

**Last reviewed:** November 2019

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

# GUIDEBOOK INTERVENTION INFORMATION SHEET

## Level 4 Group 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	
<b>Description</b>	Level 4 Group Triple P is a parenting intervention for parents with concerns about their child’s behaviour. It is delivered by a Triple P practitioner who typically has training in psychology or social work. Groups of up to 12 parents attend five two-hour group sessions over eight weeks where they learn strategies for encouraging positive child behaviour and implementing age-appropriate discipline.
<b>Evidence rating</b>	3+
<b>Cost rating</b>	1
<b>Child outcomes</b>	<ul style="list-style-type: none"> <li>• Supporting children’s health and wellbeing                             <ul style="list-style-type: none"> <li>- Improved emotional wellbeing</li> <li>- Improved peer relationships.</li> </ul> </li> <li>• Preventing crime, violence and antisocial behaviour                             <ul style="list-style-type: none"> <li>- Improved behaviour.</li> </ul> </li> </ul>
<b>Child age</b> (population characteristic)	3 to 7 years old
<b>Level of need</b> (population characteristic)	Targeted Indicated

## Foundations Guidebook – Intervention information sheet

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Intervention summary	
<b>Race and ethnicities</b> (population characteristic)	Not reported
<b>Type</b> (model characteristic)	Group
<b>Setting</b> (model characteristic)	<ul style="list-style-type: none"><li>• Community centre</li><li>• School</li><li>• Out-patient.</li></ul>
<b>Workforce</b> (model characteristic)	<ul style="list-style-type: none"><li>• Psychologist</li><li>• Social worker</li><li>• Parenting professional.</li></ul>
<b>UK available?</b>	Yes
<b>UK tested?</b>	No

## Model description

Level 4 Group Triple P is part of the Triple P multilevel system of family support and is specifically for parents with concerns about the behaviour of a child under 12 years old.

Groups of up to 12 parents attend eight sessions delivered over an eight-week period by a trained Triple P practitioner (most frequently a psychologist). The sessions include five two-hour group meetings, as well as three individual telephone consultations lasting 15 to 30 minutes each.

During the sessions, parents are introduced to 17 strategies for encouraging positive child behaviour and enforcing age-appropriate discipline. Ten of the strategies are designed to promote children's competence and development (i.e. quality time; talking with children; physical affection; praise; attention; engaging activities; setting a good example; Ask, Say, Do; incidental teaching; and behaviour charts), and seven strategies are designed to help parents manage misbehaviour (i.e. setting rules; directed discussion; planned ignoring; clear, direct instructions; logical consequences; quiet time; and time-out). Parents are also introduced to a six-step planned activities routine to enhance the generalisation and maintenance of skills promoted during the sessions.

Parent learning is supported through role-play exercises, homework exercises, and discussions involving videotaped examples of effective parenting strategies.

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### Target population

<b>Age of child</b>	0 to 12 years old
<b>Target population</b>	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.**



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**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
Challenging child behaviours during preschool and primary school increase the risk of behavioural problems in adolescence.	Effective parenting behaviours help children better regulate their own behaviour and reduce the risk of child behavioural problems becoming increasingly problematic over time.	Higher levels of family stress and disadvantage can increase the risk of child behavioural problems.	Parents learn: <ul style="list-style-type: none"> <li>• Age-appropriate expectations for their child</li> <li>• Strategies for establishing predictable family routines</li> <li>• Strategies for promoting positive parent–child interaction through non-directive play</li> <li>• Strategies for reinforcing positive child behaviour through labelled praise</li> <li>• Strategies discouraging challenging child behaviour through age-appropriate discipline.</li> </ul>	<ul style="list-style-type: none"> <li>• Parents implement effective parenting strategies in the home</li> <li>• Parents’ confidence increases</li> <li>• Parent–child interaction improves.</li> </ul>	Children’s self-regulatory capabilities and behaviour improves.	<ul style="list-style-type: none"> <li>• Children are at less risk of antisocial behaviour in adolescence</li> <li>• Children are more likely to engage positively with others.</li> </ul>



