

**Last reviewed:** September 2017

**Intervention website:** [www.triplep-parenting.net](http://www.triplep-parenting.net)

# GUIDEBOOK INTERVENTION INFORMATION SHEET

## Group Lifestyle 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**.

<b>Intervention summary</b>	
<b>Description</b>	Group Lifestyle Triple P is a 12-week intervention for parents or caregivers who are concerned about the weight and activity level of a child between 4 and 11 years old. Groups of up to 10 parents attend nine 90-minute group sessions delivered by a Triple P practitioner. During each session, parents learn strategies for managing their child’s weight through lifestyle changes. Parents also receive three individual phone conversations that tailor the group content to the family’s individual needs.
<b>Evidence rating</b>	2
<b>Cost rating</b>	1
<b>Child outcomes</b>	<ul style="list-style-type: none"> <li>• Preventing obesity and promoting healthy physical development                             <ul style="list-style-type: none"> <li>- Reduced body mass</li> <li>- Reduced weight-related problem behaviour.</li> </ul> </li> </ul>
<b>Child age</b> (population characteristic)	4 to 11 years
<b>Level of need</b> (population characteristic)	Targeted Indicated

## Foundations Guidebook – Intervention information sheet

Visit the Foundations Guidebook | [www.foundations.org.uk/guidebook](http://www.foundations.org.uk/guidebook)

Intervention summary	
<b>Race and ethnicities</b> (population characteristic)	<ul style="list-style-type: none"><li>• Aboriginal and/or Torres Strait Islander</li><li>• Asian</li><li>• White.</li></ul>
<b>Type</b> (model characteristic)	Group
<b>Setting</b> (model characteristic)	<ul style="list-style-type: none"><li>• Primary school</li><li>• Community centre</li><li>• Out-patient setting.</li></ul>
<b>Workforce</b> (model characteristic)	<ul style="list-style-type: none"><li>• Dieticians</li><li>• PE teachers</li><li>• Nurses</li><li>• Psychologists</li><li>• Physicians.</li></ul>
<b>UK available?</b>	Yes
<b>UK tested?</b>	No

## Model description

Group Lifestyle Triple P is part of the Triple P multilevel system of family support, developed specifically for parents or caregivers who have concerns about the weight and activity of a child between 4 and 11 years old.

During the sessions, parents learn effective strategies for managing their child's weight by introducing gradual permanent changes in their family's lifestyle. This includes methods for providing healthy food choices, increasing children's physical activity and using incentives to encourage the child to make better health-related choices.

The session topics are as follows:

- **Session 1, Preparing for change:** covers working as a group, what 'overweight' means, how it can be treated, readiness for change, and keeping track.
- **Sessions 2–3:** focus on understanding of nutrition and physical activity. Parents learn how to encourage healthy eating and activities in their children and about increasing their child's self-esteem.

## Foundations Guidebook – Intervention information sheet

Visit the Foundations Guidebook | [www.foundations.org.uk/guidebook](http://www.foundations.org.uk/guidebook)

- **Session 4, Using rewards and modifying recipes:** covers motivating children to be healthy, the different types of fat, and how to reduce fat intake.
- **Sessions 5–7:** focus on limiting sedentary behaviour, playing active games, managing hunger and overeating and providing healthy meals and snacks.
- **Session 8, Managing problem behaviour:** parents learn how to manage problem behaviour, develop parenting routines, and prepare for the weekly telephone sessions.
- **Sessions 9–10, Using Lifestyle Triple P strategies:** consist of a number of telephone consultations, providing the parent with an opportunity to update the practitioner with their family's progress and discuss any issues.
- **Session 11, Planning ahead:** parents return to the group to learn about family survival tips, high-risk situations, planned activities, and prepare for fortnightly telephone sessions.
- **Sessions 12–13, Using planned activities:** consist of further telephone consultations. These provide the parent with an opportunity to update the practitioner with their family's progress and discuss any issues.
- **Session 14, Programme close:** parents return for a final group session to review progress, look at ways to maintain the healthy changes, plan for the future, and to bring closure to the intervention.

