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Building positive relationships with your teen: evaluating the Teen Triple P programme

Submission date	**Recruitment status**	[_] Prospectively registered
07/09/2023	No longer recruiting	[X] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
25/09/2023	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
05/03/2026	Other	

Plain English summary of protocol

Background and study aims

Many UK families with young people at the edge of care experience multiple and long-standing difficulties, including mental ill-health, violence, substance misuse, and relationship and behavioural difficulties. Young people are more at risk of entering the out-of-home care system when experiencing social disadvantage, maltreatment, parental substance misuse, or maternal depression. Drivers of adolescent out of home placements are associated with family stress and breakdown, and adolescent behavioural problems.

Who can participate?

Parents/carers of young people determined as being at risk of being placed in out-of-home care can participate in this study.

What does the study involve?

Standard Teen Triple P (Teen Triple P) is a parent skills training programme. Teen Triple P works with parents to help them find different ways to look after a young person in the family and improve family life. This can include dealing with challenges differently or taking on different positive approaches to supporting the young person. We want to find whether this programme (Teen Triple P) works by running a clinical trial.

Some families will receive Teen Triple P plus the routine support that they would normally get. Other families will only get the routine support that is currently offered. We will decide who gets the programme at random, which is like flipping a coin.

In order to work out whether Teen Triple P is helpful, our trial has two parts. In the first part, we will run what is called a 'pilot', this tests whether the trial can be run. If we find that this is the case, we will then move to do the second part, which is continuing with the main trial by inviting more parents/carers and young people to take part. All of the parents/carers and young people who take part will be asked to complete some measures of things that may change because of taking part in Teen Triple P. We are particularly interested in whether problem behaviours change over the course of the trial. We will also ask about their background, their general well-being, relationships within the household and with peers, and any antisocial behaviours. We will also interview some of the parents/carers and young people receiving Teen Triple P, and the professionals that deliver the Teen Triple P programme. We will also ask them about their experiences of taking part in the trial.

What are the possible benefits and risks of participating?
There are no marked disadvantages or risks to participating in this study over and above those associated with taking part in Teen Triple P if a parent/carer is selected to receive this. Their medical care will not be affected if they choose to participate in or withdraw from the study. Parents and young people will be asked to complete questionnaires and there may be a small risk that some of the questions may cause some distress because of the nature of the questions. They will be about the young people and some of the problems that they face.

Where is the study run from?
University of Warwick (UK)

When is the study starting and how long is it expected to run for?
January 2023 to September 2024

Who is funding the study?
The study is funded by the Youth Endowment Fund (YEF) (UK)

Who is the main contact?
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Contact information

Type(s)
Principal investigator, Scientific, Public

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Additional identifiers

Integrated Research Application System (IRAS)
324435

Protocol serial number
SOC.08/22-23

Study information

Scientific Title
A cluster-randomised controlled trial evaluating Teen Triple P with support-as-usual vs support-as-usual alone

Study objectives
Study objective:
To determine whether there is a benefit of support as usual (SAU) plus Standard Teen Triple P (TEEN TRIPLE P) over support as usual (SAU) in improving parent/carer rated adolescent externalising behaviour problems at 6-months post-randomisation in adolescents at the edge of care.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 16/06/2023, London - City and East Research Ethics Committee (Bristol Research Ethics Committee Centre, Whitefriars Level 3, Block B, Lewins Mead, Bristol, BS1 2NT, United Kingdom; +44 207 104 8124; cityandeast.rec@hra.nhs.uk), ref: 23/LO/0435

Primary study design
Interventional

Study design
Two-armed cluster randomized controlled trial with random allocation at the family level (families as clusters)

Study type(s)
Efficacy

Health condition(s) or problem(s) studied
Prevention of young people being placed in out-of-home care

Interventions
Teen Triple P:
Teen Triple P is a coordinated multi-level prevention/early intervention strategy that draws on social learning theory, applied behaviour analysis, research on child and adolescent development and developmental psychopathology, social information processing models and public health principles. It has many distinguishing features including its flexibility, varied delivery modalities, multi-disciplinary approach, and focus on self-regulation and generalisation of parenting skills.

Teen Triple P is an adaptation of the existing Level 4 Triple P programme (0-12 years), tailored specifically for this developmental period. This extension of the foundation Triple P programme into adolescence retains the relevant core components of the childhood programme (e.g., social and language skills, emotional self-regulation skills, independence skills, and problem-solving skills). However, Teen Triple P acknowledges the developmental shift and impending transition into adulthood, with an increased emphasis on negotiation, compromise, and shared decision-making. In addition, there is a focus on preparing adolescents to safely negotiate negative events and/or potentially risky activities that may negatively impact their health or well-being.