## Implementation requirements

<b>Who is eligible?</b>	Parents with a child between 0 and 12 years old who have concerns about their child's behaviour.
<b>How is it delivered?</b>	Level 4 Group Triple P is delivered by a Triple P practitioner in five sessions of approximately two hours' duration to groups of up to 12 families. An additional three sessions (between 15 and 30 minutes each) are delivered to individual families via telephone.
<b>What happens during the intervention?</b>	<p>Parents learn 17 different strategies for improving their children's competencies and discouraging unwanted child behaviour.</p> <p>Learning is supported through role-play exercises, homework exercises, and group discussions involving videotaped examples of effective parenting strategies.</p>
<b>Who can deliver it?</b>	The practitioner who delivers this intervention is a Triple P practitioner, who can come from a range of professions (e.g. family support worker).
<b>What are the training requirements?</b>	The practitioner has three days of intervention training. This includes one day of pre-accreditation, and 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.
<b>How are practitioners supervised?</b>	It is recommended that practitioners are supervised by one host-agency supervisor, typically a master's qualified psychologist or social worker.
<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>• Accreditation process</li> <li>• Training manual</li> <li>• Supervision</li> <li>• Fidelity monitoring.</li> </ul>
<b>Is there a licensing requirement?</b>	No



## Implementation requirements (cont.)

<b>Contact details</b>	Organisation: Triple P UK  Email address: <a href="mailto:contact@triplep.uk.net">contact@triplep.uk.net</a>  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>  *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.
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## Evidence summary

Triple P (Level 4) Group’s most rigorous evidence comes from two RCTs conducted in Hong Kong, consistent with Foundations’ L3 evidence strength criteria. Evidence from at least one level 3 study, along with evidence from other studies rated 2 or better qualifies Triple P (Level 4) Group for a 3+ rating.

Both studies identified statistically significant improvements in Group Triple P’s parents’ reports of their child’s behaviour (including in the intensity and frequency of behaviour problems), reduced emotional problems, and improved peer relationships in comparison to parents who did not receive the intervention.

Triple P (Level 4) Group 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 emotional problems	+23	1.31-point improvement on the Strengths and Difficulties Questionnaire (Emotional Symptoms Scale)  (Post-intervention)	1
Reduced behaviour problems	+21	2.21-point improvement on the Parent Daily Report  (Post-intervention)	1

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Reduced frequency of disruptive behaviour	+36	8.82-point improvement on the Eyberg Child Behaviour Inventory (Problem Scale)  (Post-intervention)	1
Reduced frequency of disruptive behaviour	+27	4.47-point improvement on the Eyberg Child Behaviour Inventory (Problem Scale)  (Post-intervention)	2
Reduced intensity of disruptive behaviour	+34	29.17-point improvement on the Eyberg Child Behaviour Inventory (Intensity Scale)  (Post-intervention)	1
Reduced intensity of disruptive behaviour	+17	9.89-point improvement on the Eyberg Child Behaviour Inventory (Intensity Scale)  (Post-intervention)	2
Reduced conduct problems	+27	1.23-point improvement on the Strengths and Difficulties Questionnaire (Conduct Scale)  (Post-intervention)	1
Reduced hyperactivity problems	+23	1.32-point improvement on the Strengths and Difficulties Questionnaire (Hyperactivity Scale)  (Post-intervention)	1
Reduced peer problems	+24	1.07-point improvement on the Strengths and Difficulties Questionnaire (Peer Problem Scale)  (Post-intervention)	1



## Search and review

	Number of studies
Identified in search	69
Studies reviewed	2
Meeting the L2 threshold	0
Meeting the L3 threshold	2
Contributing to the L4 threshold	0
Ineligible	67

## Individual study summary: Study 1

Study 1	
Study design	RCT
Country	Hong Kong
Sample characteristics	91 middle-class families living in Hong Kong with a child between 3 to 7 years old
Race, ethnicities, and nationalities	Chinese
Population risk factors	Not reported
Timing	Post intervention



<b>Child outcomes</b>	<ul style="list-style-type: none"> <li>• Reduced frequency of problematic child behaviours (parent report)</li> <li>• Reduced intensity of problematic child behaviours (parent report)</li> <li>• Reduced conduct problems (parent report)</li> <li>• Reduced hyperactivity (parent report)</li> <li>• Reduced peer problems (parent report)</li> <li>• Reduced emotional problems (parent report).</li> </ul>
<b>Other outcomes</b>	<ul style="list-style-type: none"> <li>• Reduced use of dysfunctional discipline styles (parent report)</li> <li>• Improved parent satisfaction (parent report)</li> <li>• Improved parent self-efficacy (parent report)</li> <li>• Reduced parental laxness (parent report)</li> <li>• Reduced parental overreactivity (parent report)</li> <li>• Reduced parental verbosity</li> <li>• Reduced conflict between partners over childrearing (parent report).</li> </ul>
<b>Study Rating</b>	3
<b>Citation</b>	Leung, C., Sanders, M. R., Leung, S., Mak, R. & Lau, J. (2003) An outcome evaluation of the implementation of the Triple P-Positive Parenting Program in Hong Kong. <i>Family Process</i> . 42 (4), 531–544.

