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**Programme website**: <a href="https://www.triplep-parenting.uk.net/uk/parenting-courses/family-transitions-helping-families-through-divorce-or-separation">helping-families-through-divorce-or-separation</a>

# GUIDEBOOK INTERVENTION INFORMATION SHEET

# **Triple P Family Transitions**

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 Triple P Family Transitions (TPFT) is for parents with a child aged between 2 and 14 years old experiencing difficulties as a result of parental separation or divorce. TPFT is delivered by a single practitioner to groups of up to eight families through five sessions lasting two hours each. TPFT sessions are intended to be delivered in addition to the Level 4 Group Triple P intervention, resulting in a total of 12 sessions. During the TPFT sessions, parents learn strategies for managing interparental conflict and their overall stress.				
Evidence rating	3				
Cost rating	1				
Child outcomes	Preventing crime, violence and antisocial behaviour     Improved behaviour.				
Child age (population characteristic)	2 to 14 years old				
Level of need (population characteristic)	Targeted Selected				

Intervention summary				
Ethnicities (population characteristic	Not reported			
<b>Type</b> (model characteristic)	Group			
Setting (model characteristic)	<ul> <li>Community centre</li> <li>Home</li> <li>Children's Centre or early years setting</li> <li>Out-patient health setting.</li> </ul>			
Workforce (model characteristic)	A practitioner with experience in a helping profession, such as psychology or social work.			
UK available?	Yes			
UK tested?	No			

# Model description

Level 5 Triple P Family Transitions (TPFT) is for parents with a child aged between 2 and 14 years experiencing difficulties as a result of parental separation or divorce.

TPFT is delivered by a single practitioner to groups of up to eight families through five sessions lasting two hours each. TPFT sessions are intended to be delivered in addition to the Level 4 Group Triple P intervention, resulting in a total of 12 sessions.

TPFT's content aims to improve parents' ability to manage the separation transition and reduce their child's emotional distress. During the sessions, parents are supported to:

- Improve their personal coping skills in managing separation or divorce transition
- Increase their competence and confidence in raising children
- Reduce and manage their personal emotional distress
- Improve their communication with their former partner about co-parenting issues
- Support their child's needs through positive parenting practices
- Discourage challenging child behaviour through age-appropriate discipline
- Improve the quality of their relationship with their children.

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Parental learning is promotoed through role-play exercises, homework exercises, and group discussions involving videotaped examples of effective parenting strategies.

# **Target population**

Age of child	2 to 14 years old
Target population	Parents with a child aged between 2 and 14 years, whose relationship ended less than four years previously, and who are concerned about co-parental conflict, parenting, or child behaviour following the relationship breakdown.

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





# Theory of change

Why		Who	How What			
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
<ul> <li>Parental separation, divorce, and the immediate aftermath can be a stressful transition in the family lifecycle</li> <li>Parental separation is known to increase the risk of child emotional and behavioural problems during childhood and adolescence.</li> </ul>	Avoiding conflict and working effectively as co- parents can reduce the stress children experience during parental divorce and separation.	Separating parents can benefit from advice on improving the coparenting relationship.	Parents learn how to:  • Work effectively as co-parents while living apart  • Reduce interparental conflict  • Support their children's needs  • Implement ageappropriate discipline  • Manage their own stress and wellbeing.	<ul> <li>Parents are better able to work effectively as co-parents</li> <li>Families are better able to manage conflict</li> <li>Parents experience improved wellbeing</li> <li>Parent—child interaction improves.</li> </ul>	<ul> <li>Families are better able to manage post-separation</li> <li>Children's emotional wellbeing is supported</li> <li>Children's behaviour improves.</li> </ul>	Children are at less risk of emotional and behavioural problems as they develop.



