Scale (parent report)	0.79	Yes	64	Post-intervention (two-month follow-up)
Parenting Overreactivity	Parenting Scale (parent report)	-0.36	Yes	64	Post-intervention (six months after baseline)
Setting tasks	Parenting Tasks Checklist (parent report)	0.73	Yes	64	Post-intervention (two-month follow-up)
Setting tasks	Parenting Tasks Checklist (parent report)	-0.04	No	64	Post-intervention (six months after baseline)
Parental self-efficacy	Parenting Tasks Checklist (parent report)	0.91	Yes	64	Post-intervention (two-month follow-up)
Parental self-efficacy	Parenting Tasks Checklist (parent report)	0.07	No	64	Post-intervention (six months after baseline)
Parental depression	DASS-21 (parent report)	0.17	No	64	Post-intervention (two-month follow-up)
Parental depression	DASS-21 (parent report)	0.12	No	64	Post-intervention (six months after baseline)
Parental anxiety	DASS-21 (parent report)	0.16	No	64	Post-intervention (two-month follow-up)

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parental anxiety	DASS-21 (parent report)	0.08	No	64	Post-intervention (six months after baseline)
Parental stress	DASS-21 (parent report)	0.62	Yes	64	Post-intervention (two-month follow-up)
Parental stress	DASS-21 (parent report)	-0.18	No	64	Post-intervention (six months after baseline)
Aversive parental behaviour	Family Observation Scale – revised (observation)	0.17	No	64	Post-intervention (two-month follow-up)
Aversive parental behaviour	Family Observation Scale – revised (observation)	-0.25	No	64	Post-intervention (six months after baseline)
Relationship adjustment problems	Parent Problem Checklist (parent report)	0.2	No	57	Post-intervention (two-month follow-up)
Relationship adjustment problems	Parent Problem Checklist (parent report)	0.03	No	55	Post-intervention (six months after baseline)
Extent of relationship adjustment	Parent Problem Checklist (parent report)	0.73	Yes	57	Post-intervention (two-month follow-up)
Extent of relationship adjustment	Parent Problem Checklist (parent report)	0.00	No	55	Post-intervention (six months after baseline)

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Quality of parental relationship	Relationship Quality Inventory (parent report)	0.71	Yes	57	Post-intervention (two-month follow-up)
Quality of parental relationship	Relationship Quality Inventory (parent report)	0.83	Yes	55	Post-intervention (six months after baseline)

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.

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*.

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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.