## Brief summary

### Population characteristics

This study involved a sample of 91 parents with concerns about the behaviour of a child between 3 to 7 years old living in Hong Kong.

The mean ages of the fathers and mothers were 39 years and 35 years, respectively. 58% of the mothers were homemakers and 58% were employed in white collar or professional jobs. 55% of the fathers and 67% of the mothers had 7 to 12 years of formal education.

The proportion of male and female children is not reported for the entire sample, nor is their average age. In the retained sample, however, 64% were boys. The average child age was 4.23 years at the start of the intervention.

### Study design

Forty-six families were randomly assigned to Level 4 Group Triple P and 45 to the wait-list control. The wait-list control group received no intervention but were invited to attend Group Triple P once the study was over.

### Measurement

Assessment took place at baseline (pre-intervention) and post-intervention. Assessment measures were mailed to the parents and returned to researchers by post.



- **Parent report** measures included the Parent Daily Report (PDR), the Eyberg Child Behavior Inventory (ECBI), the Strength and Difficulties Questionnaire (SDQ), the Parenting Scale (PS), Parenting Sense of Competence Scale (PSOC), the Parent Problem Checklist (PPC), and Relationship Quality Index (RQI).

## Study retention

76% (69) of the parents completed post-intervention measures, 72% (33) of whom attended Triple P and 80% (36) were assigned to the wait-list control. The retained groups were equivalent at baseline, with the exception that there were fewer girls in the wait-list control condition.

## Results

### *Data-analytic plan*

A repeated measures design involving intent-to-treat was used to analyse the findings. Analyses of Covariance (ANCOVA) and Multivariate Analyses of Covariance (MANCOVA) were used to test for group differences.

### *Findings*

The study observed that Triple P parents were more likely to report reductions in the frequency and intensity of a wide variety of problematic child behaviours, including conduct problems, hyperactivity and peer relationship problems. Triple P parents were also more likely to report reductions in the use of dysfunctional discipline styles, as well an increased sense of competence as parents, reduced conflict over childrearing and improved satisfaction with the parent–child relationship.

## Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
<b>Child outcomes</b>					
Frequency of problem behaviours	Parent Daily Report (PDR) (Parent report)	Not reported	Yes	64	Post-intervention



<b>Outcome</b>	<b>Measure</b>	<b>Effect size</b>	<b>Statistical significance</b>	<b>Number of participants</b>	<b>Measurement time point</b>
Frequency of disruptive behaviours (problem scale)	Eyberg Child Behavior Inventory (ECBI) (Parent report)	d = 0.9	Yes	64	Post-intervention
Intensity of disruptive behaviours (intensity scale)	Eyberg Child Behavior Inventory (ECBI) (Parent report)	d = 0.97	Yes	61	Post-intervention
Conduct problems	Strength and Difficulties Questionnaire (SDQ) (Parent report)	Not reported	Yes	61	Post-intervention
Inattention/hyperactivity problems	Strength and Difficulties Questionnaire (SDQ) (Parent report)	Not reported	Yes	61	Post-intervention
Peer problems	Strength and Difficulties Questionnaire (SDQ) (Parent report)	Not reported	Yes	61	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Emotional problems	Strength and Difficulties Questionnaire (SDQ) (Parent report)	Not reported	Yes	61	Post-intervention
Prosocial behaviour	Strength and Difficulties Questionnaire (SDQ) Behaviour Scale	Not reported	No	61	Post-intervention
<b>Parent outcomes</b>					
Dysfunctional discipline styles	Parenting Scale (PS) – Total (Parent report)	Not reported	Yes	65	Post-intervention
Lax parenting	Parenting Scale (PS) – Laxness (Parent report)	Not reported	Yes	63	Post-intervention
Over-reactive parenting	Parenting Scale (PS) – Overreactivity (Parent report)	Not reported	Yes	63	Post-intervention
Verbose parenting	Parenting Scale (PS) – Verbosity (Parent report)	Not reported	Yes	63	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parental competence	Parenting Sense of Competence Scale (PSOC) – Total (Parent report)	Not reported	Yes	65	Post-intervention
Parental satisfaction with parenting	Parenting Sense of Competence Scale (PSOC) – Satisfaction (Parent report)	Not reported	Yes	64	Post-intervention
Parental efficacy	Parenting Sense of Competence Scale (PSOC) – Efficacy (Parent report)	Not reported	Yes	64	Post-intervention
<b>Family outcomes</b>					
Conflict between partners over childrearing	Parent Problem Checklist (PPC) (Parent report)	Not reported	Yes	65	Post-intervention
Couple relationship quality	Relationship Quality Index (RQI) (Parent report)	Not reported	No	69	Post-intervention



