

Last reviewed: September 2017

Intervention website: www.triplep.net/

GUIDEBOOK INTERVENTION INFORMATION SHEET

Selected (Seminars) 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	Selected (Seminars) Stepping Stones Triple P is a low-intensity parenting support and education intervention for parents who are interested in general information about supporting a child between 2 and 10 years with a developmental disability. It is delivered by practitioners to large groups of parents in a series of one to three seminars.
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 10 years
Level of need (population characteristic)	Targeted Indicated

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Intervention summary	
Race and ethnicities (population characteristic)	Not reported
Type (model characteristic)	Promotion Plus/Group
Setting (model characteristic)	<ul style="list-style-type: none">• Early years setting• Primary school• Community Centre.
Workforce (model characteristic)	Practitioners with experience in a helping profession, including representatives from education, disability services, health services, and voluntary organisations
UK available?	Yes
UK tested?	No

Model description

Selected Seminars Stones Triple P is part of the Triple P multilevel system of family support, developed specifically for parents who are interested in general information for supporting a child between 0 and 12 years 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.

Selected (Seminars) Stepping Stones Triple P is delivered in three sessions of 1.5 hours' duration each, by one practitioner to 20–200 parents. Parents may attend one or more seminars. In addition, parents may access a brief individual consultation (up to 20 minutes) following the seminar.

Seminar topics are as follows:

- **Seminar 1, Positive Parenting for Children with a Disability:** provides the building blocks for the intervention as it introduces parents to Triple P's seven core principles of positive parenting.

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- **Seminar 2, Helping Your Child Reach Their Potential:** shows parents how they can use positive parenting principles to help their child develop by teaching them new skills and behaviours. For example, breaking the skill into steps and choosing suitable rewards.
- **Seminar 3, Changing Problem Behaviour into Positive Behaviour:** focuses on a process for understanding and managing problem behaviour. This includes understanding why the behaviour is occurring and encouraging alternative behaviour.

During each seminar, providers use a range of learning methods with parents, including selecting examples to illustrate teaching points and using live demonstrations. Parents also receive a tip sheet covering the content of the seminar they attend. Parents can also access individual consultations with the presenter.

Target population

Age of child	0 to 12 years
Target population	Children aged 0 to 12 with a developmental disability, such as Down's Syndrome or Autistic Spectrum Disorder (ASD), 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.	Parents learn strategies for: <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 to 12 years. Children with a developmental disability with moderate to severe behavioural problems.
How is it delivered?	<p>Selected (Seminars) Stepping Stones Triple P is delivered in three sessions of 1.5 hours' duration each to 20–200 parents. It is delivered by one practitioner. Parents may attend one or more seminars.</p> <p>In addition, parents may access a brief individual consultation (up to 20 minutes) following the seminar.</p> <p>In the most robust study on which this rating is based, the intervention involved two longer seminars attended by 29 parents rather than the typical three shorter seminars, which between 20 and 200 people can attend. The opportunity for individual consultation is not part of the intervention description in the most robust study.</p>
What happens during the intervention?	In the first seminar, parents are introduced to Triple P's seven core principles of positive parenting. In the second seminar, parents are taught new skills and behaviours to support their child's development. In the final seminar, parents are taught strategies to understand and manage challenging behaviour.
Who can deliver it?	The practitioner who delivers this intervention typically has a background in education, disability services, health services, or voluntary organisations.
What are the training requirements?	Practitioners attend two days' training, a 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.
How are practitioners supervised?	It is recommended that practitioners are supervised by one host agency supervisor. Supervisors do not have 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</p>



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

Evidence summary

Selected (Seminar) Stepping Stones Triple P’s most rigorous evidence comes from single RCT conducted in Australia consistent with Foundations’ Level 3 evidence strength criteria.

This study observed statistically significant reductions in Stepping Stones Triple P parents’ reports of problematic child behaviour compared to parents not attending the seminar series. Additionally, Triple P parents were significantly more likely to report reductions in dysfunctional parenting behaviours and parental conflict.

Selected (Seminar) 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
Improved child behaviour and adjustment	+14	2.73-point reduction on the Eyberg Child Behaviour Inventory (problem subscale – parent report)	1



Search and review

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

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	Australia
Sample characteristics	70 families with a child aged between 2 to 10 years old with a developmental disability
Race, ethnicities, and nationalities	Not reported
Population risk factors	<ul style="list-style-type: none"> 34% of parents had sought professional assistance for themselves from a psychologist, psychiatrist, counsellor, social worker, or other professional in the last six months 38% of parents were currently seeking professional help for their child's emotional or behavioural problems (e.g. from paediatricians or speech pathologists).
Timing	<ul style="list-style-type: none"> Baseline Post-intervention (six weeks after baseline)



Study 1	
	<ul style="list-style-type: none"> • Three-month follow-up.
Child outcomes	Disruptive behaviour – frequency and type (parent report)
Other outcomes	<ul style="list-style-type: none"> • Parenting and discipline styles (parent report) • Parenting confidence (parent report) • Parental adjustment and family functioning (parent report) • Conflict over child-rearing (parent report) • Relationship quality (parent report).
Study Rating	3
Citation	Sofronoff, K., Jahnel, D. & Sanders, M. (2011) Stepping Stones Triple P seminars for parents of a child with a disability: A randomized controlled trial. <i>Research in Developmental Disabilities</i> . 32, 2253–2262.