At the start of the intervention, each parent receives a workbook summarising the session content, and suggestions for between-session tasks. Parent learning is also reinforced during the group sessions through presentations, group discussion, DVDs, live demonstrations of parenting skills, role-play, peer modelling, and small-group problem-solving exercises. Parents also receive four individual telephone consultations with the practitioner to update the practitioner on their family's progress and discuss any issues.

### Target population

<b>Age of child</b>	5 to 10 years
<b>Target population</b>	Parents of children aged between 5 to 10 years where the parent believes their child is overweight or obese

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
<ul style="list-style-type: none"> <li>Excess weight in early childhood increases the risk of obesity and diabetes in later childhood and adulthood</li> <li>Over a quarter of all children in the UK are currently obese.</li> </ul>	<p>Family diet and low levels of physical activity increase the risk of childhood obesity and poor physical health.</p>	<p>All families can benefit from increased information about a healthy lifestyle.</p>	<p>Parents learn strategies for healthy eating and physical exercise that can be incorporated into their daily routines.</p>	<ul style="list-style-type: none"> <li>Parents and children have a better understanding of healthy dietary and activity patterns</li> <li>Parents and children incorporate healthy diet and physical activities into their daily and weekly family routines.</li> </ul>	<p>Children reach and maintain a healthy BMI for their height and age.</p>	<ul style="list-style-type: none"> <li>Healthy eating habits in adulthood</li> <li>Increased physical activity in adulthood</li> <li>Reduced obesity risk in childhood and adulthood.</li> </ul>



## Implementation requirements

<b>Who is eligible?</b>	Families are eligible if they consider their child to be overweight, the child is between 5 and 10 years of age, and the parent agrees to attend a 12-week intervention.
<b>How is it delivered?</b>	Group Lifestyle Triple P is a 12-week intervention that consists of nine 90-minute group sessions and three 20-minute telephone sessions, delivered by a Triple P practitioner.
<b>What happens during the intervention?</b>	Each parent receives a workbook summarising the session content with suggestions for between-session tasks. Parent learning is further reinforced through presentations, group discussion, DVDs, live demonstrations of parenting skills, role-play, peer modelling, and small-group problem-solving exercises. Parents also receive four individual telephone consultations with the practitioner to update the practitioner on their family’s progress and discuss any issues.
<b>Who can deliver it?</b>	Practitioners with experience and qualifications in a helping profession, including dietitians, physical education teachers, nurses, psychologists, and physicians.
<b>What are the training requirements?</b>	Practitioners attend two days’ training, one day pre-accreditation workshop, and a half-day accreditation session. It is recommended that they spend four to six hours on individual preparation before accreditation. Booster training of practitioners is not required.
<b>How are practitioners supervised?</b>	It is recommended that practitioners are supervised by one host agency supervisor. Supervisors do not have intervention training.
<b>What are the systems for maintaining fidelity?</b>	<p>Intervention fidelity is maintained through the following processes:</p> <ul style="list-style-type: none"> <li>• Training manual</li> <li>• Other printed material</li> <li>• Other online material</li> <li>• Video or DVD training</li> <li>• Face-to-face training</li> <li>• Fidelity monitoring.</li> </ul> <p>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</p>



	Network. Triple P UK offers trainer facilitated PASS sessions or a Flexibility & Fidelity workshop for professional development.
<b>Is there a licensing requirement?</b>	No
<b>Contact details</b>	<p>Organisation: Triple P UK</p> <p>Email address: <a href="mailto:contact@triplep.uk.net">contact@triplep.uk.net</a></p> <p>Websites: <a href="http://www.triplep-parenting.net">www.triplep-parenting.net</a>  <a href="http://www.triplep.net">www.triplep.net</a>  <a href="https://pfsc-evidence.psy.uq.edu.au/">https://pfsc-evidence.psy.uq.edu.au/</a></p>

## Evidence summary

Group Lifestyle Triple P’s most rigorous evidence comes from a single RCT conducted in Australia consistent with Foundations’ Level 2 evidence strength criteria.