## Individual study summary: Study 2

Study 2	
<b>Study design</b>	RCT
<b>Country</b>	Hong Kong
<b>Sample characteristics</b>	91 middle-class families living in Hong Kong with preschool children (3 to 6 years old).
<b>Race, ethnicities, and nationalities</b>	Hong Kong Chinese
<b>Population risk factors</b>	Not reported
<b>Timing</b>	Post intervention
<b>Child outcomes</b>	Reduced child disruptive behaviour (Parent report)
<b>Other outcomes</b>	Reduced parenting stress (Parent report)
<b>Study Rating</b>	3
<b>Citation</b>	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. <i>Journal of Children's Services</i> . 10, 1–14.

### Brief summary

#### Population characteristics

The study involved 91 Chinese middle-class families living in Hong Kong with a preschool child between 3 and 6 years old. 94% were married. The average age of the mothers was 36 years; the average age of the fathers was 40 years. 96% of the fathers were employed.

53% of their children were boys and the children's average age were 4.2 years.



There were no statistically significant differences between the three groups in terms of demographic characteristics or baseline assessment scores.

## **Study design**

Families were randomly assigned to one of three treatment conditions as follows:

- Level 4 Group Triple P (30 families), where parents were taught 17 strategies for encouraging positive child behaviour and discouraging problematic child behaviour. Parents attended four two-hour group sessions, which provided participants with opportunities to learn through observation, discussion, practice, and feedback.
- Brief Parent Discussion Group (30 families), involving a two-hour parent discussion group on 'Dealing with disobedience' which included video modelling, discussion, and problem-solving exercises. Each participant also received a parent's booklet which was used during the discussion group session.
- A wait-list control group (31 families) who received a talk on parenting skills after the post-intervention data was collected.

## **Measurement**

Assessment took place at baseline (pre-intervention) and post-intervention.

- **Parent report** measures included the Eyberg Child Behaviour Inventory (ECBI) and the Chinese Parental Stress Scale (PSS).

## **Study retention**

92% (84) of the parents completed the post-intervention assessment, including 87% (26) from the Group Triple P group, 90% (27) from the discussion group and 100% (31) from the wait-list control.

There were no significant differences between the three retained sample groups in terms of their demographic characteristics or scores on the pre-intervention measures.

## **Results**

### ***Data-analytic plan***

A repeated measures design involving intent-to-treat was used to analyse the findings. Multivariate analyses of covariance (MANCOVA) was used to test for group differences on the post-intervention measures. Four out of the six drop-out participants did not complete the post-intervention questionnaires, and their post-intervention scores were substituted with the pre-intervention scores.

### ***Findings***

The study observed that Group Triple P parents were significantly more likely to report improvements in their child's behaviour in comparison to the wait-list control, but not in comparison to the parents who attended the discussion group. There were no differences between the three groups in terms of reductions in parenting stress.



## Study 2: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants*	Measurement time point
<b>Child outcomes</b>					
Frequency of disruptive behaviours (problem scale)	Eyberg Child Behavior Inventory (ECBI) (parent report)	Not reported	Yes	57	Post-intervention
Intensity of disruptive behaviours (intensity scale)	Eyberg Child Behavior Inventory (ECBI) - (parent report)	Not reported	Yes	57	Post-intervention
<b>Parent outcomes</b>					
Parenting stress (parent report)	Chinese Parental Stress Scale (PSS)	Not reported	No	57	Post-intervention
Sample is for the Group Triple P and the wait-list control comparison only					

## 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.

Aghebati, A., Gharraee, B., Hakim Shoshtari, M. & Gohari, M. R. (2014) Triple P-Positive Parenting Program for mothers of ADHD children. *Iran J Psychiatry Behav Sci.* 8 (1), 59–65.

Ashori, M., Afrooz, G., Arjmandnia, A., Pourmohamadreza-Tajrishi, M. & Ghobri-Bonab, B. (2015) The effectiveness of Group Positive Parenting Program (Triple-P) on the mother-child relationships with intellectual disability. *Iran J Public Health.* 44 (2), 290–291.



