

Last reviewed: January 2019

Intervention website: www.triplep-parenting.net

GUIDEBOOK INTERVENTION INFORMATION SHEET

Level 5 Pathways 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 5 Pathways Triple P is a parenting intervention for parents who have difficulty regulating their emotions and may be at risk of physically or emotionally harming their child. The intervention is delivered by a Triple P practitioner to families individually over five sessions (lasting 60 to 90 minutes), or to groups of parents over four sessions (lasting 120 minutes) supplemented by four individual telephone sessions. |
| Evidence rating | 3+ |
| Cost rating | 1 |
| Child outcomes | <ul style="list-style-type: none"> • Preventing crime, violence and anti-social behaviour <ul style="list-style-type: none"> - Improved child behaviour. • Supporting children’s mental health and wellbeing <ul style="list-style-type: none"> - Improved emotional wellbeing. • Preventing child maltreatment <ul style="list-style-type: none"> - Reduced child maltreatment risk. |
| Child age (population characteristic) | 2 to 12 years old |
| Level of need (population characteristic) | Targeted Indicated |

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Visit the Foundations Guidebook | www.foundations.org.uk/guidebook

| Intervention summary | |
|---|--|
| Race and ethnicities (population characteristic) | <ul style="list-style-type: none">• Black American• Mixed Racial Background• White American. |
| Type (model characteristic) | <ul style="list-style-type: none">• Individual• Group. |
| Setting (model characteristic) | <ul style="list-style-type: none">• Home• Out-patient. |
| Workforce (model characteristic) | <ul style="list-style-type: none">• Parenting professional• Psychologist• Social worker. |
| UK available? | Yes |
| UK tested? | Yes |

Model description

Level 5 Pathways Triple P is part of the Triple P multilevel system of family support, developed specifically for parents who have difficulty regulating their emotions and may be at risk of physically or emotionally harming their child. The intervention is delivered by a Triple P practitioner to families individually over five sessions (lasting 60 to 90 minutes), or to groups of parents over four sessions (lasting 120 minutes) supplemented by four individual telephone sessions.

The content includes many of the core principles taught in Level 3 or Level 4 Triple P interventions, supplemented with content aimed at helping parents develop appropriate expectations and attributions their child's behaviour, alongside anger management skills. Examples of the content covered include:

- **Parent traps:** Parents learn to identify 'parent traps', understand the impact of their own behaviour on their children, and identify dysfunctional attributions.
- **How to get out of a parent trap:** This session considers the reasons parents get caught in parent traps and teaches parents thought switching and breaking out of a parent trap.

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- **Recognising and understanding anger:** This session introduces cognitive behavioural strategies to recognise and understand anger, how to stop anger escalating, abdominal breathing and other relaxation techniques, and planning pleasurable activities.
- **Managing your anger:** Parents learn to catch unhelpful thoughts, develop personal anger coping statements, challenge unhelpful thoughts, and develop coping plans for high-risk situations.
- **Maintenance and closure:** This final session focuses on how parents can maintain changes, problem-solve for the future, and create future goals.

Target population

| | |
|--------------------------|--|
| Age of child | 0 to 16 years old |
| Target population | Parents who are at risk of physically or emotionally harming a child between 0 and 16 years old. |

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 |
| Experiences of maltreatment, trauma, and ongoing family stress in childhood increases the risk of poor outcomes in childhood and adolescence. | Unrealistic parental expectations of children’s behaviour and negative attributions are associated with an increased risk of child maltreatment. | <ul style="list-style-type: none"> • Parents where there are concerns about child maltreatment risk • Parents who have difficulty managing their emotions or negatively attribute normal child behaviour. | Parents learn: <ul style="list-style-type: none"> • To develop appropriate expectations of their child’s behaviour. • Strategies for recognising and reducing unhelpful attributions • Strategies for managing negative parental moods • Strategies for discouraging negative child behaviour. | <ul style="list-style-type: none"> • Improved expectations of child behaviour • Reduced negative attributes of child behaviour. | <ul style="list-style-type: none"> • Improved child behaviour • Reduced child maltreatment risk. | <ul style="list-style-type: none"> • Reduced child maltreatment risk • Improved child wellbeing. |