This study observed statistically significant improvements in Group Lifestyle Triple P children’s weight (through body mass index measurements) and parent reports of problematic weight related behaviour in comparison to families not attending the Triple P group. Group Lifestyle Triple P parents were also significantly more likely to report increased parenting self-efficacy and reduced ineffective parenting behaviours compared to parents not attending the intervention.

Group Lifestyle Triple P has preliminary evidence of improving a child outcome, but we cannot be confident that the intervention caused the improvement.

## Search and review

	Number of studies
<b>Identified in search</b>	1
<b>Studies reviewed</b>	1
<b>Meeting the L2 threshold</b>	0
<b>Meeting the L3 threshold</b>	1
<b>Contributing to the L4 threshold</b>	0



	Number of studies
Ineligible	0

## Individual study summary: Study 1

Study 1	
Study design	RCT
Country	Australia
Sample characteristics	101 families with a child aged between 4 and 11 years old
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> <li>• 87.1% White/ European ethnic background</li> <li>• 5.9% Italian/Greek</li> <li>• 4.0% Asian</li> <li>• 3.0% Aboriginal.</li> </ul>
Population risk factors	26% of children had a BMI in the overweight range and 74.3% in the obese range
Timing	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• Post-intervention</li> <li>• One-year follow-up (Intervention group only).</li> </ul>
Child outcomes	<ul style="list-style-type: none"> <li>• Reduction in BMI (clinical data)</li> <li>• Improvement in weight-related problem behaviour (parent report).</li> </ul>
Other outcomes	<ul style="list-style-type: none"> <li>• Improvement in parenting self-efficacy (parent report)</li> <li>• Reduction in ineffective parenting (parent report).</li> </ul>
Study Rating	2
Citations	<p><b>Study 1a:</b> West, F. (2007) <i>Lifestyle Triple P Project: Exploring the link between parenting and childhood obesity</i> (PhD thesis, University of Queensland, School of Psychology).</p> <p><b>Study 1b:</b> West, F., Sanders, M., Cleghorn, G. &amp; Davies, P. (2010) Randomised clinical trial of a family-based lifestyle intervention for childhood obesity involving parents as the exclusive agents of change. <i>Behaviour Research and Therapy</i>. 48, 1170–1179.</p>



## Brief summary

### Population characteristics

This study involved 101 families with a child 4 to 11 years old where the child's parent was worried about the child's weight living in Brisbane, Australia. 31.7% of children were boys and 26% of children had a BMI in the overweight range, with 74.3% in the obese range. 38% of all parents had a BMI in the healthy weight range, and 62.4% of all parents had a BMI in the overweight or obese range. The majority of participants were from a White European ethnic background (87.1%), with small numbers from Italian/Greek (5.9%), Asian (4.0%), and Indigenous Australian (3.0%) backgrounds.

Participants were recruited through advertisements in school newsletters ('Is your child overweight?') in Brisbane, Australia. Families were eligible to participate if the parent described the child's body size as overweight, the child was between 4 and 11 years of age, and the parent agreed to attend a 12-week intervention. Families were excluded from the study if the child was taking medication that affects growth or weight control or had a severe developmental delay or disability.

### Study design

52 participants were randomly assigned to the Group Lifestyle Triple P condition, and 49 to a wait-list control condition, who began receiving the intervention 12 weeks after they completed their baseline assessment and directly after the post-intervention assessment.

Once 10 families had registered at a particular venue, the group was randomly allocated to either the intervention condition or the wait-list control condition (starting in 12 weeks' time). Groups were allocated to conditions according to a list of computer-generated random numbers. Families did not complete baseline assessment until after randomisation because there was often a waiting period of several weeks before enough families had registered for a group at that venue.

