

Last reviewed: September 2017

Intervention website: www.triplep-parenting.net

GUIDEBOOK INTERVENTION INFORMATION SHEET

Level 4 Standard Teen 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 | Level 4 Standard Teen Triple P is a parenting intervention for families with an adolescent child aged between 11 to 16 years. It is delivered by a Triple P practitioner to individual families via 10 90-minute sessions. During these sessions, parents learn strategies for improving family communication and preventing and stopping problematic adolescent behaviour. |
| Evidence rating | 2 |
| Cost rating | 2 |
| Child outcomes | <ul style="list-style-type: none">• Supporting children’s health and wellbeing<ul style="list-style-type: none">- Improved family relationships- Improved emotional wellbeing- Improved prosocial behaviour.• Preventing crime, violence and antisocial behaviour<ul style="list-style-type: none">- Improved behaviour. |
| Child age (population characteristic) | 11 to 16 years |
| Level of need (population characteristic) | Targeted Indicated |

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

Model description

Level 4 Standard Teen Triple P is part of the Triple P multi-level system of family support and is specifically for families with concerns about the behaviour of an adolescent child between 11 and 16 years old.

The intervention is delivered by a practitioner with training in psychology or a related helping profession. It is delivered to parents individually via 90-minute sessions occurring over 10 consecutive weeks. Where applicable, both parents are invited to attend the sessions. The young person is also encouraged to attend some of the sessions; however, their attendance is not essential.

In the first session, the parents provide information about the young person's problematic behaviour, developmental history and family history. The young person is then invited to attend the second session for a short interview. A task is also set up to observe a parent–teenager interaction. In the third session, the practitioner shares the assessment results and discusses with the parent possible reasons for the young person's behaviour.

Parents then attend two further sessions, where they learn and practice positive parenting skills. The following four sessions provide parents with strategies for managing problematic adolescent behaviour. The intervention ends with a closure session.

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Throughout the sessions, practitioners use a range of learning methods, including behavioural rehearsal to teach parents new skills, guided participation to discuss assessment findings, active skills training methods to facilitate the acquisition of new parenting routines, and generalisation-enhancement strategies to promote parental autonomy. In addition, parents are continuously provided with constructive feedback and are encouraged to set goals, practice strategies, and complete their activity workbook and homework tasks.

Target population

| | |
|--------------------------|---|
| Age of child | 12 to 16 years |
| Target population | Parents/caregivers of children between the ages of 12 and 16 who have moderate to high levels of anxiety. |

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 |
| High levels of autonomy during adolescence increases the risk of substance misuse and antisocial behaviour, which, in turn, can negatively impact young people's life chances in later adulthood. | Family risk factors such as inadequate parental monitoring and family conflict are modifiable factors that can reduce the risks associated with the adolescent years. | Families experiencing difficulties with the behaviour of a young person that has not yet had contact with the youth justice systems. | <p>Parents learn strategies:</p> <ul style="list-style-type: none"> • For improving family communication • Setting age-appropriate limits • Granting age-appropriate autonomy. | <ul style="list-style-type: none"> • Improve parent–adolescent relationship • Less conflict within the family • Parents provide age-appropriate monitoring and autonomy granting. | <ul style="list-style-type: none"> • Increased adolescent autonomy and responsible decision-making • Improved adolescent behaviour. | <ul style="list-style-type: none"> • Reduced risk of antisocial behaviour and substance misuse during the adolescent years • Increased school achievement and entry into the workforce. |



Implementation requirements

| | |
|--|--|
| Who is eligible? | Parents of an adolescent child, aged between 12 and 16 years. |
| How is it delivered? | <p>Standard Teen Triple P is delivered by a therapist to individual families over 10 weekly sessions lasting up to 90 minutes each.</p> <p>Where applicable, both parents are invited to attend the sessions. Teenagers are also encouraged to attend some of the sessions; however, their attendance is not essential.</p> |
| What happens during the intervention? | <p>The first three sessions are devoted to family assessment. In session one, parents are interviewed to obtain information regarding the current problem, the teenager's developmental history and the family history. If possible, session two involves an interview with the teenager and an observation of the parent–child interaction. Then, in session three, the practitioner shares assessment findings and assists the parent(s) to set goals.</p> <p>The next sessions are focused on the actual intervention, whereby each session of active training (sessions four, six, and eight) are followed by practice sessions (sessions five, seven, and nine). Sessions four to five cover promoting appropriate behaviour, sessions six to seven are for managing problematic behaviour, and sessions eight to nine are on dealing with risky behaviour.</p> <p>The intervention ends with session 10, which covers additional skills to facilitate generalisation and maintenance of treatment gains.</p> |
| Who can deliver it? | The practitioner who delivers this intervention can come from a range of helping professions, including school counsellors, psychologists, social workers, or parenting professionals. |
| What are the training requirements? | Practitioners attend three days of training. They also attend a one-day pre-accreditation workshop, and a half-day accreditation session. Booster training of practitioners is not required. |
| How are practitioners supervised? | <p>Practitioner supervision is provided through the following processes:</p> <ul style="list-style-type: none"> • It is recommended that practitioners are supervised on a quarterly basis in 2-hour sessions, by one practitioner who is typically a master's qualified psychologist or social worker. • Triple P has also developed its own Peer-Assisted Supervision and Support Model (PASS), whereby practitioners can provide and receive structured feedback from each other while they deliver the intervention. PASS sessions are conducted in small groups of six to eight practitioners and run for 1 to 2 hours every month. |



