

**Last reviewed:** September 2017

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

# GUIDEBOOK INTERVENTION INFORMATION SHEET

## Standard Stepping Stones Triple P

Please note that in the 'Intervention summary' table below 'child age', 'level of need', and 'race and ethnicities' information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
<b>Description</b>	Standard Stepping Stones Triple P is a parenting intervention for families with a child aged between 0 and 12 years old with a developmental disability as well as moderate or severe behavioural problems. It is delivered by a parenting practitioner to individual parents through 10 one-hour sessions. During the sessions, parents learn strategies for managing their child's behaviour in a variety of different contexts.
<b>Evidence rating</b>	3
<b>Cost rating</b>	2
<b>Child outcomes</b>	<ul style="list-style-type: none"><li>• Preventing crime, violence and antisocial behaviour</li><li>- Improved behaviour.</li></ul>
<b>Child age</b> (population characteristic)	0 to 6 years old
<b>Level of need</b> (population characteristic)	Targeted Indicated

## Foundations Guidebook – Intervention information sheet

Visit the Foundations Guidebook | [www.foundations.org.uk/guidebook](http://www.foundations.org.uk/guidebook)

Intervention summary	
<b>Race and ethnicities</b> (population characteristic)	Not reported
<b>Type</b> (model characteristic)	Individual
<b>Setting</b> (model characteristic)	<ul style="list-style-type: none"><li>• Home</li><li>• Outpatient setting.</li></ul>
<b>Workforce</b> (model characteristic)	<ul style="list-style-type: none"><li>• School counsellor</li><li>• Nurse</li><li>• Psychologist</li><li>• Social worker</li><li>• Allied health professional.</li></ul>
<b>UK available?</b>	Yes
<b>UK tested?</b>	No

## Model description

Standard Stepping Stones Triple P is part of the Triple P multilevel system of family support, developed specifically for parents of children aged 0 to 12 with a developmental disability. This includes families with a child who has Down's syndrome or Autistic Spectrum Disorder, as well as moderate or severe behavioural problems.

Standard Stepping Stones Triple P is delivered by a Triple P parenting practitioner to individual parents over 10 weekly, one-hour sessions.

The intervention begins with a comprehensive interview where parents complete a series of questionnaires and provide detailed information about their child's disability and behavioural challenges. Parents are also provided with a workbook and introduced to a variety of techniques for recording and monitoring their child's behaviour.

The second session begins with an observation of parent–child interaction. The practitioner then provides the parent with feedback from the assessment and the observation and the two work together to identify specific goals for improvement.

## Foundations Guidebook – Intervention information sheet

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During sessions 3 and 4, parents learn strategies for encouraging positive child behaviour, methods for sanctioning negative child behaviour, and ways in which to implement family routines.

Sessions 5 through 7 provide parents with opportunities for practice and feedback. This can include observation of parent-child interaction during the session, as well as homework assignments and shared problem solving. The practitioner and parent also review the goals set at the beginning of the intervention and consider ways in which they can be refined.

Sessions 8 and 9 are dedicated to developing strategies for avoiding child behavioural problems through planning ahead. During session 8, the parent identifies high risk home and community activities (for example, shopping, getting ready for school) and the practitioner suggests strategies for avoiding them. The parent then implements the strategies at home and discusses them with the practitioner at Session 9. The practitioner also observes the parent getting the child ready to go out and provides feedback before ending the session.

Session 10 is devoted to a progress review and the practitioner suggests further strategies for maintaining and continuing the progress in the future.

### Target population

<b>Age of child</b>	0 to 12 years old
<b>Target population</b>	Families with children aged between 0 and 12 with a developmental disability as well as moderate or severe behavioural problems.