Implementation requirements

| | |
|--|---|
| Who is eligible? | Parents who have difficulty regulating their emotions and as a result are considered at risk of physically or emotionally harming their children (aged 16 or younger). |
| How is it delivered? | <p>Pathways Triple P is an adjunctive intervention for parents undertaking a Level 4 Triple P intervention (e.g. Group Triple P or Standard Triple P).</p> <p>The intervention is delivered by a single practitioner to families individually over five sessions (lasting 60 to 90 minutes each), or groups of approximately eight parents over four sessions (lasting 120 minutes each) supplemented by four individual telephone sessions.</p> |
| What happens during the intervention? | <ul style="list-style-type: none"> • At the beginning of the intervention, practitioners assess the needs of the family. • The intervention is comprised of three core modules taught over five sessions, which provide parents with an opportunity to learn new attributional styles and anger management techniques that will support them with improving and maintaining their positive parenting skills. • The first two sessions primarily help parents to develop realistic expectations of their children, as well as notice when they may be misattributing child behaviour. • The next two sessions involve teaching parents anger and mood management strategies. • The last session focuses on how parents can maintain changes, problem-solve for the future, and create future goals. |
| Who can deliver it? | Pathways Triple P is delivered by a single practitioner who has experience in providing regular interventions, such as a school counsellor, nurse, psychologist, social worker, or allied health professional. In addition, it is expected that practitioners will have experience of working with parents at high risk of physically maltreating their children. |
| What are the training requirements? | <p>Practitioners delivering Pathways Triple P must attend two days of training and a half-day accreditation session.</p> <p>Practitioners must have completed one of the following Triple P courses as a prerequisite to attending Pathways: Group, Standard, Group Teen or Standard Teen.</p> |
| How are practitioners supervised? | It is recommended that practitioners undergo peer supervision four times a year. The supervision is delivered in two-hour sessions by one practitioner that is typically a master's qualified psychologist or social worker with previous Triple P experience. |



| | |
|--|---|
| | <p>Triple P has also developed their own Peer-Assisted Supervision and Support Model (PASS), whereby practitioners can both 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 one to two hours every month.</p> <p>Triple P UK can also provide additional clinical support for practitioners, as either a one-day workshop or a small-group phone consultation with a Triple P trainer.</p> |
| <p>What are the systems for maintaining fidelity?</p> | <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 standards using the Peer Support Network. |
| <p>Is there a licensing requirement?</p> | <p>No</p> |
| <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> |

Evidence summary

Level 5 Pathways Triple P 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 5 Pathways Triple P’s most rigorous evidence comes from a single RCT conducted in the United States that is consistent with Foundations’ Level 3 evidence strength criteria.

This study identified statistically significant improvements in Triple P parents and children’s reports of the child’s quality of life compared to families not receiving the intervention.



Additional evidence from two RCTs conducted in Australia consistent with Foundations’ Level 2+ evidence strength threshold.

The first study observed statistically significant improvements in Pathways Triple P’s parent reports of their child abuse potential and expectations for their child relative to parents who did not receive the intervention.

The second study observed that Pathways Triple P parents were significantly more likely to report improvements in their children’s behaviour and emotional symptoms compared to parents not receiving the intervention. Additionally, Pathways Triple P parents reported improvements in their own parenting behaviours relative to parents who did not receive Pathways Triple P.

Level 5 Pathways 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.