| | |
|---|---|
| | <ul style="list-style-type: none"> • Triple P UK can also provide clinical support for practitioners, either as a one-day workshop or a small group phone consultation with a Triple P Trainer. |
| 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 • Quality assurance checklist • Practitioner accreditation • Intervention fidelity checklists, completed by practitioners after each session • Supervision and practitioner support, by use of the Triple P Peer Support Network. |
| Is there a licensing requirement? | No |
| *Contact details | <p>Organisation: Triple P UK</p> <p>Email address: contact@triplep.uk.net</p> <p>Website/s: 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

Level 4 Standard Teen Triple P's most rigorous evidence comes from a comparison group study conducted in Australia which is consistent with Foundations' Level 2 evidence strength threshold.

This study identified statistically significant improvements in parents' reports of young people's behaviour and emotional wellbeing. Reductions were also observed in parents' reports of conflicts about parenting.

Level 4 Standard Teen Triple P has preliminary evidence of improving a child outcome, but we cannot be confident that the programme caused the improvement.



Search and review

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

Individual study summary: Study 1

| Study 1 | |
|--------------------------------------|--|
| Study design | QED |
| Country | Australia |
| Sample characteristics | 58 families, with concerns about the behaviour of a young person aged between 11 and 16 years |
| Race, ethnicities, and nationalities | 93.5% Australian or European |
| Population risk factors | Young people scoring in the elevated range of the parent version of the Strengths and Difficulties Questionnaire (SDQ) |
| Timing | <ul style="list-style-type: none"> • Baseline • Post-intervention. |



| Study 1 | |
|-----------------------|--|
| | <ul style="list-style-type: none"> Three-month follow up (For those in the Level 4 Standard Teen Triple P condition). |
| Child outcomes | <ul style="list-style-type: none"> Increased youth prosocial behaviours and reduced youth difficult behaviours (Parent report) Reduced youth conduct problems (Parent report) Reduced youth hyperactivity (Parent report) Reduced youth level of distress (Parent report) Reduced youth burden to others (Parent report) Improved communication in parent–adolescent relationship (Parent report). |
| Other outcomes | <ul style="list-style-type: none"> Reduced parenting dysfunctional discipline style (Parent report) Reduced conflict over parenting (Parent report). |
| Study Rating | 2 |
| Citation/s | Salari, R., Ralph, A. & Sanders, M. R. (2014) An efficacy trial: Positive parenting program for parents of teenagers. <i>Behaviour Change</i> . 31 (1), 34–52. |

Brief summary

Population characteristics

This study involved a sample of 62 families living in the vicinity of Queensland Australia with concerns about the behaviour of a young person aged between 11 and 16 years (mean = 12.92 years).

The majority of families were Australian (93.5%), and there were more females in the control group (62.1%) as compared to the intervention group (30.3%). Most parents had been educated to tertiary level (mothers: 75.8%; father: 79.2%) and were employed outside the home (mothers: 80.6%; father: 97.9%). In addition, 75.8% of families were two-parent families with an average of two children living at home (mean = 2.45 children), and with over half the sample (53.1%) receiving an annual income of more than AUD\$75,000.

Families were eligible if their child scored in the elevated range of the Strengths and Difficulties Questionnaire (SDQ).

Study design

This study adopted a quasi-randomised group comparison design, allocating 33 parents to a Standard Teen Triple P intervention group and 29 to a wait-list control group. Allocation took place via a staggered recruitment procedure, whereby those recruited to the study first were



assigned to Standard Teen Triple P. No additional intervention was offered to families in the wait-list control.

Statistically significant differences were observed between the intervention and control groups at baseline. Families assigned to the wait-list control condition had significantly lower SDQ scores and reported higher levels of parental laxness.

Measurement

Assessments took place at baseline (pre-intervention) and post-intervention. Standard Teen Triple P parents also completed assessments at a three-month follow-up.