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



## Theory of change

Why		Who	How	What		
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
Children with ASD and Down's Syndrome typically have more difficulty regulating their emotions and behaviour.	Parents are influential in supporting the self-regulatory development of ASD, Down's Syndrome, and other disorders associated with child behavioural problems.	Parents with a child diagnosed with ASD, Down's Syndrome, or serious behaviour problems.	<p>Parents learn strategies for:</p> <ul style="list-style-type: none"> <li>• Encouraging positive child behaviour</li> <li>• Discouraging problematic child behaviour</li> <li>• Supporting children's communication skills</li> <li>• Encouraging emotional self-regulation</li> <li>• Increasing child independence.</li> </ul>	<ul style="list-style-type: none"> <li>• Reductions in parental stress</li> <li>• Improved parental confidence</li> <li>• Improved parenting behaviours.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved child behavioural regulation</li> <li>• Improved child emotion regulation</li> <li>• Improved child communication skills.</li> </ul>	Children are better able to self-regulate in contexts outside of the home, including school and other social situations.



## Implementation requirements

<b>Who is eligible?</b>	<ul style="list-style-type: none"> <li>• Children aged between 0 and 12 years old</li> <li>• Children with an Autism, ADHD, or other developmental disability with moderate to severe behavioural problems.</li> </ul>
<b>How is it delivered?</b>	Standard Stepping Stones Triple P is delivered in 10 sessions of one hours' duration each by one practitioner, to individual families.
<b>What happens during the intervention?</b>	<ul style="list-style-type: none"> <li>• Initially, the practitioner assessed the interaction between child and parent with an interview and observation and offers feedback.</li> <li>• Parents set their own goals for their child's behaviour, and practitioners help parents meet these goals by offering training and practice opportunities for positive parenting strategies.</li> <li>• Practitioners use a range of learning methods with parents, including behavioural rehearsal to teach skills, guided participation to discuss assessment findings, and active skills training methods to facilitate the acquisition of new parenting routines.</li> </ul>
<b>Who can deliver it?</b>	The practitioner who delivers this intervention typically has a qualification in a helping profession, such as school counsellor, nurse, psychologist, social worker, or as an allied health professional.
<b>What are the training requirements?</b>	The practitioners have three days of intervention training, one day pre-accreditation workshop, and a half-day accreditation session. 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, who does not receive intervention training.
<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>• Training manual</li> <li>• Other printed material</li> <li>• Other online material</li> <li>• Video or DVD training</li> <li>• Face-to-face training</li> <li>• Fidelity monitoring .</li> </ul> <p>A quality assurance checklist is available for organisations to use when planning for quality assurance of Triple P. There are three standard fidelity protocols built into the Triple P Implementation Framework: (1) Practitioner Accreditation, (2) Intervention Fidelity using Session Checklists, (3) Supervision and Practitioner Support Standards using the Peer Support Network. Triple P UK offers trainer-facilitated PASS sessions or a Flexibility &amp; Fidelity workshop for professional development.</p>



## Implementation requirements (cont.)

<b>Is there a licensing requirement?</b>	No
<b>Contact details</b>	<p>Organisation: Triple P UK</p> <p>Email address: <a href="mailto:contact@triplep.uk.net">contact@triplep.uk.net</a></p> <p>Website/s: <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></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

Standard Stepping Stones Triple P's most rigorous evidence comes from a single RCT conducted in Australia consistent with Foundations' Level 3 evidence strength criteria.

This study identified statistically significant improvements in the problematic behaviour of children of parents who attended Standard Stepping Stones Triple P compared to parents who did not receive the intervention. These improvements were confirmed through expert observations and parent reports.

Standard Stepping Stones Triple P can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.



## Search and review

	Number of studies
Identified in search	5
Studies reviewed	5
Meeting the L2 threshold	1
Meeting the L3 threshold	1
Contributing to the L4 threshold	0
Ineligible	3

## Individual study summary: Study 1

Study 1	
Study design	RCT
Country	Australia
Sample characteristics	74 families with a preschool-aged child (<6 years) with a developmental disability
Race, ethnicities, and nationalities	Not reported
Population risk factors	61% of families had an annual income of less than 50,000 AUD
Timing	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• Post-intervention</li> <li>• 12-month follow-up.</li> </ul>
Child outcomes	<ul style="list-style-type: none"> <li>• Reduced negative child behaviour (observation)</li> <li>• Reduced disruptive behaviour (parent report)</li> <li>• Reduced number of problematic behaviours during care-giving tasks (parent report).</li> </ul>



