

Last reviewed: September 2017

Intervention website: www.triplep.net/

GUIDEBOOK INTERVENTION INFORMATION SHEET

Group 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	Group Stepping Stones Triple P is a parenting intervention for families with a child between 0 and 12 years with a developmental disability as well as moderate or severe behavioural problems. It is delivered by a parenting practitioner to groups of 5 to 10 families through six weekly 2.5 hour sessions. During the sessions, parents learn strategies for managing their child's behaviour in a variety of different contexts.
Evidence rating	3
Cost rating	1
Child outcomes	<ul style="list-style-type: none">• Preventing crime, violence and antisocial behaviour- Improved behaviour.
Child age (population characteristic)	2 to 9 years
Level of need (population characteristic)	Targeted Indicated

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Intervention summary	
Race and ethnicities (population characteristic)	Not reported
Type (model characteristic)	Group
Setting (model characteristic)	<ul style="list-style-type: none">• Primary school• Community Centre.
Workforce (model characteristic)	<ul style="list-style-type: none">• School counsellor• Nurse• Psychologist• Social worker• Allied health professional.
UK available?	Yes
UK tested?	No

Model description

Group Stepping Stones Triple P is part of the Triple P multilevel system of family support, developed specifically for parents of children aged 0 to 12 with a developmental disability. The content is suitable for families with a child who has Down's syndrome or Autistic Spectrum Disorder, as well as moderate or severe behavioural problems.

Group Stepping Stones Triple P is delivered by a parenting practitioner to groups of 5 to 10 families through six 2.5-hour sessions. Parents also receive three individual telephone consultations to help refine the use of the skills learned during the group sessions and develop independent problem-solving skills. A full behavioural and family assessment is completed before and after the group sessions.

The content for the group sessions is as follows:

- **Positive parenting.** This session provides parents with an introduction to positive parenting, causes of child behaviour problems, setting goals for change, and how to keep track of children's behaviour.

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- **Promoting children’s development.** Parents learn strategies for developing a positive relationship with their child and discouraging challenging child behaviours.
- **Teaching new skills and behaviours.** Parents learn strategies for helping their child learn important skills such as communication, problem-solving, self-care, and self-regulation.
- **Managing challenging behaviour and parenting routines.** Parents learn strategies for managing difficult child behaviour and the ways in which routines can help children learn to follow instructions.
- **Planning ahead.** Parents identify high-risk situations and how to implement planning ahead routines to reduce the potential of difficult child behaviours.
- **Sessions 6–8.** Parents implement the planning ahead routines and discuss progress with the practitioner during the individual 15- to 30-minute telephone consultations. Parents also consider goals for change and identify areas where strategies might be fine-tuned.
- **Intervention close.** Parents return for a final group session to review progress, look at ways to maintain changes, and problem-solve for the future.