# Implementation requirements

Who is eligible?	Parents with a child aged between 2 and 14 years old, whose relationship ended less than four years previously, and who are concerned about coparental conflict, parenting, or child behaviour following the relationship breakdown.					
How is it delivered?	Triple P Family Transitions is delivered in five sessions of two hours' duration each by one practitioner, to groups of approximately eight families.  These five sessions are delivered in conjunction with a Level 4 Triple P intervention.					
What happens during the intervention?	Family Transitions Triple P focuses on skills to resolve conflicts with former partners and how to cope positively with stress. Learning is supported through role-play exercises, homework exercises and group discussions involving video-taped examples of effective parenting strategies.					
Who can deliver it?	The practitioner who delivers this programme is a Triple P practitioner, who can come from a range of professions (e.g. family support worker).					
What are the training requirements?	Practitioners have 37.5 hours of programme training. Practitioners attend two days of training and complete a half-day accreditation session. It is recommended they set aside four to six hours for quiz and competency preparation before accreditation. Booster training of practitioners is not required.					
How are practitioners supervised?	It is recommended that practitioners are supervised by one host-agency supervisor, with o hours of intervention training.					
What are the systems for maintaining fidelity?	<ul> <li>Training manual</li> <li>Fidelity monitoring</li> <li>Supervision</li> <li>Accreditation</li> <li>Peer-Assisted Supervision and Support (PASS) Networks</li> <li>Quality assurance checklist for organisations implementing Triple P.</li> </ul>					
Is there a licensing requirement?	No					



# Implementation requirements (cont.)

Contact details	Organisation: Triple P UK
	Email address: contact@triplep.uk.net
	Website/s: www.triplep-parenting.net www.triplep.net https://pfsc-evidence.psy.uq.edu.au/
	*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.

# Evidence summary

TPFT's most rigorous evidence comes from a single RCT conducted in Australia consistent with Foundations' Level 3 evidence strength threshold.

This study observed statistically significant improvements in TPFT's parents' reports of the frequency and intensity of child behavioural problems compared to parents not receiving the intervention.

TPFT 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 amount of problem behaviour	+17	3.55-point reduction on the Eyberg Child Behaviour Inventory (problem subscale) immediately after the intervention	1		
Reduced intensity of problem behaviour	+11	10.07-point reduction on the Eyberg Child Behaviour Inventory (intensity subscale) immediately after the intervention	1		



# Search and review

	Number of studies
Identified in search	1
Studies reviewed	1
Meeting the L2	o
Meeting the L3 threshold	1
Threshold contributing to the L4 threshold	O
Ineligible	o

# Individual study summaries

Study 1	
Study design	RCT
Country	Australia
Sample characteristics	205 separated parents with a child aged between 2 and 14 years old.
Ethnicities	Not reported
Population Risk Factors	<ul> <li>All participants had separated from their ex-partner within the last 4 years, with an average of 1.41 years since separation</li> <li>72% of parents were in paid employment and just over a third (36%) of parents had an annual family income of less than \$30,000 per year.</li> </ul>
Timing	Baseline and post-intervention (12 weeks post-baseline). The intervention group also completed a 12-month follow-up measurement, though this was not given to the control group.



Study 1	
Child outcomes	<ul> <li>Reduced amount of child problem behaviour (parent report)</li> <li>Reduced intensity of child problem behaviour (parent report).</li> </ul>
Other outcomes	<ul> <li>Improved parenting style – overactivity and verbosity (parent report)</li> <li>Reduced anger (parent report)</li> <li>Reduced parental stress (parent report).</li> </ul>
Study Rating	3
Citation	Stallman, H. M. & Sanders, M. R. (2014) A randomized controlled trial of Family Transitions Triple P: A group-administered parenting program to minimize the adverse effects of parental divorce on children. <i>Journal of Divorce &amp; Remarriage</i> . 55 (1), 33–48.

# **Brief summary**

## **Population characteristics**

This study involved 205 parents living in Southeast Queensland, Australia, with a child aged 2 to 14 years old (mean age 8.15 years) and whose relationship had ended in the last four years. 76% of the parents were mothers and 59% of the children were boys.

Participants were recruited through childcare centres, school newsletters, family lawyers, relationship centres, the Family Court, and community organizations in Southeast Queensland, Australia. The primary inclusion criterion was parent concern about problems with co-parental conflict, parenting, or child behaviour following a relationship breakdown.

78% of the parents were the primary caregiver and 76% were mothers. More fathers were in a new relationship at the time of the study than mothers (18% vs 4.5%). In families with multiple children, parents were asked to nominate the child they were most concerned about.