Search and review

| | Number of studies |
|---|-------------------|
| Identified in search | 7 |
| Studies reviewed | 5 |
| Meeting the L2 threshold | 2 |
| Meeting the L3 threshold | 1 |
| Contributing to the L4 threshold | 0 |
| Ineligible | 2 |



Individual study summary: Study 1

| Study 1 | |
|---|--|
| Study design | RCT |
| Country | United States |
| Sample characteristics | <p>144 families with children aged 3 to 12 who received standard or intensive in-home services following child welfare system investigation or assessment.</p> <p>Eligibility for study inclusion was based on the following criteria: (1) a child between 3 years and 11 years living in the home; (2) allegations of child physical abuse or neglect with no current allegation of sexual abuse; (3) parents were at least 18 years old; (4) parents spoke English; (5) child was not medically fragile and did not have a pervasive developmental disorder.</p> |
| Race, ethnicities, and nationalities | <p>Parents' ethnicities were as follows:</p> <ul style="list-style-type: none"> • White American • 41% in the treatment group • 27% in the control group • Black/Mixed racial background • 59% in the treatment group • 75% in the control group |
| Population risk factors | <ul style="list-style-type: none"> • Only one-quarter of caregivers had more than high school education (32% in treatment group and 30% in control group) • More than half of caregivers were unemployed (55 % in treatment group and 60% in control group) • Most children were eligible for free lunch (90% in treatment group and 95% in control group). |
| Timing | <ul style="list-style-type: none"> • Baseline • Post-intervention |
| Child outcomes | Improved quality of life |
| Other outcomes | No |
| Study Rating | 3 |



| Study 1 | |
|-----------------|--|
| Citation | Lanier, P., Dunnigan, A. & Kohl, P. L. (2018) Impact of Pathways Triple P on pediatric health-related quality of life in maltreated children. <i>Journal of Developmental and Behavioral Pediatrics</i> . 39 (9), 701–708. |

Brief summary

Population characteristics

This study involved 144 parents living in a midwestern US city with an open child maltreatment case involving a between child 3 and 12 years old (mean = 7.3 years).

Parents had a mean age of 32.6 (SD = 7.82). The sample was predominantly Black/Mixed racial background (67%), and most of the children in the sample received free or reduced-price lunches (94%). Parents reported a mean income of \$2,023.61 for the last month (range = \$420 to \$9,416).

Only one-quarter of caregivers had more than high school education (32% in treatment group and 30% in control group). More than half of caregivers were unemployed (55 % in treatment group and 60% in control group). Most children were eligible for free lunch (90% in treatment group and 95% in control group).

Study design

75 families were randomly assigned to Pathways Triple P and 69 to a control group involving child welfare services as usual.

The groups were balanced at baseline, although there was a statistically significant difference in parental race.

Measurement

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

- **Child report** measures included the child report version of the Pediatric Health-Related Quality of Life Inventory (PedsQL 4.0).
- **Parent report** measures included the parent report version of the (PedsQL 4.0).

Study retention

65% (97) of the participants completed measures immediately post-intervention, representing 57% (43) from the Pathways Triple P group and 78% (54) receiving child welfare services as usual. Attrition analysis suggested no statistically significant differences between those who left both groups.



Results

Data-analytic plan

Bivariate and multivariate analyses were conducted, with intent-to-treat. Multiple regression models were developed to assess treatment effect controlling for child age, race, and gender as well as caregiver age, gender, marital status, and education level.

Findings

The study identified statistically significant improvement for Pathways Triple P families in child quality of life (Total PedsQL score), as reported by both the parent and child. Additionally, statistically significant improvements were observed in Pathways Triple P children’s self-reports of emotional wellbeing.

