

Last reviewed: July 2016

Intervention website: www.triplep-parenting.net

GUIDEBOOK INTERVENTION INFORMATION SHEET

Level 3 Triple P Discussion Groups

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 3 Triple P Discussion Groups is for parents with mild to moderate concerns about the behaviour of a child between 0 and 12 years old. It is delivered by a trained Triple P practitioner to groups of up to 10 parents for one to four sessions, depending on the parents’ interests. During these sessions, parents discuss child rearing challenges, including noncompliant behaviour, shopping and bedtime routines.
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 5 years old
Level of need (population characteristic)	Targeted Indicated

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Intervention summary	
Race and ethnicities (population characteristic)	<ul style="list-style-type: none">• Asian• White.
Type (model characteristic)	Group
Setting (model characteristic)	<ul style="list-style-type: none">• Children’s centre or early-years setting• Community centre• Out-patient health setting.
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

Level 3 Triple P Discussion Groups P is part of the Triple P multilevel system of family support, developed specifically for parents with moderate concerns about the behaviour of a child between 0 and 12 years old.

Each session is delivered in a small group format by a trained and accredited Triple P practitioner to groups of up to 10 parents, each session lasting approximately two hours. Parents can attend one to four sessions, each focusing on a specific parenting topic. The discussion groups provide an overview of positive parenting principles and address common child-rearing challenges, such as:

- Dealing with disobedience
- Managing fighting and aggression
- Developing good bedtime routines
- Hassle-free shopping with children.

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Target population

Age of child	0 to 12 years old
Target population	Parents with concerns about their child's behaviour.

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"> • Young children naturally behave in challenging and noncompliant ways • Challenging child behaviours which persist into preschool and primary school can increase the risk of behavioural problems continuing in adolescence. 	<ul style="list-style-type: none"> • Effective parenting behaviours reduce the risk of child behavioural problems persisting • Ineffective parenting behaviours can increase the risk of child behavioural problems persisting. 	<p>Many parents want and benefit from advice on managing challenging child behaviours.</p>	<p>Parents learn:</p> <ul style="list-style-type: none"> • Age-appropriate expectations for their child • Strategies for establishing predictable family routines • Strategies for promoting positive parent-child interaction • Strategies for discouraging challenging child behaviour through age-appropriate discipline. 	<ul style="list-style-type: none"> • Parents implement effective parenting strategies in the home • Parents confidence and satisfaction with parenting increases. 	<p>Children's self-regulatory capabilities and behaviour improves.</p>	<ul style="list-style-type: none"> • Children are at less risk of antisocial behaviour in adolescence • Children are more likely to engage positively with others.



Implementation requirements

Who is eligible?	Parents of children aged 0 to 12 years old who have concerns about their child's behaviour.
How is it delivered?	Level 3 Triple P Discussion Groups is delivered in one to four sessions of two hours' duration each by one practitioner, to groups of parents.
What happens during the intervention?	<p>Triple P Discussion Group sessions are delivered in a two-hour small group format on a specific parenting topic. The discussion groups are designed to provide an overview of the positive parenting principles.</p> <p>The sessions may cover the following topics:</p> <ul style="list-style-type: none"> • Dealing with disobedience • Managing fighting and aggression • Developing good bedtime routines • Hassle-free shopping with children.
Who can deliver it?	The practitioner who delivers this intervention can come from a range of professions, including education, psychology, social work, health, and family support.
What are the training requirements?	The practitioner has two days of intervention training, one day of pre-accreditation, and attends a half-day accreditation workshop (accreditation workshops are held over two days; practitioners attend in groups of five). Booster training of practitioners is not required.
How are practitioners supervised?	It is recommended that practitioners are supervised by one host-agency supervisor.
What are the systems for maintaining fidelity?	<p>Intervention fidelity is maintained through the following processes:</p> <ul style="list-style-type: none"> • Accreditation process • Training manual • Supervision • Fidelity monitoring.
Is there a licensing requirement?	No



Implementation requirements (cont.)

<p>*Contact details</p>	<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>
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Evidence summary

Level 3 Triple P Discussion Groups qualifies for a Level 3+ rating, as it has evidence from at least one Level 3 study, along with evidence from other studies rated 2 or better.

Level 3 Triple P Discussion Groups' most rigorous evidence comes from a single RCT conducted in Australia consistent with Foundations' Level 3 evidence strength criteria. This study observed statistically significant improvements in Triple P parents' reports of their child's behaviour, as well as improved self-efficacy compared to parents not attending the intervention.

Level 3 Triple P Discussion Groups also has evidence from a single RCT conducted in New Zealand consistent with Foundations' Level 2+ evidence strength criteria. This study observed statistically significant improvements in Triple P parents' reports of their child's behaviour, as well as increased self-efficacy and improved partner support relative to parents not receiving the intervention.