- Au, A., Lau, K.-M., Wong, A. H.-C., Lam, C., Leung, C., Lau, J. & Lee, Y. K. (2014) The efficacy of a Group Triple P (Positive Parenting Program) for chinese parents with a child diagnosed with ADHD in Hong Kong: A pilot randomised controlled study. *Australian Psychologist*. 49 (3), 151–162.
- Averdijk, M., Zirk-Sadowski, J., Ribeaud, D. & Eisner, M. (2016) Long-term effects of two childhood psychosocial interventions on adolescent delinquency, substance use, and antisocial behavior: A cluster randomized controlled trial. *Journal of Experimental Criminology*.
- Bodenmann, G., Cina, A., Ledermann, T., & Sanders, M. R. (2008). The efficacy of the Triple P-Positive Parenting Program in improving parenting and child behavior: A comparison with two other treatment conditions. *Behaviour Research and Therapy*. 46 (4), 411–427.
- Cann, W., Rogers, H. & Matthews, J. (2003) Family Intervention Services program evaluation: A brief report on initial outcomes for families. *Australian e-Journal for the Advancement of Mental Health*. 2 (3).
- Chan, S., Leung, C. & Sanders, M. R. (2016) A randomised controlled trial comparing the effects of directive and non-directive parenting programmes as a universal prevention programme. *J Child Serv*. 11, 38–53.
- Cina, A., Ledermann, T., Meyer, J., Gabriel, B. & Bodenmann, G. (2004). *Triple P in der Schweiz: Zufriedenheit, Akzeptanz und Wirksamkeit [Triple P in Switzerland: Satisfaction, acceptance, and effectiveness]*. Institute for Family Research and Counseling, University of Fribourg, Switzerland.
- Crisante, L. & Ng, S. (2003) Implementation and process issues in using Group Triple P with Chinese parents: Preliminary findings. *Australian e-Journal for the Advancement of Mental Health*. 2 (3).
- de Graaf, I., Haverman, M., Onrust, S. & Tavecchio, L. (2009) *Improving parenting and its impact on parental psychopathology: Trial of the Triple P Positive parenting program*.
- Dean, C., Myors, K. & Evans, E. (2003) Community-wide implementation of a parenting program: The South East Sydney Positive Parenting Project. *Australian e-Journal for the Advancement of Mental Health*. 2 (3).
- Doyle, O., Delaney, L., O’Farrelly, C., Fitzpatrick, N. & Daly, M. (2017) Can Early Intervention Improve Maternal Well-Being? Evidence from a Randomized Controlled Trial. *PLoS ONE*. 12, e0169829. **This reference refers to a randomised control trial, conducted in Ireland.**
- Eichelberger, I., Pluck, J., Hanish, C., Hautmann, C., Janen, N. & Dopfner, M. (2010) Effekte universeller Praventio mit dem Gruppenformat des Eltern-trainings Triple P auf das kindliche Problemverhalten, das elterliche Erziehungsverhalten und die psychische Belastung der Eltern. *Zeitschrift fuer Klinische Psychologie und Psychotherapie*. 39 (1), 24–32.
- Eisner, M., Nagin, D., Ribeaud, D. & Malti, T. (2012) Effects of a universal parenting program for highly adherent parents: A propensity score matching approach. *Prevention Science*. 13 (3), 252–266.