Study 1: Outcomes table

| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|-----------------------------|---------------------------|-----------------|--------------------------|------------------------|------------------------|
| Child outcomes | | | | | |
| Child quality of life | PedsQL 4.0 (Child report) | $\beta = 6.08$ | Yes | 96 | Post-intervention |
| Child physical health | PedsQL 4.0 (Child report) | $\beta = 3.03$ | No | 96 | Post-intervention |
| Child psychosocial health | PedsQL 4.0 (Child report) | $\beta = 7.16$ | Yes | 96 | Post-intervention |
| Child emotional functioning | PedsQL 4.0 (Child report) | $\beta = 10.36$ | Yes | 96 | Post-intervention |
| Child social functioning | PedsQL 4.0 (Child report) | $\beta = 7.66$ | No | 96 | Post-intervention |
| Child school functioning | PedsQL 4.0 (Child report) | $\beta = 4.89$ | No | 96 | Post-intervention |



| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|-----------------------------|----------------------------|----------------|--------------------------|------------------------|------------------------|
| Child quality of life | PedsQL 4.0 (Parent report) | $\beta = 3.83$ | Yes | 96 | Post-intervention |
| Child physical health | PedsQL 4.0 (Parent report) | $\beta = 4.3$ | No | 96 | Post-intervention |
| Child psychosocial health | PedsQL 4.0 (Parent report) | $\beta = 3.8$ | No | 96 | Post-intervention |
| Child emotional functioning | PedsQL 4.0 (Parent report) | $\beta = 4.7$ | No | 96 | Post-intervention |
| Child social functioning | PedsQL 4.0 (Parent report) | $\beta = 6.57$ | Yes | 96 | Post-intervention |
| Child school functioning | PedsQL 4.0 (Parent report) | $\beta = 1.11$ | No | 96 | Post-intervention |

Individual study summary: Study 2

| Study 2 | |
|------------------------|---|
| Study design | RCT |
| Country | Australia |
| Sample characteristics | 98 families with children between 2 and 7 years old who were previously reported for potential child abuse or neglect; and/or expressed concerns regarding difficulties in controlling their anger in relation to their child's behaviour |



| Study 2 | |
|---|--|
| Race, ethnicities, and nationalities | Not reported |
| Population risk factors | Most participants reported psychiatric illness in family (66% in the treatment group). Over half of the participants reported argument between parents. Roughly half of the participants received 'belting' as discipline. Less than 30% of the participants reported physical harm between parents. |
| Timing | <ul style="list-style-type: none"> • Baseline • Post-intervention • Six-month follow-up |
| Child outcomes | Reduced parental potential for child abuse (Parent report) |
| Other outcomes | <ul style="list-style-type: none"> • Reduced parents' negative attribution style for children's problem behaviour (Parent report) • Reduced parents' unrealistic expectations of children's behaviour (Parent report). |
| Study Rating | 2+ |
| Citation | Sanders, M. R., Pidgeon, A. M., Gravestock, F., Connors, M. D., Brown, S. & Young, R. W. (2004) Does parental attributional retraining and anger management enhance the effects of the Triple P – Positive Parenting Program with parents at risk of child maltreatment?, <i>Behavior Therapy</i> . 35, 513–535. |

Brief summary

Population characteristics

This study involved 98 parents living in Queensland, Australia with a child between 2 and 7 years. Families were eligible if the parent had received at least one notification to the child protection authority for potential abuse or neglect of their children; and/or the parent expressed concerns regarding difficulty in controlling their anger and scored within an elevated range on three selected subscales of the State-Trait Anger Expression Inventory.



Most participants reported psychiatric illness in family (66% in the treatment group). Over half of the participants reported argument between parents. Roughly half of the participants received ‘belting’ as discipline. Less than 30% of the participants reported physical harm between parents.

An equal proportion of male and female children were tested. Most participants were mothers, married, with at least two children, a mean age of 34 years, and no significant financial difficulties. In addition, approximately half of the sample had completed secondary school. A small percentage were currently using illicit drugs, abusing alcohol, and in contact with statutory authority for suspected abuse and/or neglect.

Study design

50 parents were randomly assigned to Pathways Triple P and 48 to Group Triple P, which served the purpose of enhanced treatment as usual.

Measurement

Assessments took place at baseline (pre-intervention), post-intervention, and six-month follow-up.