Study 1	
Other outcomes	<ul style="list-style-type: none"> <li>Improved levels of functional parenting skills (parent report)</li> <li>Improved levels of self-perceived parenting competence (parent report).</li> </ul>
Study Rating	3
Citation	Plant, K. & Sanders, M. (2007) Reducing problem behavior during care-giving in families of preschool-aged children with developmental disabilities. <i>Research in Developmental Disabilities</i> . 28 (4), 362–385.

## Brief summary

### Population characteristics

The study involved 74 families with a preschool-aged child (<6 years) with developmental disability from the geographical catchment area of Southeast Queensland, Australia. The average age of the children was 4.5, and 74% of the children were male. Children had the following diagnoses: Autism Spectrum Disorder (32.4%), Global Developmental Delay (17.6%), Down's Syndrome (10.8%), chromosomal abnormality other than Down's Syndrome (9.5%), and Cerebral Palsy (6.8%). Level of disability ranged from borderline or 'at risk' (6.8%), mild (29.7%), moderate (47.3%), severe (16.2%). Most parents were married or in a de facto relationship (78%), had at least one parent in paid employment (93% of fathers and 38% of mothers). 39% of families had a combined income of more than AUS\$ 50,000 per annum. The ethnicity of participants was not reported.

### Study design

The study was a three-arm RCT. Families were randomly assigned to one of three conditions as follows:

- Stepping Stones Triple P – Standard (SSTP-S) (26 families). The SSTP-S is a 10-session parenting programme for parents of children with disabilities, teaching child management strategies through training, feedback, and home practice.
- Stepping Stones Triple – Enhanced (SSTP-E) (24 families). SSTP-E is an enhanced version of the SSTP-S and included an additional six sessions which focused on assisting parents to cope with caring for a child with a developmental disability.
- Wait-list control group (24 families) who received no intervention until 16 weeks after baseline, when they began the programme of their choice.

### Measurement

Assessments took place at baseline (pre-intervention) and post-intervention. The standard intervention group completed the post-intervention assessment 10 weeks after baseline, while the enhanced intervention group and the wait-list control completed post-intervention assessments 16





weeks after their baseline assessment. The wait-list control then received their choice of the standard or enhanced intervention. Families in the standard and enhanced intervention groups completed follow-ups at one-year post-intervention.

- **Parent report** measures included the Eyberg Child Behaviour Inventory (ECBI), Developmental behaviour checklist (DBC), Care-giving problem checklist (CPC) including the difficult child behaviour scale and the problematic caregiving tasks, the parenting scale – total score, parenting sense of competence scale (PSOC), Depression, Anxiety and Stress scale (DASS), abbreviated dyadic adjustment scale (ADAS), and a client satisfaction questionnaire.
- **Researcher-led** measures included a 30-minute videotaped home observation which was coded using the Revised Family Observation Schedule.

## **Study retention**

### ***Post-intervention***

100% (74) of families participated in baseline and post-intervention assessments across all three arms of the trial.

### ***One- year follow-up***

90% (45) of intervention families completed the assessment one-year follow-up, representing 95% (23) of SSTP-E participants and 84% (22) of SSTP-S participants.

## **Results**

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

Short-term intervention effects were analysed using a series of three groups (SSTP-E versus SSTP-S versus WL) ANCOVAs with pre-intervention scores as covariates and post-intervention scores as dependent variables. Significant effects were examined using pairwise comparisons (t-statistics) that compared the effectiveness of each intervention condition with the wait-list control and with one another.

### ***Findings***

Post-intervention, the Standard Stepping Stones Triple P intervention delivered significant improvements in children's behaviour compared to the wait-list condition. This included reduced observed negative child behaviour, reduced frequency of problematic behaviour during care-giving tasks, and a reduction in child disruptive behaviour as rated by their parent. In terms of parent outcomes, at post-intervention the intervention group reported higher levels of functional parenting skills and parental perception of competence compared to the wait-list condition.



## Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
<b>Child outcomes</b>					
Observed negative child behaviour	Family Observation Schedule -Observed negative child behaviour (observation)	Not reported	Yes	50	Post-intervention
Disruptive behaviour	Developmental Behaviour Checklist – Disruptive subscale (parent report)	Not reported	Yes	50	Post-intervention
Difficult behaviour during care-giving tasks	Care-giving Problem Checklist - Difficult Child Behaviour subscale (parent report)	Not reported	No	50	Post-intervention
Problematic behaviour during care-giving tasks	Care-giving Problem Checklist – problem care-giving tasks subscale (parent report)	Not reported	Yes	50	Post-intervention
<b>Parent outcomes</b>					
Parenting dysfunctional discipline	Parenting Scale (parent report)	Not reported	Yes	50	Post-intervention
Parenting competence	Parenting Sense of Competence (parent report)	Not reported	Yes	50	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Observed negative parent behaviour	Family Observation Schedule -Observed negative parent behaviour (observation)	Not reported	No	50	Post-intervention
Maternal depression, anxiety, and stress	Depression, Anxiety and Stress Scale (parent report)	Not reported	No	50	Post-intervention
Parental relationship quality	Abbreviated Dyadic Adjustment Scale (parent report)	Not reported	No	50	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.

Hodgetts, S., Savage, A. & McConnell, D. (2013) Experience and outcomes of stepping stones triple P for families of children with autism. *Research in Developmental Disabilities*. 34 (9), 2572–2585. **This reference refers to a multiple case-study design, conducted in Canada.**

Kleefman, M., Jansen, D. & Reijneveld, S. (2011) The effectiveness of Stepping Stones Triple P: The design of a randomised controlled trial on a parenting programme regarding children with mild intellectual disability and psychosocial problems versus care as usual. *BMC Public Health*. 11 (1), 676. **This reference refers to a randomised control trial, conducted in the Netherlands.**

Kleefman, M., Jansen, D., Stewart, R. & Reijneveld, S. (2014) The effectiveness of Stepping Stones Triple P parenting support in parents of children with borderline to mild intellectual disability and psychosocial problems: A randomized controlled trial. *BMC Medicine*. 12 (191), 1–10. **This reference refers to a randomised control trial, conducted in the Netherlands.**

Reis, A. (2004) *Behavioural family intervention for families with pre-school children with disabilities and challenging behaviours: Assessing effects on parent and child play interactions*. (Unpublished Master's Thesis, Curtin University of Technology, Perth, Australia).



Roberts, C., Mazzucchelli, T., Studman, L. & Sanders, M. (2006) Behavioral family intervention for children with developmental disabilities and behavioral problems. *Journal of Clinical Child and Adolescent Psychology*. 35 (2), 180–193. **This reference refers to a randomised control trial, conducted in Australia.**

Shapiro, C., Kilburn, J. & Hardin, J. (2014) Prevention of behavior problems in a selected population: Stepping Stones Triple P for parents of young children with disabilities. *Research in Developmental Disabilities*. 35, 2958–2975. **This reference refers to a randomised control trial, conducted in the USA.**

Whittingham, K., Sofronoff, K., Sheffield, J. & Sanders, M. (2009a) Do parental attributions affect treatment outcome in a parenting program? An exploration of the effects of parental attributions in an RCT of Stepping Stones Triple P for the ASD population. *Research in Autism Spectrum Disorders*. 3 (1), 129–144. **This reference refers to a randomised control trial, conducted in Australia.**

Whittingham, K., Sofronoff, K., Sheffield, J. & Sanders, M. (2009b) Stepping Stones Triple P: An RCT of a parenting program with parents of children diagnosed with autism spectrum disorder. *Journal of Abnormal Child Psychology*. 37, 469–480. **This reference refers to a randomised control trial, conducted in Australia.**

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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.