Target population

Age of child	0 to 12 years
Target population	Children aged between 0 and 12 with a developmental disability as well as moderate or severe behavioural 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 ASD and Down's Syndrome typically have more difficulty regulating their emotions and behaviour.	Parents are influential in supporting the self-regulatory development of ASD, Down's Syndrome, and other disorders associated with child behavioural problems.	Parents with a child diagnosed with ASD, Down's Syndrome, or serious behaviour problems.	<p>Parents learn strategies for:</p> <ul style="list-style-type: none"> • Encouraging positive child behaviour • Discouraging problematic child behaviour • Supporting children's communication skills • Encouraging emotional self-regulation • Increasing child independence. 	<ul style="list-style-type: none"> • Reductions in parental stress • Improved parental confidence • Improved parenting behaviours. 	<ul style="list-style-type: none"> • 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 aged between 0 and 12 years. Children with a developmental disability such as Down's Syndrome or Autism Spectrum Disorder (ASD) with moderate to severe behavioural problems.
How is it delivered?	Group Stepping Stones Triple P is delivered in six sessions of 2 to 2.5 hours' duration and three individual telephone sessions of 30 minutes' duration. It is delivered by one practitioner, and 5 to 10 families attend the group sessions.
What happens during the intervention?	Parents are taught new skills, behaviours, and strategies to support positive parenting, promote child development, and manage misbehaviour. They learn how to adapt strategies to suit their family's needs. The latter sessions focus on planning ahead, implementing parenting routines, and looking at ways to maintain changes. Resources include examples of positive parenting shown on DVDs and individual workbooks for parents to record goals and achievements.
Who can deliver it?	Practitioners typically have a qualification in a profession such as nursing, psychology, or school counselling.
What are the training requirements?	The practitioners have 4.5 days of intervention training. Booster training of practitioners is not required.
How are practitioners supervised?	It is recommended that practitioners are supervised by one host-agency supervisor, who does not receive intervention training.
What are the systems for maintaining fidelity?	<p>Intervention fidelity is maintained through the following processes:</p> <ul style="list-style-type: none"> • Training manual • Other printed material • Other online material • Video or DVD training • Face-to-face training • Fidelity monitoring. <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 Network. Triple P UK offers trainer facilitated PASS sessions or a Flexibility & Fidelity workshop for professional development.</p>



Implementation requirements (cont.)

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

Evidence summary

Group Stepping Stones 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 reductions in number and frequency of disruptive child behaviours as reported by Group Stepping Stones Triple P's parents compared to those not receiving the intervention. This study also observed improvements favouring Group Stepping Stones Triple P's parents' use of discipline and experiences of stress.

Group Stepping Stones 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.

Child outcomes			
Outcome	Improvement index	Interpretation	Study
Reduced disruptive behaviours	+34	5.75-point reduction on the Eyberg Child Behavior Inventory (problem subscale – parent report) immediately after the intervention	1
Reduced frequency of	+35	22.34-point reduction on the Eyberg Child Behavior Inventory (intensity	1



disruptive behaviours		subscale – parent report) immediately after the intervention	
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Search and review

	Number of studies
Identified in search	12
Studies reviewed	1
Meeting the L2 threshold	0
Meeting the L3 threshold	1
Contributing to the L4 threshold	0
Ineligible	11

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	Australia
Sample characteristics	52 families with a child aged between 2 and 9 with Autism Spectrum Disorder (ASD), Down's syndrome, Cerebral Palsy, or an intellectual disability
Race, ethnicities, and nationalities	Not reported
Population risk factors	<ul style="list-style-type: none"> 7% of children lived in single-parent families and 4% lived with extended or step-families



Study 1	
	<ul style="list-style-type: none"> Children either had, or were at risk of developing, behavioural problems 27% of children had little or no language.
Timing	<ul style="list-style-type: none"> Baseline Post-intervention Six-month follow-up (intervention group only).
Child outcomes	<ul style="list-style-type: none"> Reduced number of disruptive behaviours (parent report) Reduced frequency of disruptive behaviours (parent report).
Other outcomes	<ul style="list-style-type: none"> Improved parenting practices (parent self-report) Improved parental psychological functioning (parent self-report) Reduced conflict relating to parenting (parent self-report).
Study Rating	3
Citation	Roux, G., Sofronoff, K. & Sanders, M. (2013) A randomized controlled trial of Group Stepping Stones Triple P: A mixed-disability trial. <i>Family Process</i> . 52 (3), 411–424.

Brief summary

Population characteristics

The study involved 52 families with a child aged 2 to 9 years with a diagnosis of ASD, Down's syndrome, Cerebral Palsy, or an intellectual disability (global intellectual impairment or intellectual impairment) from Brisbane, Australia. The average age of the children was 4.8, and 51% of the children were male. 51% of children had been diagnosed with Autistic Spectrum Disorder (with and without intellectual disability), 33% Down's syndrome, 4% Cerebral Palsy, and 11% intellectual impairment. 7% of children lived in single-parent families and 4% lived with extended or step-families. The ethnicity of participants was not reported.