- Eisner, M., Ribeaud, D., Juenger, R. & Meidert, U. (2007) *Die umsetzung von Triple P. [The implementation of Triple P] Fruehpraevention von Gewalt und Aggression: Ergebnisse des Zuercher Praeventions- und Interventionsprojektes an Schulen. [Early prevention of violence and aggression. Results from the Zurich prevention and intervention project at schools]*. Zuerich: Ruegger Verlag
- Fawley-King, K., Trask, E., Calderon, N. E., Aarons, G. A. & Garland, A. F. (2014) Implementation of an evidence-based parenting programme with a Latina population: Feasibility and preliminary outcomes. *J Child Serv.* 9 (4), 295–306.
- Fives, A., Pursell, L., Heary, C., Nic Gabhainn, S. & Canavan, J. (2014) Evaluation of the Triple P programme in Longford and Westmeath. Retrieved from Athlone Frank, T. J., Keown, L. J. & Sanders, M. R. (2015) Enhancing father engagement and intraparental teamwork in an evidence-based parenting intervention: A randomized controlled trial of outcomes and processes. *Behaviour Therapy*.
- Fujiwara, T., Kato, N. & Sanders, M. R. (2011) Effectiveness of Group Positive Parenting Program (Triple P) in changing child behavior, parenting style, and parental adjustment: An intervention study in Japan. *Journal of Child and Family Studies.* 20 (6), 804–813.
- Gallart, S. C. & Matthey, S. (2005) The effectiveness of Group Triple P and the impact of the four telephone contacts. *Behaviour Change.* 22 (2), 71–80.
- Glazemakers, I. (2012) *A population health approach to parenting support: Disseminating the Triple P-Positive Parenting Program in the province of Antwerp* (Unpublished doctoral thesis, Universiteit Antwerpen, Antwerp, Belgium).
- Glazemakers, I. & Deboutte, D. (2013) Modifying the ‘Positive Parenting Program’ for parents with intellectual disabilities. *Journal of Intellectual Disability Research*.
- Golley, R. K., Magarey, A. M., Baur, L. A., Steinbeck, K. S. & Daniels, L. A. (2007) Twelve-month effectiveness of a parent-led, family-focused weight-management program for prepubertal children: A randomized, control trial. *Pediatrics.* 119 (3), 517–525.
- Guo, M. (2015) *An evaluation of the Triple P - Positive Parenting Program with Chinese parents in mainland China with a look into the effects on children’s academic outcomes*. The University of Queensland.
- Hahlweg, K., Heinrichs, N., Kuschel, A., Bertram, H. & Naumann, S. (2010) Long-term outcome of a randomized controlled universal prevention trial through a positive parenting program: Is it worth the effort? *Child & Adolescent Psychiatry and Mental Health.* 4 (1–14).
- Hedges, S. (2014) *Jewish Family Service Positive Parenting Program: Evaluation report fiscal year 2013–2014*.
- Heinrichs, N., Hahlweg, K., Bertram, H., Kuschel, A., Naumann, S. & Harstick, S. (2006) Die langfristige Wirksamkeit eines Elterntrainings zur universellen Praevention kindlicher Verhaltensstoerungen: Ergebnisse aus Sicht der Muetter und Vaeter [Long term effectiveness of a parent training for universal prevention of child behavior disorders]. *Zeitschrift fuer Klinische Psychologie und Psychotherapie.* 35, 72–86.



- Heinrichs, N., Hahlweg, K., Naumann, S., Kuschel, A., Bertram, H. & Stander, D. (2009) Universelle prävention kindlicher verhaltensstörungen mithilfe einer elternzentrierten maßnahme: Ergebnisse drei Jahre nach teilnahme [Universal prevention of child behavior problems with a parent training]. *Zeitschrift für Klinische Psychologie und Psychotherapie: Forschung und Praxis*. 38 (2), 79–88.
- Heinrichs, N. & Jensen-Doss, A. (2010) The effects of incentives on families' long-term outcome in a parenting program. *Journal of Clinical Child & Adolescent Psychology*. 39 (5), 705–712.
- Heinrichs, N., Kliem, S. & Hahlweg, K. (2014) Four-Year Follow-Up of a Randomized Controlled Trial of Triple P Group for Parent and Child Outcomes. *Prevention Science*. 15 (2), 233–245.
- Heinrichs, N., Kruger, S. & Guse, U. (2006) Der Einfluss von Anreizen auf die Rekrutierung von Eltern und auf die Effektivität eines präventiven Elterstrainings [The effects of incentives on recruitment rates of parents and the effectiveness of a preventative parent training]. *Zeitschrift fuer Klinische Psychologie und Psychotherapie*. 35, 97–108.
- Houlding, C., Schmidt, F., Stern, S. B., Jamieson, J. & Borg, D. (2012) The perceived impact and acceptability of group triple P positive parenting program for aboriginal parents in Canada. *Children and Youth Services Review*. 34 (12), 2287–2294.
- Ireland, J. L., Sanders, M. R. & Markie-Dadds, C. (2003) The impact of parent training on marital functioning: A comparison of two group versions of the Triple P-Positive Parenting Program for parents of children with early-onset conduct problems. *Behavioural and Cognitive Psychotherapy*. 31(2), 127–142.
- Kelch-Oliver, K. & Smith, C. O. (2015) Using an evidence-based parenting intervention with African American Parents. *The Family Journal: Counselling and Therapy for Couples and Families*. 23, 26–32.
- Kuschel, A., Heinrichs, N. & Hahlweg, K. (2009) Is a preventive parenting program effective in reducing a child's externalizing behavior? *European Journal of Developmental Science*. 3 (3), 299–303.
- Ledermann, T., Cina, A., Meyer, J., Gabriel, B. & Bodenmann, G. (2004) Die Wirksamkeit zweier Präventionsprogramme zur Verbesserung elterlicher Kompetenzen und kindlichen Befindens (No. 163) [The effectiveness of two prevention programmes for the improvement of parental competencies and child wellbeing].
- Leung, C., Fan, A. & Sanders, M. R. (2013) The effectiveness of a Group Triple P with Chinese parents who have a child with developmental disabilities: A randomized controlled trial. *Research in Developmental Disabilities*. 34, 976–984.
- Leung, C., Sanders, M. R., Ip, F. & Lau, J. (2006) Implementation of Triple P-Positive Parenting Program in Hong Kong: Predictors of programme completion and clinical outcomes. *Journal of Children's Services*. 1 (2), 4–17.
- Lindsay, G. & Strand, S. (2013) Evaluation of the national roll-out of parenting programmes across England: The parenting early intervention programme (PEIP). *BMC Public Health*. 13 (1), 972.