- **Parent report** child measures included the Strengths and Difficulties Questionnaire and the Conflict Behaviour Questionnaire. Parent report parent measures included Parenting Scale – Adolescent version, Parent Problem Checklist and Relationship Quality Index. In addition, the study measured parents' level of depression, anxiety, and stress using the Depression Anxiety Stress Scales.

Study retention

Post-intervention

Four families in the Standard Teen Triple group were excluded from the study at onset; two withdrew their consent and two had a child identified with psychotic symptoms. Of the 58 remaining families, 79% (46) completed assessments post-intervention, including 69% (20) of the Standard Teen Triple P families and 90% (26) from the wait-list control.

Three-month follow-up

57% (17) of the Standard Teen Triple P families completed the three-month follow-up assessment.

Results

Data-analytic strategy

Short-term intervention effects were tested using a series of 2 (condition: STTP, wait-list) \times 2 (time: PRE vs POST) repeated measures ANOVAs (for individual scale comparison) or MANOVAs (for measures having multiple subscales). Maintenance of short-term intervention effects was analysed using a series of one-way (time) repeated measures (PRE vs FU) ANOVAs or MANOVAs in the intervention condition.

Findings

The study observed statistically significant improvements in parent reports of a range of problematic adolescent behaviours. Specifically, Standard Teen Triple P parents reported reductions in their child's conduct problems, hyperactivity, level of distress, and burden to others. Parents also reported reductions in interparental conflicts over parenting.

All positive outcomes reported by the Standard Teen Triple P families were maintained at the three-month follow-up.



Parents who participated in the intervention reported high levels of satisfaction with the amount of help they received and with the intervention.

Study 1: Outcomes table

| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|--|---|-------------|--------------------------|------------------------|------------------------|
| Child outcomes | | | | | |
| Youth prosocial and difficult behaviours | Strengths and Difficulties Questionnaire – Total (Parent report) | d = 0.62 | Yes | 46 | Post-intervention |
| Youth emotional symptoms | Strengths and Difficulties Questionnaire - Emotional Symptoms (Parent report) | d = 0.05 | No | 46 | Post-intervention |
| Youth conduct problems | Strengths and Difficulties Questionnaire - Conduct Problems (Parent report) | d = 0.82 | Yes | 46 | Post-intervention |
| Youth hyperactivity | Strengths and Difficulties Questionnaire – Hyperactivity (Parent report) | d = 0.86 | Yes | 46 | Post-intervention |
| Youth peer problems | Strengths and Difficulties Questionnaire - Peer Problems (Parent report) | d = 0.13 | No | 46 | Post-intervention |



| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|--|--|-------------|--------------------------|------------------------|------------------------|
| Youth prosocial behaviour | Strengths and Difficulties Questionnaire - Prosocial Behaviour (Parent report) | d = 0.49 | No | 46 | Post-intervention |
| Youth level of distress | Strengths and Difficulties Questionnaire – Impact (Parent report) | d = 0.9 | Yes | 46 | Post-intervention |
| Youth burden to others | Strengths and Difficulties Questionnaire – Burden (Parent report) | d = 0.95 | Yes | 46 | Post-intervention |
| Parent outcomes | | | | | |
| Communication and conflict in parent-adolescent relationship | Conflict Behaviour Questionnaire (Parent report) | d = 1.18 | Yes | 46 | Post-intervention |
| Parenting dysfunctional discipline style | Parenting Scale - Adolescent version – Laxness (Parent report) | d = 0.5 | No | 46 | Post-intervention |
| Parenting dysfunctional discipline style | Parenting Scale - Adolescent version – Overreactivity (Parent report) | d = 1.15 | Yes | 46 | Post-intervention |



| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|------------------------------|---|-------------|--------------------------|------------------------|------------------------|
| Parents' level of depression | Depression Anxiety Stress Scales – Depression (Parent report) | d = -0.07 | No | 46 | Post-intervention |
| Parents' anxiety | Depression Anxiety Stress Scales – Anxiety (Parent report) | d = 0.08 | No | 46 | Post-intervention |
| Parents' stress | Depression Anxiety Stress Scales – Stress (Parent report) | d = 0.31 | No | 46 | Post-intervention |
| Family outcomes | | | | | |
| Conflict over parenting | Parent Problem Checklist – Problem (Parent report) | d = 0.73 | Yes | 46 | Post-intervention |
| Conflict over parenting | Parent Problem Checklist – Intensity (Parent report) | d = 0.5 | No | 46 | Post-intervention |
| Relationship satisfaction | Relationship Quality Index (Parent report) | d = 0.4 | No | 46 | Post-intervention |



Other studies

No other studies were identified in support of 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.