Study design

Twenty-eight families were randomly assigned to Group Stepping Stones Triple P intervention and 24 were assigned to a wait-list control. Families were assessed for eligibility and were then randomised to the two conditions using a pre-generated, computerised number sequence administered by an assistant, ensuring that the researcher was blind to group assignment.

Measurement

Assessments were conducted at baseline, post-intervention, and at six-month follow-up for the intervention group only.



- **Parent report** measures included the Family Background questionnaire, Eyberg Child Behaviour Inventory, Developmental Behaviour Checklist, Parenting Scale, Parent Problem Checklist, Depression Anxiety Stress Scales, Relationship Quality Index, Goal Attainment Questionnaire, and the Client Satisfaction Questionnaire.

Study retention

86% (48) of parents participated in the post-intervention assessment, representing 86% (24) of intervention participants and 79% (19) of control participants. An intent to treat design was used, and missing data were addressed by carrying forward pre-intervention scores for participants who did not complete follow-up assessments to provide a conservative estimate of intervention effects. No significant differences in demographics were found at pre-intervention between the treatment and wait-list control groups using Chi-square tests and t-tests as appropriate. The disability mix was similar between the treatment group and the wait-list control group.

Results

Data-analytic plan

To examine the changes in the outcome variables from pre-intervention to post-intervention and comparisons between the two groups, a series of repeated measures multivariate analysis of variance (MANOVAs) were used. A Bonferroni adjustment was also used to account for multiple analyses.

Findings

At post-intervention, children in the intervention group showed significant improvements in both the number and frequency of behavioural problems compared to the control group. Regarding parenting outcomes, the intervention group experienced significant improvements in parental discipline, including reductions in laxness, verbosity, and overreactivity discipline styles, as well as enhancements in parental psychological functioning and reductions in parenting-related conflict. However, there was no significant improvement in relationship satisfaction compared to the control group.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Frequency of disruptive behaviour problems (intensity)	ECBI – Intensity subscale (parent report)	$\eta^2 = .32$	Yes	51	Post-intervention
Number of disruptive problem behaviours	ECBI – problem subscale (parent report)	$\eta^2 = .29$	Yes	51	Post-intervention
Behavioural and emotional problem	Developmental Behaviour checklist (parent report)	N/A	No	51	Post-intervention
Parent outcomes					
Parental Practices	Parenting Scale (PS) – total (parent report)	$\eta^2 = .33$	Yes	51	Post-intervention
Parental practices - laxness (inconsistent discipline)	Parenting Scale (PS) – laxness subscale (parent report)	$\eta^2 = .32$	Yes	51	Post-intervention
Parental practices – Verbosity	Parenting Scale (PS) – verbosity subscale (parent report)	$\eta^2 = .38$	Yes	51	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parental practices – overreactivity (harsh discipline)	Parenting Scale (PS) – overreactivity subscale (parent report)	$\eta^2 = .13$	Yes	51	Post-intervention
Conflict relating to parenting	Parent Problem Checklist (PPC) (parent report)	$\eta^2 = .12$	Yes	51	Post-intervention
Relationship satisfaction	Relationship Quality Index (RQI) (parent report)	N/A	No	51	Post-intervention
Parent psychological functioning	Depression Anxiety Stress Scales (DASS) (parent report)	$\eta^2 = .13$	Yes	51	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.

Brown, F., Whittingham, K., Boyd, R., McKinlay, L. & Sofronoff, K. (2014) Improving child and parenting outcomes following paediatric acquired brain injury: A randomised controlled trial of Stepping Stones Triple P plus Acceptance and Commitment Therapy. *Journal of Child Psychology and Psychiatry*. 55 (10), 1172–1183. **This reference refers to a randomised control trial, conducted in Australia.**

Brown, F., Whittingham, K., Boyd, R., McKinlay, L. & Sofronoff, K. (2015). Does Stepping Stones Triple P plus Acceptance and Commitment Therapy improve parent, couple, and family adjustment following paediatric acquired brain injury? A randomised controlled trial. *Behaviour Research and Therapy*. 73, 58–66). **This reference refers to a randomised control trial, conducted in Australia.**