Level 3 Triple P Discussion Groups 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 behaviour	+31	13.73-point reduction on the Eyberg Child Behaviour Inventory (Intensity Scale) immediately after the intervention.	1 and 2



Search and review

	Number of studies
Identified in search	11
Studies reviewed	2
Meeting the L2 threshold	1
Meeting the L3 threshold	1
Contributing to the L4 threshold	0
Ineligible	9

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	Australia and New Zealand
Sample characteristics	85 parents of preschool-aged children (aged 3 to 5 years old, mean age = 3.62 years) with noncompliant behaviour concerns.
Race, ethnicities, and nationalities	The majority of participants were Australian or New Zealand European (79%).
Population risk factors	<ul style="list-style-type: none"> • 58% had an annual family income above \$70,000 per year • 70% of parents held university degrees.
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention • Six-month follow-up.
Child outcomes	Improved problem behaviour



Study 1	
Other outcomes	Improved parenting
Study Rating	3
Citation	Dittman, C. K., Farruggia, S. P., Keown, L. J. & Sanders, M. R. (2015) Dealing with disobedience: An evaluation of a brief parenting intervention for young children showing noncompliant behaviour problems. <i>Child Psychiatry and Human Development</i> . 47, 102–112.

Brief summary

Population characteristics

The study involved 85 parents of preschool-aged children (aged 3 to 5 years old, mean age = 3.62 years) with noncompliant behaviour concerns, in Auckland and Brisbane, Australia. Most parents were mothers (94%), with an average age of 37.33 years.

65% of children were boys, and 79% were from Australian or New Zealand European backgrounds.

Most families were two-parent households (82%), while 18% were single-parent families. 70% of parents held university degrees.

Study design

This study was an RCT. Using a list of computer-generated random numbers, 45 parents were randomly allocated to a Level 3 Triple P Discussion group and 40 to a wait-list control group. At baseline, there was one difference between the intervention and control group: the control group had higher scores on the Parenting laxness scale than the intervention group.

Measurement

Assessment took place at baseline, post-intervention, and six-month follow-up.

- **Parent report** measures included the Eyberg Child Behavior Inventory (ECBI), the Parenting Scale, the Parenting Tasks Checklist, the Parent Problem Checklist, and the Depression Anxiety Stress Scales.

Study retention

The retention rate post-intervention was 83.5% (N=71), representing 73% (N=33) of the sample retained in the intervention group and 95% (N=38) retained in the control group. Differential attrition at post-intervention is 22%. However, missing data is imputed.



Results

Data-analytic plan

Two-way ANCOVAs with the post-intervention score as dependent variable and pre-intervention score as the covariate were used to assess the differences between intervention and control groups. Missing data was imputed using the Expectation-Maximisation method.

Findings

At post-intervention, the intervention significantly reduced child behaviour problems, improved parenting practices, and enhanced parenting confidence in managing their child behaviour in comparison to the wait-list control.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Child behaviour – intensity of behaviour problems (parent report)	ECBI (parent-report)	d=0.86	Yes	85	Post-intervention
Parent outcomes					
Improved parenting – laxness (parent self-report)	Parenting scale – laxness scale (parent-report)	d=0.57	Yes	85	Post-intervention
Improved parenting – over-reactivity (parent self-report)	Parenting scale – over-reactivity scale (parent-report)	d=0.52	Yes	85	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Improved parenting – verbosity (parent self-report)	Parenting scale – verbosity scale (parent-report)	d=0.69	Yes	85	Post-intervention
Parent self-efficacy in managing child behaviour	Parenting Tasks checklist (parent report)	d=0.69	Yes	85	Post-intervention
Parent self-efficacy in managing child behaviour in different settings	Parenting Tasks checklist (parent report)	d=0.45	Yes	85	Post-intervention
Parent symptoms of depression, anxiety, and stress (parent self-report)	DASS (parent report)	d = 0.15	No	85	Post-intervention
Parent relationship quality (parent self-report)	PPC (parent report)	d = 0.17	No	71	Post-intervention



Individual study summary: Study 2

Study 2	
Study design	RCT
Country	Australia
Sample characteristics	67 parents of children aged 2 to 5 years
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • White (95.5%) • Asian (4.5%).
Population risk factors	10.6% of participants reported financial difficulties
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention • Six-month follow-up (only the intervention group were followed up).
Child outcomes	Improved behaviour (parent report)
Other outcomes	<ul style="list-style-type: none"> • Improved parenting (parent self-report) • Increased self-efficacy (parent self-report).
Study Rating	2+
Citation	Morawska, A., Haslam, D., Milne, D. & Sanders, M.R. (2011) Evaluation of a brief parenting discussion group for parents of young children. <i>Journal of Developmental and Behavioural Pediatrics</i> . 32 (2), 136–145.

