

# A study of Group Triple P: training to improve parenting skills in low-income Portuguese mothers

<b>Submission date</b> 11/06/2018	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 05/07/2018	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 03/10/2022	<b>Condition category</b> Mental and Behavioural Disorders	<input checked="" type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Low-income families often have additional challenges in their parenting related to poverty, domestic violence, child abuse or substance abuse. Adults tend to experience high levels of parental stress and depressed mood. These factors have been linked with behavioral and emotional problems in children or teenagers, academic problems, negligence and child abuse, substance abuse or risky behavior. Parenting challenges generally include parents using force on children, negative family interactions, inappropriate communication patterns, and strictness. Positive Parenting Programs (Triple P) aim to encourage consistent and responsive family environments in which the child feels accepted and nurtured. This type of intervention has been identified as the most effective in reducing levels of child abuse and promoting society well-being. Portugal lacks positive parenting programs that might be used by field professionals who intend to implement such practices. To date, no studies with the Triple P system are known in Portugal. The current study evaluates the efficacy of the Group Triple P (level 4) with psychosocial risk Portuguese mothers.

### Who can participate?

Mothers or maternal substitutes of children aged between 3 -12 years living in psychosocial risk

### What does the study involve?

Participants are randomly allocated to one of two groups. The intervention group will be pre-contacted by telephone about 1 week before Group Triple P (intervention) start. The control group will continue to be contacted for usual intervention. All participants will receive a letter with call for evaluation interview 2 weeks after the end of Group Triple P and in 12-month follow-up.

### What are the possible benefits and risks of participating?

There are no risks for the participants; and previous studies show reduced anxiety, stress and depression, and parental stress in mothers, an increase in parental self-efficacy, the adoption of

more appropriate parenting practices (e.g., increased parental involvement and use of positive discipline, less physical punishment and verbal hostility), and an increase in the informal network of social support are also expected.

Where is the study run from?

Department of Social Income in Santa Casa da Misericórdia de Penafiel, Porto – Portugal.

When is the study starting and how long is it expected to run for?

January 2016 to June 2019.

Who is funding the study?

There is no external funding for this study.

Who is the main contact?

Sandra Nogueira

sandracat27@gmail.com

## Contact information

**Type(s)**

Scientific

**Contact name**

Prof Orlanda Cruz

**Contact details**

R. Alfredo Allen, Porto

Porto

Portugal

4200-135

**Type(s)**

Scientific

**Contact name**

Prof Isabel Macedo - Pinto

**Contact details**

R. Alfredo Allen

Porto

Portugal

4200-135

## Additional identifiers

**Protocol serial number**

2-12/2016

## Study information

## **Scientific Title**

Group Triple P: a randomized control trial in a group of psychosocial risk Portuguese mothers

## **Study objectives**

Triple P is expected to demonstrate its efficacy by significantly reducing emotional and behavioral symptoms in children, and by decreasing levels of anxiety, stress and depression, and parental stress in mothers. An increase in parental self-efficacy, the adoption of more appropriate parenting practices (e.g., increased parental involvement and use of positive discipline, less physical punishment and verbal hostility), and an increase in the informal network of social support are also expected.

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

Ethics board of the Faculty of Psychology and Educational Sciences of the University of Porto, in the person of its president Professor Dr. Marianne Lacomblez, 12/12/2016, 2-12/2016

## **Study design**

Randomized controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Prevention

## **Health condition(s) or problem(s) studied**

Mental health in caregivers and their children who live in high psychosocial risk situations

## **Interventions**

Participants were identified by social services and will be randomly allocated in two groups, intervention and treatment as usual control group. Participants randomization was made according to a list of computer generated numbers. The research assistants involved in the evaluation will be blind to the process of randomization.