- **Parent report** measures included the Eyberg Child Behavior Inventory (ECBI), Parent Daily Report Checklist (PDR), Child Abuse Potential Inventory (CAPI), Parent’s Attributions for Child’s Behaviour (PACBM), Parent Opinion Questionnaire (POQ), State-trait Anger Expression Inventory (STAXI), Parental Anger Inventory (PAI), Parenting Scale (PS), Home and Community Problem Checklist (HCPC), Depression Stress and Anxiety Scale (DASS), the Parenting Sense of Competency (PSOC), and the Parent Problem Checklist (PPC).
- **Researcher assessment** considered disruptive child behaviour through coded videotaped observations of parent–child interaction using the Revised Family Observation Schedule (FOS-R).

Study retention

Post-intervention

87% (84) participated in assessments post-intervention, representing 84% (42) from the Pathways Triple P group and 92% (42) from the enhanced treatment Group Triple P Group. The extent to which baseline attrition was maintained is not reported.

Six-month follow-up

76% (74) of the families participated in the six-month follow-up; 78% (39) representing the Pathways Triple P group and 73% (35) those attending Group Triple P.

Results

Multivariate analyses of covariance (MANCOVA) was used to compare treatment effects on the two treatment groups from pre-intervention, post-intervention to follow-up.



Post-intervention

The study observed statistically significant improvements in Pathways Triple P parents’ child abuse potential, as well as their expectations of their child’s behaviour and their tendency to attribute blame to their children’s behaviour. The extent of physical abuse to children was also reduced.

There were no statistically significant differences between the groups on reports or observations of children’s behaviour.

Pathways Triple P participants reported high levels of consumer satisfaction on the intervention.

Six-month follow-up

Improvements favouring the Pathways Triple P group were retained at the six-month follow-up, with the parents’ unrealistic expectations, which were comparable for both groups.

Study 2: Outcomes table

| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|--|----------------------|--------------|--------------------------|------------------------|------------------------|
| Child outcomes | | | | | |
| Parental perceptions of disruptive behaviour – Intensity | ECBI (Parent report) | Not reported | No | 84 | Post-intervention |
| Parental perceptions of disruptive behaviour – Intensity | ECBI (Parent report) | Not reported | No | 74 | Six-month follow-up |
| Parental perceptions of disruptive behaviour – Problem | ECBI (Parent report) | Not reported | No | 84 | Post-intervention |



| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|--|-------------------------|--------------|--------------------------|------------------------|------------------------|
| Parental perceptions of disruptive behaviour – Problem | ECBI (Parent report) | Not reported | No | 74 | Six-month follow-up |
| Problem child behaviours | PDR (Parent report) | Not reported | No | 84 | Post-intervention |
| Problem child behaviours | PDR (Parent report) | Not reported | No | 74 | Six-month follow-up |
| Positive child behaviour | FOS-R (Observer report) | Not reported | No | 84 | Post-intervention |
| Positive child behaviour | FOS-R (Observer report) | Not reported | No | 74 | Six-month follow-up |
| Negative child behaviour | FOS-R (Observer report) | Not reported | No | 84 | Post-intervention |
| Negative child behaviour | FOS-R (Observer report) | Not reported | No | 74 | Six-month follow-up |
| Parent outcomes | | | | | |
| Parental potential for child abuse | CAPI (Parent report) | Not reported | Yes | 84 | Post-intervention |
| Parental potential for child abuse | CAPI (Parent report) | Not reported | Yes | 74 | Six-month follow-up |



| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|---|-----------------------|--------------------|---------------------------------|-------------------------------|-------------------------------|
| Parental blame of child behaviour in ambiguous situations | PACBM (Parent report) | Not reported | Yes | 84 | Post-intervention |
| Parental blame of child behaviour in ambiguous situations | PACBM (Parent report) | Not reported | Yes | 74 | Six-month follow-up |
| Parental blame of child behaviour in intentional situations | PACBM (Parent report) | Not reported | Yes | 84 | Post-intervention |
| Parental blame of child behaviour in intentional situations | PACBM (Parent report) | Not reported | Yes | 74 | Six-month follow-up |
| Parents' unrealistic expectations of children's behaviour | POQ (Parent report) | Not reported | Yes | 84 | Post-intervention |
| Parents' unrealistic expectations of children's behaviour | POQ (Parent report) | Not reported | No | 74 | Six-month follow-up |



| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|--|-----------------------|--------------------|---------------------------------|-------------------------------|-------------------------------|
| Parents' experience of anger – anger temperament | STAXI (Parent report) | Not reported | No | 84 | Post-intervention |
| Parents' experience of anger – anger temperament | STAXI (Parent report) | Not reported | No | 74 | Six-month follow-up |
| Parents' experience of anger – anger out | STAXI (Parent report) | Not reported | No | 84 | Post-intervention |
| Parents' experience of anger – anger out | STAXI (Parent report) | Not reported | No | 74 | Six-month follow-up |
| Parents' experience of anger – anger control | STAXI (Parent report) | Not reported | No | 84 | Post-intervention |
| Parents' experience of anger – anger control | STAXI (Parent report) | Not reported | No | 74 | Six-month follow-up |
| Parents' experience of anger – anger expression | STAXI (Parent report) | Not reported | No | 84 | Post-intervention |



| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|--|-----------------------|--------------------|---------------------------------|-------------------------------|-------------------------------|
| Parents' experience of anger – anger expression | STAXI (Parent report) | Not reported | No | 74 | Six-month follow-up |
| Parents' experience of anger in response to child-related situations – Problem | PAI (Parent report) | Not reported | No | 84 | Post-intervention |
| Parents' experience of anger in response to child-related situations – Problem | PAI (Parent report) | Not reported | No | 74 | Six-month follow-up |
| Parents' experience of anger in response to child-related situations – Intensity | PAI (Parent report) | Not reported | No | 84 | Post-intervention |
| Parents' experience of anger in response to child-related situations – Intensity | PAI (Parent report) | Not reported | No | 74 | Six-month follow-up |



| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|---|---------------------------------|--------------------|---------------------------------|-------------------------------|-------------------------------|
| Adults' symptoms of depression, anxiety, and stress | DASS (Parent report) | Not reported | No | 84 | Post-intervention |
| Adults' symptoms of depression, anxiety, and stress | DASS (Parent report) | Not reported | No | 74 | Six-month follow-up |
| Dysfunctional discipline style | Parenting Scale (Parent report) | Not reported | No | 84 | Post-intervention |
| Dysfunctional discipline style | Parenting Scale (Parent report) | Not reported | No | 74 | Six-month follow-up |
| Parental feelings of competence – Satisfaction | PSOC (Parent report) | Not reported | No | 84 | Post-intervention |
| Parental feelings of competence – Satisfaction | PSOC (Parent report) | Not reported | No | 74 | Six-month follow-up |
| Parental feelings of competence – Efficacy | PSOC (Parent report) | Not reported | No | 84 | Post-intervention |



| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|---|----------------------|--------------------|---------------------------------|-------------------------------|-------------------------------|
| Parental feelings of competence – Efficacy | PSOC (Parent report) | Not reported | No | 74 | Six-month follow-up |
| Difficulties in managing child's behaviour at home | HCPC (Parent report) | Not reported | No | 84 | N/A |
| Difficulties in managing child's behaviour at home | HCPC (Parent report) | Not reported | No | 74 | N/A |
| Difficulties in managing child's behaviour at home in the community | HCPC (Parent report) | Not reported | No | 84 | Post-intervention |
| Difficulties in managing child's behaviour at home in the community | HCPC (Parent report) | Not reported | No | 74 | Six-month follow-up |
| Couple outcomes | | | | | |



| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|--|---------------------|--------------|--------------------------|------------------------|------------------------|
| Parents' ability to cooperate and work together in family management | PPC (Parent report) | Not reported | No | 84 | Post-intervention |
| Parents' ability to cooperate and work together in family management | PPC (Parent report) | Not reported | No | 74 | Six-month follow-up |