# Study design

138 participants were randomly assigned to the intervention group (TPFT) and 67 to a wait-list control group, who were offered the intervention after the post-intervention assessment. Families were randomly allocated to each condition using block randomisation based on a computer-generated list of random numbers. The randomisation was completed by a researcher external to the study. Random assignment was based on the child, so where both partners decided to participate in the intervention, they were both assigned to the same condition (though in different intervention groups). The 138 intervention group participants were then further randomised between the 'standard engagement' and 'enhanced engagement' conditions. In the enhanced engagement condition, participants received the same intervention as the standard group, with the

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addition of weekly phone calls (12 in total) over the course of the intervention to encourage attendance at the session. There was no significant difference between number of sessions attended by parents in the enhanced group and those in the standard condition, so both groups were collapsed into one condition.

There were no significant baseline differences between conditions on demographic variables or outcome variables.

## Measurement

Assessments were completed at baseline and post-intervention (12 weeks post-baseline). The intervention group also completed a 12-month follow-up assessment.

- **Parent report** measures included the Eyberg Child Behaviour Inventory (ECBI), Parenting Scale (PS), Acrimony Scale (AS), Personal Resource Questionnaire (PSQ), and the Depression Anxiety Stress Scales (DASS).
- **Teacher report** measures include the Sutter–Eyberg Student Behaviour Inventory–Revised (SESBI-R)

## **Study retention**

#### Post-intervention

79.5% (163) of the initial 205 participants completed the post-intervention assessment, representing 78% (107) of intervention participants and 84% (56) of control participants. Overall attrition for the whole sample was 20.5%. Differential attrition between the two conditions was 8%. The study did not investigate the baseline differences between completers and attritors, or the baseline differences of the retained sample between the intervention and control conditions.

#### **Results**

#### Data-analytic strategy

At post-intervention, multivariate analysis of variance (MANOVA) was used to assess overall intervention effects, followed by Univariate analyses of covariance (ANCOVA) for continuous outcome variables (e.g. child behaviour problems, parenting style, parental adjustment) controlling for baseline scores. At long-term follow-up (12 months), repeated-measures MANOVA assessed sustained effects, with univariate ANOVAs examining significant changes in child behaviour, parental distress, anger, and co-parenting communication. Analysis at post-intervention demonstrates that an intent-to-treat approach was used. The treatment of missing data is not reported.

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## **Findings**

The intervention demonstrated significant effects on both intensity and amount of child behaviour problems, with the intervention group having significantly lower ECBI Intensity and Problem scale scores. No significant differences were found for teacher report of child behaviour.

The intervention also demonstrated a significant effect on a variety of parent outcomes in comparison to the control group, including reduced overreactive and overly verbose parental discipline. Parents in the intervention group also reported a significant reduction in their self-reported levels of stress and anger. The study did not find any significant intervention effects on parental depression or anxiety, co-parenting conflict, or social support. There was also no effect on laxness of parental discipline.

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point	
		Child or	ıtcomes			
Amount of child problem behaviour	ECBI (parent report)	D = 0.43	Yes	202	Post-intervention	
Intensity of child problem behaviour	ECBI (parent report)	D = 0.28	Yes	202	Post-intervention	
Amount of child problem behaviour	SESBI-R (teacher report)	D = 0.02	No	158	Post-intervention	
Intensity of child problem behaviour	SESBI-R (teacher report)	D = 0.03	No	158	Post-intervention	
Parent outcomes						
Over- reactivity	Parenting Scale – (parent report)	D = 0.27	Yes	199	Post-intervention	

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Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Laxness	Parenting Scale (parent report)	D = 0.29	No	199	Post-intervention
Verbosity	Parenting Scale (parent report)	D = 0.27	Yes	199	Post-intervention
Parental depressive symptoms	DASS – depression subscale (parent report)	D = 0.27	No	202	Post-intervention
Parental anxious symptoms	DASS – anxiety subscale (parent report)	D = 0.17	No	202	Post-intervention
Parental symptoms of stress	DASS – stress subscale (parent report)	D = 0.4	Yes	202	Post-intervention
Intensity of anger	State—Trait Anger Expression Inventory (STAXI- 2) — state subscale (parent report)	D = 0.15	No	201	Post-intervention
Frequency of anger	State—Trait Anger Expression Inventory (STAXI- 2) – trait subscale (parent report)	D = 0.22	Yes	201	Post-intervention
Social support	Personal Resource Questionnaire	D = 0.21	No	204	Post-intervention
Co-parenting conflict	Acrimony Scale	D = 0.03	No	202	Post-intervention

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# Other studies

No other studies were identified for TPFT.

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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.