Group Triple P is a group variant of Level 4 Triple P providing moderate to high intensity intervention and focusing on improving parent-child interaction and the application of parenting skills to a broad range of target behaviors. It consists of four weekly group sessions, three individual phone consultations and one closure group session. Given the low level of literacy of participating mothers, the first and third sessions were divided in two (as described in the Triple P manual) so as to attain all established objectives. Each group session lasts for approximately 2 hours, while the phone consultations are supposed to take 15-20 minutes each. The group sessions include content presentation, video watching, group discussions, and role-play exercises to promote positive and consistent parenting practices. Parents are also encouraged to do take-home exercises to reinforce the content provided in each session. Group Triple P utilizes an active skills training process to teach parents a variety of parenting skills. Parents are introduced to 17 positive parenting strategies including strategies to develop good relationships with children, encourage desirable behaviors, teach new skills and behaviors, and manage children's misbehavior, as well as planned activities routines for high-risk situations to help parents to generalize and maintain parenting skills across settings and over time. During phone sessions, difficulties identified by parents or issues that parents would like to debate are

discussed with practitioner.

Parents in the control group will receive treatment-as-usual. Mothers receive economic support from Portuguese social welfare and have an individual or familiar intervention assured by caseworker. Once the intervention and evaluation protocols are completed, mothers in control group who wish to participate will be given the opportunity to attend the program.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

1. Emotional and behavioral symptoms in children, measured through the subscales of the Strengths and Difficulties Questionnaire (SDQ-P; Godman, 1997) and Conner's Teacher Rating Scale (Conners, 1998). This measures will be accomplished by principal caregivers and teachers at three timepoints: pre-intervention, post-intervention and at 12-months follow-up.
2. Parental sense of competence, measured through the subscales of the Parental Sense of Competence Scale (PSOC; Gibaud-Wallston & Wandersman, 1978)
3. Parent's use of ineffective parenting practices, measured through the subscales of Parenting Scale (Arnold, O'Leary, Wolff & Acker, 1993) and the Alabama Parenting Questionnaire (Frick, 1991).

These are self-report measures and will be filled by caregivers at three timepoints: pre-intervention, post-intervention and at 12-months follow-up.

## **Key secondary outcome(s)**

1. Parental psychological adjustment, measured by the subscales of Depression-Anxiety-Stress (DASS-21, Lovibond & Lovibond, 1995)
2. Parental stress, measured by subscales of Parental Stress Index-Short Form (PSI-SF, Abidin, 1990)
3. Informal social support network, measured through an adapted version subscale of Medical Outcomes Study Social Support Survey (MOS-SSS, Sherbourne & Stewart, 1991).

These are self-report measures and will be filled by principal caregivers at three timepoints: pre-intervention, post-intervention and at 12-months follow-up.

## **Completion date**

30/06/2019

# **Eligibility**

## **Key inclusion criteria**

1. Portuguese mothers or maternal substitutes
2. Principal caregiver of child aged 3 to 12 years
3. At psychosocial risk due to low income
4. Receiving economic support from Portuguese social welfare

## **Participant type(s)**

Mixed

## **Healthy volunteers allowed**

No

## **Age group**

Adult

**Sex**

Female

**Total final enrolment**

134

**Key exclusion criteria**

1. Has a child or children with developmental disorders (e.g. autism) and/or chronic illness
2. Has an intellectual impairment or is hearing/visually impaired
3. Current drug/alcohol abuse

**Date of first enrolment**

01/04/2016

**Date of final enrolment**

30/06/2018

## Locations

**Countries of recruitment**

Portugal

**Study participating centre**

**Santa Casa da Misericórdia de Penafiel**

GAB. RSI Largo de Santo António dos Capuchos

Penafiel

Portugal

4560-454

## Sponsor information

**Organisation**

Faculty of Psychology and Educational Sciences of the University of Porto

**ROR**

<https://ror.org/043pwc612>

## Funder(s)

**Funder type**

Not defined

## Funder Name

Investigator Initiated and Funded

## Results and Publications

### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be stored in a publically available repository on Open Science Framework with doi 10.17605/OSF.IO/K9E58, on a public project named Group Triple P - a randomized controlled trial with low-income mothers. Data were kept anonymous and all ethical and legal restrictions were considered.

### IPD sharing plan summary

Stored in repository

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		01/02/2021	15/04/2021	Yes	No
<a href="#">Dataset</a>			03/10/2022	No	No
<a href="#">Protocol (preprint)</a>			03/10/2022	No	No