- Lindsay, G., Strand, S. & Davis, H. (2011) A comparison of the effectiveness of three parenting programmes in improving parenting skills, parent mental wellbeing and children's behaviour when implemented on a large scale in community settings in 18 English local authorities: The parenting early intervention pathfinder (PEIP). *BMC Public Health*. 11, 962.
- Little, M., Berry, V., Morpeth, L., Blower, S., Axford, N., Taylor, R. & . . . Tobin, K. (2012) The impact of three evidence-based programmes delivered in public systems in Birmingham, UK. *International Journal of Conflict and Violence*. 6 (2), 260–272.
- Magarey, A. M., Perry, R. A., Baur, L. A., Steinbeck, K. S., Sawyer, M., Hills, A. P. & . . . Daniels, L. A. (2011) A parent-led family-focused treatment program for overweight children aged 5 to 9 years: The PEACH RCT. *Pediatrics*. 127 (2), 214–222.
- Malti, T., Ribeaud, D. & Eisner, M. (2011) The effectiveness of two universal preventive interventions in reducing children's externalizing behavior: A cluster randomized controlled trial. *Journal of Clinical Child & Adolescent Psychology*. 40 (5), 677–692.
- Marryat, L., Thompson, L., Barry, S., McGranachan, M., Sim, F., White, J. & Wilson, P. (2014) Parenting Support Framework Evaluation: Year 1 Report. Masters, G., Gaven, S., Pennington, A., & Askew, L. (2011). Evaluation of the Implementation of Triple P in NSW. (Unpublished report).
- Matsumoto, Y., Sofronoff, K. & Sanders, M. R. (2007) The efficacy and acceptability of the Triple P-Positive Parenting Program with Japanese parents. *Behaviour Change*. 24 (4), 205–218.
- Matsumoto, Y., Sofronoff, K. & Sanders, M. R. (2010) Investigation of the effectiveness and social validity of the Triple P Positive Parenting Program in Japanese society. *Journal of Family Psychology*. 24 (1), 87–91.
- McTaggart, P. & Sanders, M. R. (2003) The Transition to School Project: Results from the classroom. *Australian e-Journal for the Advancement of Mental Health*. 2 (3).
- McTaggart, P. & Sanders, M. R. (2005) The transition to school project: A controlled evaluation of a universal population trial of the Triple P Positive Parenting Program. Unpublished manuscript.
- Moharreri, F., Shahrivar, Z., Tehrani-doost, M. & Mahmoudi-Gharaei, J. (2008) Efficacy of the Positive Parenting Program (Triple P) for parents of children with Attention Deficit/Hyperactivity Disorder. *Iranian Journal of Psychiatry*. 3, 59–63.
- Naumann, S., Kuschel, A., Bertram, H., Heinrichs, N. & Hahlweg, K. (2007) Förderung der elternkompetenz durch Triple P-Elternrainings [Promotion of parental competence with Triple P]. *Praxis der Kinderpsychologie und Kinderpsychiatrie*. 56(8), 676–690.
- Noorbakhsh, S., Zeinodini, Z. & Rahgozar, F. (2014) Positive Parenting Program (3P) can reduce depression, anxiety, and stress of mothers who have children with ADHD. *International Journal of Applied Behavioral Sciences*. 1.
- Onrust, S., de Graaf, I. & van der Linden, D. (2012) De meerwaarde van Triple P: Resultaten van een gerandomiseerde effectstudie van de Triple P gezinsinterventie bij gezinnen met meervoudige problematiek [The added value of Triple P: Results of a randomized clinical trial of the Triple P family intervention with families with multiple problems]. *Kind en Adolescent*, 33 (2), 60–74.