Brief summary

Population characteristics

The sample consisted of 70 parents of a child aged between 2 to 10 years old with a developmental disability. The majority of the children were boys (71.7%) and the mean child age was 6.15 years. More than half of the children (54.75%) had multiple disabilities and diagnoses included ASD (45.3%), intellectual disability (18.9%), developmental delay (11.3%), specific learning difficulty (9.4%), acquired brain injury (5.7%), cerebral palsy (3.8%), vision impairment (3.8%) and Maroteaux-Lamy Syndrome (1.9%). Most parents were female (92.5%). Two thirds (67.9%) were in paid employment. Thirty-four percent of participants indicated that they had sought professional assistance for themselves from a psychologist, psychiatrist, counsellor, social worker or other professional in the last six months. Approximately 38% of parents reported that they were currently seeking professional help for their child’s emotional or behavioural problems (e.g., from paediatricians or speech pathologists).

Study design

This study was a 2-arm RCT, 35 parents were randomly allocated to Selected (Seminar) Stepping Stones Triple P intervention and 35 to a waitlist control group who participated in the seminars six weeks later.

Measurement

Assessments took place at baseline and post-intervention (six weeks after baseline). The intervention group only also completed the measures again three months after the intervention.



- **Parent report** measures included the Family Background Questionnaire adapted from the Western Australian Health Survey, the Eyberg Child Behaviour Inventory (ECBI), the Parenting Scale, Parenting Sense of Competence Scale (PSOC), Parent Problem Checklist (PPC), the Relationship Quality Index (RQI), the Depression Anxiety Stress Scale (DASS-42) and the Family Assessment Device-General Functioning Scale (FAD-GF).

Study retention

Post intervention

76% (53) of families participated in the post-intervention assessment, representing 74% (26) of intervention participants and 77% (27) of control participant. The overall study attrition therefore was 24% and differential attrition was 3%.

Follow-up

63% (22) of families in the intervention group completed assessments at follow-up.

Results

Data-analytic plan

The researchers conducted two group analyses of covariance (MANCOVAs and ANCOVAs). Where there was a significant multivariate effect, a univariate analysis was conducted. Partial eta-squared effect sizes were reported for all outcome measures, and Cohen's d was reported where significant ANCOVAs were found.

Findings

Post-intervention

The results indicated that the intervention led to significant reductions in the number and frequency of child behaviour problems in comparison to the waitlist control group. The intervention also led to improvements in parents discipline styles and reduced conflict over child-rearing.

Follow-up

The intervention group-maintained improvements over time in child behaviour and parenting styles at the 3-month follow-up and there was evidence of a sleeper effect for parenting confidence. However, the improvements in conflict over child-rearing were not maintained.



Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Child behaviour	Eyberg Child Behaviour Inventory (ECBI) – (parent report)	$\eta^2 = 0.200$	Yes	53	Post-intervention
Number of problematic behaviours	Eyberg Child Behaviour Inventory (ECBI) Problem subscale – (parent report)	$\eta^2 = 0.199$ $d = 0.35$	Yes	53	Post-intervention
Frequency of disruptive behaviours	Eyberg Child Behaviour Inventory (ECBI) Intensity subscale – (parent report)	$\eta^2 = 0.73$	No	53	Post-intervention
Parent outcomes					
Overall parenting and discipline style	Parenting Scale (parent report)	$\eta^2 = 0.29$	Yes	53	Post-intervention
Permissive Discipline	Parenting Scale – Laxness subscale (parent report)	$\eta^2 = 0.054$	No	53	Post-intervention
Authoritarian Discipline	Parenting Scale – Overreactivity subscale (parent report)	$\eta^2 = 0.198$ $d = 0.54$	Yes	53	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Overly long reprimanding	Parenting Scale – Verbosity subscale (parent report)	$\eta^2 = 0.186$ $d = 0.49$	Yes	53	Post-intervention
Parenting confidence	Parenting Sense of Competence Scale (PSOC) (parent report)	$\eta^2 = 0.115$	No	53	Post-intervention
Parental adjustment and family functioning	Depression Anxiety Stress Scale (DASS-42) (parent report) Family Assessment Device-General Functioning Scale (FAD-GF) (parent report)	$\eta^2 = 0.055$	No	53	Post-intervention
Conflict over child-rearing	Parent Problem Checklist (parent report)	$\eta^2 = 0.094$ $d = 0.44$	Yes	53	Post-intervention
Relationship quality	Relationship Quality Index (RQI) (parent report)	$\eta^2 = 0.016$	No	53	Post-intervention

Other studies

No other studies were identified for this intervention.

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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.