Individual study summary: Study 3

| Study 3 | |
|---|---|
| Study design | RCT |
| Country | Australia |
| Sample characteristics | 60 parents with concerns about a problematic relationship with a child between 4 and 10 years old |
| Race, ethnicities, and nationalities | Not reported |
| Population risk factors | Participants experienced borderline to clinically significant parent–child relationship disturbance. Parents in the sample also had a child with emotional and/or behavioural problems. |
| Timing | <ul style="list-style-type: none"> • Baseline • Post-intervention • Three-month follow-up. |
| Child outcomes | <ul style="list-style-type: none"> • Reduced child emotional and behavioural problems (Parent report) • Reduced child internalising problems (Parent report) • Reduced child externalising problems (Parent report). |



| Study 3 | |
|-----------------------|--|
| Other outcomes | <ul style="list-style-type: none"> • Improved parent–child relationship (Parent report) • Improved parent–child relationship – Attachment (Parent report) • Improved parent–child relationship – Involvement (Parent report) • Improved parenting confidence (Parent report) • Reduced parents’ negative attribution style for children’s problem behaviour (Parent report) • Reduced dysfunctional discipline styles (Parent report) • Reduced parental laxness (Parent report) • Reduced parental verbosity (Parent report) • Reduced parental over-reactivity (Parent report). |
| Study Rating | 2+ |
| Citation | Wiggins, T. L., Sofronoff, K. & Sanders, M.R. (2009) Pathways Triple P-Positive Parenting Program: Effects on parent–child relationships and child behavior problems. <i>Family Process</i> . 48, 517–530. |

Brief summary

Population characteristics

This study involved 60 parents with a child aged between 4 and 10 years (mean age 6.2 years) living in Brisbane, Australia. All families were identified as having borderline to clinically significant parent–child relationship disturbance as assessed by the Parenting Relationship Questionnaire. Their children were also identified as having a borderline to abnormal child emotional or behavioural problems via one of the difficult behaviour subscales of the Strengths and Difficulties Questionnaire.

The majority of participants (93.3%) were mothers responding on behalf of their male children (76.7%). In addition, the majority of parents enrolled in the study were married (63.4%), with higher education (mothers: 50.0%; fathers: 41.7%), in full-time or part-time employment (mothers: 63.4%; fathers: 75.0%), with no significant financial difficulties (81.7%), and not engaging in other services specifically targeting child difficulties (86.7%).

Study design

30 parents were randomly assigned to Pathways Triple P and 30 to a wait-list control group. Randomisation was managed by the principal investigator drawing participant identification numbers at random and allocating alternatively to the treatment and wait-list control group.

Measurement

Assessment took place at baseline and post-intervention. Those in the treatment group participated in a three-month follow-up to determine if treatment effects were sustained.



- **Parent report** measures included Child Behaviour Checklist (CBCL), the Parent’s Attributions for Child’s Behaviour Measure (PACBM), Parenting Scale (PS), and the Parenting Relationship Questionnaire (PRQ).

Study retention

Post-intervention

82% (49) of the participants completed measures post-intervention. This included 90% (27) of those participating in the Pathways Triple P intervention and 73% (22) of those in the wait-list control. The extent to which baseline equivalence was maintained is not reported.

Three-month follow-up

Reporting is not clear, but it appears as though 83% (25) of the Pathways Triple P families completed measures at the three-month follow-up.

Results

Intent-to-treat analyses were conducted to assess intervention effects using a series of repeated measures multivariate analyses of covariance (MANCOVAs), conducted separately for each of the outcome. Analysis involved the full sample, inserting preintervention scores for non-completing participants at post-intervention.