Hampel, O., Hasmann, R., Hasmann, S., Holl, R., Karpinski, N., Bohm, R. & Petermann, F. (2015) Versorgung von Familien mit einem entwicklungsauffälligen oder behinderten Kind: Vergleich



zwischen Routinebehandlungen mit und ohne Stepping-Stones-Triple-P-Elterngruppentraining (Psychological care of families with developmentally retarded or disabled children. Comparison between routine treatment with or without Stepping Stones Triple P parenting group training). *Monatsschrift Kinderheilkunde*. 163, 1160–1166. **This reference refers to a quasi-experimental design, conducted in Germany.**

Hampel, O., Schaadt, A., Hasmann, S., Petermann, F., Holl, R. & Hasmann, R. (2010) Evaluation von Stepping Stones Triple P: Zwischenergebnisse der Stepping-Stones-SPZMulticenterstudie [Evaluation of Stepping Stones Triple P: Interims analysis of the Stepping-Stones-SPC-Multicentric Study]. *Klinische Padiatrie*. 222, 18–25. **This reference refers to a quasi-experimental design, conducted in Germany.**

Harrison, J. (2006) *Evaluation of a group behavioural family intervention for families of young children with developmental disabilities* (Unpublished Honours Thesis, Charles Sturt University, Wagga Wagga, Australia). **This reference refers to a quasi-experimental design, conducted in Australia.**

Hasmann, R., Schaadt, A., Hampel, O., Karpinski, N., Holl, R. & Petermann, F. (2012) Rehabilitation behindelter Kinder und deren Eltern mit Stepping Stones Triple P: Welche Therapieeffekte haben Einfluss auf die subjektive Behandlungszufriedenheit? *Monatsschrift Kinderheilkunde*. 160, 146–154.

Hasmann, S., Hampel, O., Schaadt, A., Bohm, R., Engler-Plorer, S., Mundt, D. & Hasmann, R. (2010) Psychosoziale Aspekte bei motorischen Behinderungen: Wie profitieren Familien mit verschiedenartig behinderten Kindern von einem Elterngruppentraining? *Monatsschrift Kinderheilkunde*. 158, 463–470.

Lake, J. (2010) *An evaluation of the Stepping Stones Triple P Parenting Program and an investigation of parental perceptions of children recently diagnosed with autism: A focus group and pilot study* (Unpublished Doctoral Thesis, University of Queensland, Brisbane, Australia). **This reference refers to a qualitative study, conducted in Australia.**

Walsh, N. (2008) *The impact of therapy process on outcomes for families of children with disabilities and behaviour problems attending group parent training* (Unpublished Doctoral Dissertation, Curtin University of Technology, Perth, Australia). **This reference refers to a pre-post study, conducted in Australia.**

Whittingham, K., Sofronoff, K. & Sheffield, J. (2006) Stepping Stones Triple P: A pilot study to evaluate acceptability of the program by parents of a child diagnosed with an Autism Spectrum Disorder. *Research in Developmental Disabilities*. 27 (4), 364–380. **This reference refers to a mixed-methods study, conducted in Australia.**

Whittingham, K., Sofronoff, K., Sheffield, J. & Sanders, M. (2009a) Do parental attributions affect treatment outcome in a parenting program? An exploration of the effects of parental attributions in an RCT of Stepping Stones Triple P for the ASD population. *Research in Autism Spectrum Disorders*. 3 (1), 129–144. **This reference refers to a randomised control trial, conducted in Australia.**



Whittingham, K., Sofronoff, K., Sheffield, J. & Sanders, M. (2009b) Stepping Stones Triple P: An RCT of a parenting program with parents of children diagnosed with autism spectrum disorder. *Journal of Abnormal Child Psychology*. 37, 469–480. **This reference refers to a randomised control trial, conducted in Australia.**

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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.