There were no significant differences between the 14 intervention groups at baseline assessment on the majority of primary and secondary outcome variables or sociodemographic variables.

### Measurement

Assessment took place at baseline and post-intervention (12 weeks after baseline). The same measures were completed at both timepoints. The intervention group also completed the same measures at a one-year follow-up.

- **Parent report** measures included the Parenting Scale and the Lifestyle Behaviour Checklist.
- **Researcher-led** measures included BMI z-score.



## **Study retention**

### ***Post-intervention***

At post-intervention, 87% (87) of parents participated in the assessment, representing 80% (41) of intervention participants and 94% (46) of control participants. The overall attrition rate was 14%, with a differential attrition of 14%.

### ***One-year follow-up***

At the one-year follow-up, 65% (34) of intervention participants completed the assessment. This represents a 35% attrition from baseline and a 17% attrition from post-intervention.

## **Results**

### ***Data-analytic strategy***

A two-way repeated measures MANOVA was used to assess the effect of the intervention over time between groups. This was followed by a one-way repeated measure MANOVA for each condition when there was a significant interaction effect to understand the direction of the effect. Maintenance of intervention effects at the one-year follow-up was analysed using two one-way repeated measures MANOVA for the intervention condition. All analyses used intention-to-treat procedures, with the last-point-carried-forward method for missing data.

### ***Findings***

In the intervention group, children's BMI and weight-related problem behaviour decreased in comparison to the control group. Parents in the intervention group also saw significant reductions in ineffective parenting and an increase in parenting self-efficacy. There was no significant change over time in the control group.

At the one-year follow-up, the BMI z-score showed a further significant reduction in the intervention group compared to the post-intervention assessment. The effects on weight-related problem behaviour, ineffective parenting, and parenting self-efficacy post-intervention were also maintained at follow-up for the intervention group.

### ***Limitation***

The conclusions that can be drawn from this study are limited by methodological issues pertaining to a lack of clarity around whether the treatment and control group have continued to be equivalent on baseline characteristics after attrition hence why a higher rating is not achieved.



## Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
<b>Child outcomes</b>					
Child weight	BMI Z score – (clinical measure)	D = 0.13	Yes	101	Post-intervention
Weight-related problem behaviour	Lifestyle Behaviour Checklist (LBC) problem scale – (parent report)	D = 0.72	Yes	101	Post-intervention
<b>Parent outcomes</b>					
Parenting self-efficacy	Lifestyle Behaviour Checklist (LBC) confidence scale – (parent report)	D = 0.92	Yes	101	Post-intervention
Ineffective parenting	Parenting Scale (PS) – (parent report)	D = 1.05	Yes	101	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.

Gerards, S. (2014) *Childhood obesity prevention: Rationale, implementation and effectiveness of the Lifestyle Triple P intervention*. Maastricht University. **This reference refers to a randomised control trial, conducted in the Netherlands.**

Gerards, S., Dagnelie, P., Gubbels, J., van Buuren, S., Hamers, F. & Jansen, M. (2015) The effectiveness of Lifestyle Triple P in the Netherlands: A randomized controlled trial. *PLoS ONE*. 10 (4), 1–18. **This reference refers to a randomised control trial, conducted in the Netherlands.**

Gerards, S., Dagnelie, P., Jansen, D., van der Goot, L., de Vries, N., Sanders, M. & Kremers, S. (2012) Lifestyle Triple P: A parenting intervention for childhood obesity. *BMC Public Health*. 12 (1), 267. **This reference refers to a randomised control trial, conducted in the Netherlands.**

Poulsen, A., Desha, L., Ziviani, J., Griffiths, L., Heaslop, A., Khan, A. & Leong, G. (2011) Fundamental movement skills and self-concept of children who are overweight. *International Journal of Pediatric Obesity*.

–

**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.