Penthin, R., Schrader, C. & Mildebrandt, N. (2005) Erfahrungen mit der deutschen Version des Triple P-Elterstrainings bei Familien mit und ohne ADHS-Problematik [Experiences with the German version of Triple P parent training with families with and without ADHS problems]. *Zeitschrift fuer Heilpaedagogik*. 5 (186–192)

Pouretamad, H., Khooshabi, K., Roshanbin, M. & Jadidi, M. (2009) The effectiveness of Group Positive Parenting Program on parental stress of mothers of children with Attention-Deficit/Hyperactivity Disorder. *Archives of Iranian Medicine*. 12 (1), 60–68.

Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J. & Lutzker, J. R. (2009) Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*. 10 (1), 1–12.

Propp, O., Müller, M. & Kliem, S. (2013) Erziehungstraining für eltern mit einer psychischen erkrankung—Eine pilotstudie [Educational skills training for parents with mental illness]. *Zeitschrift für Klinische Psychologie und Psychotherapie: Forschung und Praxis*. 42 (2), 118–126.

Reese, R. J., Slone, N. C., Soares, N. & Sprang, R. (2012) Telehealth for underserved families: an evidence-based parenting program. *Psychological Services*. 9 (3), 320–322.

Reese, R. J., Slone, N. C., Soares, N. & Sprang, R. (2015) Using telepsychology to provide a group parenting program: A preliminary evaluation of effectiveness. *Psychological Services*. 12 (3), 274–282.

Rivers, A. & Kerns, S. E. U. (2009) Triple P evaluation and final report. Retrieved from Thurston-Mason County Rogers, H., Cann, W., Cameron, D., Littlefield, L., & Lagioia, V. (2003). Evaluation of the Family Intervention Service for children presenting with characteristics associated with Attention Deficit Hyperactivity Disorder. *Australian e-Journal for the Advancement of Mental Health*. 2 (3).

Salmon, K., Dittman, C. K., Sanders, M. R., Burson, R. & Hammington, J. (2014) Does adding an emotion component enhance the Triple P–Positive Parenting Program? *Journal of Family Psychology*. 28 (2), 244–252.

Sanders, M. R., Ralph, A., Sofronoff, K., Gardiner, P., Thompson, R., Dwyer, S. B. & Bidwell, K. (2008) Every family: A population approach to reducing behavioral and emotional problems in children making the transition to school. *Journal of Primary Prevention*. 29 (3), 197–222.

Sanders, M. R., Ralph, A., Thompson, R., Sofronoff, K., Gardiner, P., Bidwell, K. & Dwyer, S. B. (2005) *Every Family: A public health approach to promoting children's wellbeing*.

Schmidt, F. (2012) Effectiveness of Triple P services at the Children's Centre Thunder Bay: Final Report for Years 2007 to 2011.

Schmidt, F., Chomycz, S., Houlding, C., Kruse, A. & Franks, J. (2014) The association between therapeutic alliance and treatment outcomes in a group triple p intervention. *Journal of Child and Family Studies*. 23 (8), 1337–1350.

Smith, G. (2014) *A 15 year follow-up of the WA Triple P Trial*.



Tellegen, C. L. & Johnston, E. (2016) A Service-Based Evaluation of the Effectiveness of an All-Day Group Triple P-Positive Parenting Program. *Journal of Child and Family Studies*.

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.

Wakimizu, R. & Fujioka, H. (2015) Strengthening positive parenting through a 2-month intervention in a local city in Japan: evaluating parental efficacy, family adjustment, and family empowerment. *European Journal for Person Centered Healthcare*. 3.

Wakimizu, R., Fujioka, H., Iejima, A. & Miyamoto, S. (2014) Effectiveness of the group-based positive parenting program with Japanese families raising a child with developmental disabilities: A longitudinal study. *Journal of Psychological Abnormalities in Children*. 3, 1–9.

Winter, L., Morawska, A. & Sanders, M. R. (2011). The effect of behavioral family intervention on knowledge of effective parenting strategies. *Journal of Child and Family Studies*.

Zubrick, S. R., Ward, K. A., Silburn, S. R., Lawrence, D., Williams, A. A., Blair, E. & Sanders, M. R. (2005) Prevention of child behavior problems through universal implementation of a group behavioral family intervention. *Prevention Science*. 6 (4), 287–304.

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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.