Brief summary

Population characteristics

This study involved 67 parents (66 mothers, 1 father) of children aged 2 to 5 years (mean age 3.63 years) residing in Brisbane, Australia. 55% of the children were boys. Most children were from White ethnic backgrounds (95.5%), and 91% lived with their original families with parents who were married or in a de facto relationship.



Study design

This study was an RCT. Using a list of computer-generated random numbers, 33 participants were randomly allocated to a Level 3 Triple P Discussion Group and 34 to a wait-list control group. There were no differences between groups on demographic characteristics or outcome measures at baseline.

Measurement

Assessment took place at baseline, post-intervention, and, for the intervention group, at six-month follow-up.

- **Parent report** measures included the Eyberg Child Behaviour Inventory, the Parenting Relationship Questionnaire, the Parenting Scale, the Parenting Task Checklist, and the Parenting Experience Survey.

Study retention

Overall, the retention rate post-intervention was 82% (N=55), although retention was lower on specific measures. There was no difference between those who were retained and those who dropped out of the study on pre-intervention measures, although there were differences on demographic characteristics: single parents and those who completed trade or college education were more likely to drop out.

For the ECBI, 75% (N=55) of the sample was retained, representing 70% (N=23) of the intervention group and 79% (N=27) of the control group.

Only the intervention group was followed up six months after the intervention, with a retention rate of 76.5%.

Results

The Level 3 Triple P Discussion Group resulted in significant reductions in child behaviour problems (both in number and intensity) and improvements in parenting skills and parental self-efficacy in managing their child's behaviour post-intervention, compared to the wait-list control group.



Study 2: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Child behaviour – intensity of behaviour problems (parent report)	ECBI - Intensity subscale	d=1.17	Yes	50	Post-intervention
Child behaviour – number of behaviour problems (parent report)	ECBI - problem subscale	d=1.07	Yes	50	Post-intervention
Improved parenting – laxness (parent self-report)	Parenting scale – laxness scale	d=0.51	Yes	54	Post-intervention
Improved parenting – over-reactivity (parent self-report)	Parenting scale – over-reactivity scale	d=0.60	Yes	54	Post-intervention
Improved parenting – verbosity (parent self-report)	Parenting scale – verbosity scale	d=0.57	Yes	54	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parents self-efficacy in managing child behaviour (parent self-report)	Parenting Task Checklist	d=1.00	Yes	54	Post-intervention
Parents self-efficacy in managing child behaviour in different settings (parent self-report)	Parenting Task Checklist	N/A	No	54	Post-intervention
Partner support (parent report)	Parenting Experience Survey	d=0.16	Yes	46	Post-intervention
Social support	Parenting Experience Survey	D=0.77	Yes	46	Post-intervention
Parenting experience	Parenting Experience Survey	N/A	No	46	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.

Chung, S., Leung, C. & Sanders, M. R. (2015) The Triple P – Positive Parenting Program: The effectiveness of group Triple P and brief parent discussion group in school settings in Hong Kong. *Journal of Children's Services*. 10, 1–14.



Dittman, C. K., Farruggia, S. P., Keown, L. J. & Sanders, M. R. (2016) Dealing with disobedience: An evaluation of a brief parenting intervention for young children showing noncompliant behavior problems. *Child Psychiatry and Human Development*. 47, 102–112.

Joachim, S., Sanders, M. R. & Turner, K. M. T. (2010) Reducing preschoolers' disruptive behavior in public with a brief parent discussion group. *Child Psychiatry and Human Development*. 41, 47–60.

Little, A. (2012) *An evaluation of a brief disobedience discussion group for pre-schoolers* (Unpublished honours thesis, University of Queensland, Brisbane, Queensland, Australia).

Mejia, A., Calam, R. & Sanders, M. R. (2015) A pilot randomized controlled trial of a brief parenting intervention in low-resource settings in Panama. *Prevention Science*. 16 (5), 707–17.

Morawska, A., Adamson, M., Hinchliffe, K. & Adams, T. (2014) Hassle Free Mealtimes Triple P: A randomised controlled trial of a brief parenting group for childhood mealtime difficulties. *Behaviour Research and Therapy*. 53, 1–9.

Palmer, M. L., Keown, L. J., Sanders, M. R. & Henderson, M. (2016) *Enhancing outcomes of a low-intensity parenting group program through generalization promotion strategies: A randomized control trial*.

Pickering, J. A. (2015) *Innovation, engagement, and the evaluation of a parenting intervention for improving sibling relationships* (Unpublished PhD thesis, University of Queensland, Brisbane, Queensland, Australia).

Tully, L. A. & Hunt, C. (2016) A randomized controlled trial of a brief versus standard group parenting program for toddler aggression. *Aggressive Behavior*. 9999, 1–13.

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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.