The study observed statistically significant reductions in emotional and behavioural problems (including internalising and externalising problems favouring the Triple P families. Triple P parents were also more likely to report increased confidence, less dysfunctional discipline styles and reduced negative attribution of problematic child behaviour post-intervention.

A series of paired t-tests using results from the time periods of post-intervention and three-month follow-up were conducted to assess the maintenance of intervention effects. Significant intervention effects for improving parent–child relationships and reducing behaviour problems were maintained at three-month follow-up for the Pathways Triple P families.

Study 3: Outcomes table

| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|--|----------------------|--------------------------|--------------------------|------------------------|------------------------|
| Child outcomes | | | | | |
| Child emotional and behavioural problems | CBCL (Parent report) | Partial $\eta^2 = 0.135$ | Yes | 60 | Post-intervention |



| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|--|-----------------------|--------------------------|--------------------------|------------------------|------------------------|
| Child internalising problems | CBCL (Parent report) | Partial $\eta^2 = 0.084$ | Yes | 60 | Post-intervention |
| Child externalising problems | CBCL (Parent report) | Partial $\eta^2 = 0.128$ | Yes | 60 | Post-intervention |
| Parent outcomes | | | | | |
| Parents' negative attribution style for children's problem behaviour Total score | PACBM (Parent report) | Partial $\eta^2 = 0.306$ | Yes | 60 | Post-intervention |
| Parents' negative attribution style for children's problem behaviour - blame and intentional | PACBM (Parent report) | Partial $\eta^2 = 0.294$ | Yes | 60 | Post-intervention |
| Parents' negative attribution style for children's problem behaviour - stable | PACBM (Parent report) | Partial $\eta^2 = 0.028$ | No | 60 | Post-intervention |



| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|---|---------------------------------|-----------------------|--------------------------|------------------------|------------------------|
| Parents' negative attribution style for children's problem behaviour - internal | PACBM (Parent report) | Partial $n^2 = 0.051$ | No | 60 | Post-intervention |
| Dysfunctional discipline styles | Parenting Scale (Parent report) | Partial $n^2 = 0.352$ | Yes | 60 | Post-intervention |
| Dysfunctional discipline styles - Laxness | Parenting Scale (Parent report) | Partial $n^2 = 0.21$ | Yes | 60 | Post-intervention |
| Dysfunctional discipline styles - Overreactivity | Parenting Scale (Parent report) | Partial $n^2 = 0.213$ | Yes | 60 | Post-intervention |
| Dysfunctional discipline styles - Verbosity | Parenting Scale (Parent report) | Partial $n^2 = 0.311$ | Yes | 60 | Post-intervention |
| Family relationship outcomes | | | | | |
| Parent–child relationship | PRQ (Parent report) | Partial $n^2 = 0.242$ | Yes | 60 | Post-intervention |
| Attachment | PRQ (Parent report) | Partial $n^2 = 0.126$ | Yes | 60 | Post-intervention |



| Outcome | Measure | Effect size | Statistical significance | Number of participants | Measurement time point |
|------------------------|---------------------|--------------------------|--------------------------|------------------------|------------------------|
| Involvement | PRQ (Parent report) | Partial $\eta^2 = 0.126$ | Yes | 60 | Post-intervention |
| Parenting confidence | PRQ (Parent report) | Partial $\eta^2 = 0.22$ | Yes | 60 | Post-intervention |
| Relational frustration | PRQ (Parent report) | Partial $\eta^2 = 0.058$ | No | 60 | 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.

Lewis, E. M., Feely, M., Seay, K. D., Fedoravicius, N. & Kohl, P. L. (2016) Child welfare involved parents and Pathways Triple P: Perceptions of program acceptability and appropriateness. *Journal of Child and Family Studies*. 1–11. **This reference refers to a qualitative study, conducted in the USA.**

Whalley, P. (2015) *Child neglect and Pathways Triple P: An evaluation of an NSPCC service offered to parents where initial concerns of neglect have been noted*. NSPCC

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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.