Parenting strategies to address issues that arise in adolescence are part of Teen Triple P, and include coaching problem-solving, holding a family meeting, dealing with emotional behaviour, and using skills to manage risky behaviour (Sanders & Mazzuchelli, 2018). An overarching emphasis in Teen Triple P is on changing how parents interact in ways that acknowledge this transitional developmental period (Ralph, 2018).
Standard Teen Triple P consists of ten individual sessions delivered one-to-one between practitioner and family.
The sessions address:
• Initial interview with the parent to gather information about teenager and family background.
• Family observation and assessment to identify primary problems, describe parent-teenage, family and community/sociocultural context within which problem behaviours occur.
• Sharing of assessment findings.
• Encouraging appropriate behaviour by learning strategies to interact with their teenager.
• Observation of parent using positive parenting strategies with their teenager (Part 1).
• Strategies for managing problem behaviour.
• Observation of parent using positive parenting strategies with their teenager (Part 2).
• Introducing a routine for dealing with risky behaviour.
• Using planning ahead routines for potential risky situations.
• Strategies for promoting generalisation and maintenance of behaviour change.
A key focus of all Triple P interventions is to train parents to generalise the parenting skills developed throughout the program to new problems, situations and to all relevant siblings.
A guided participation model of information transfer (Sanders & Lawton, 1993) is used to discuss assessment information with parents and to develop a shared understanding of the problem and possible contributing factors. This model involves providing descriptive, factual information and providing opportunities for parents to process and react to the practitioner's inferences and reasoning. The sharing of this reasoning provides a model for parents to examine causal inferences they make about their teenager's behaviour.
A self-regulation approach is used to teach parenting skills that promote parents' independence, confidence and future problem solving. Training is conducted in a way supportive of generalisation, in that parents are assisted to apply new skills to varied and novel situations rather than learning to apply specific management skills to a single discrete behaviour.

Support-as-usual:
Support-as-usual will be the standard support offered by local authorities to families accessing the edge-of-care services.

The total duration of the intervention is 10 weeks, with follow-up at 6 and 12 months post-randomisation (for both study arms).

Following baseline assessment, families will be randomised on a 1:1 basis to either the intervention (Teen Triple P and SAU) or control arm (SAU only) using stratified permuted block randomisation, stratifying by local authority. The randomisation will allocate families as a cluster, so that parents from the same family are in the same trial arm. The randomisation list will be produced in advance and will use a block size of 4. Randomisation will be conducted using statistical software R (version 4.2.2 -2022-10-31 ucrt), using R package 'blockRand'.
Departmental admin will be responsible for allocation and informing participants and intervention practitioners of a participants' allocation by secure file transfer.

Intervention Type
Behavioural

Primary outcome(s)

6 months post-randomisation Strengths and Difficulties Questionnaire (SDQ; Goodman, 1999) parent report externalising problems scale

Key secondary outcome(s)
Measured at baseline (pre-randomisation), 6 months post-randomisation and 12 months post-randomisation:
1. Strengths and Difficulties Questionnaire (SDQ; Goodman, 1999) parent report internalising problems scale, adolescent report externalising and internalising problems scales.
2. Parenting practices: Parenting Scale Adolescent version (PSA) parent report
3. Adolescent prosocial behaviours – The Prosocial behaviour subscale of the SDQ (Goodman, 1999). Adolescent and parent report.
4. Adolescent peer relationships – The Peer Relationship Problem subscale of the SDQ (Goodman, 1999). Adolescent and parent report.
5. Interparental outcome - Dyadic Adjustment Scale (DAS-7) is a 7-item measure (Sharpley & Cross 182; Hunsley et al., 2001). Parent report.
6. Parent mental health – the Kessler 6 (Kessler et al., 2003). Parent report.
7. Parent Wellbeing - The Warwick-Edinburgh Mental Well-being Scale (SWEMWBS; Tennant et al., 2007). Parent report.
8. Conflict Behavior Questionnaire (CBQ-20) (Robin & Foster, 1989). Parent and adolescent report.
9. Child-parent relationship – the Closeness subscale of the Child-Parent Relationship Scale (CPRS, short form) measures (Pianta, 1995). Parent report.
10. Family functioning – the Family APGAR scale. (Adapatability, Partnership, Growth, Affection and Resolve; APGAR; Smilkstein, 1978). Parent report.
11. Parent self-regulation – the Parenting Self-Regulation Scale is a 12-item parent-completed measure of parental-regulation (Tellegen et al., 2022).
12. Out of home placement
13. Antisocial behaviours - Self Report Delinquency Measure (SRDM; Smith & McVie, 2003)

Completion date
30/09/2024

Eligibility

Key inclusion criteria
1. Parents/carers of young people determined as being at risk of being placed in out-of-home care
2. Parent/carer is able to participate in the Teen Triple P programme
3. Young people are aged 11-15 years at screening

Participant type(s)
Service user, Other

Healthy volunteers allowed
No

Age group
Adult

Sex

All

Total final enrolment
32

Key exclusion criteria
1. Families where one or more parent has received a multi-session parenting programme covering similar content to Triple P over the previous 12 months
2. Families where one or more parent is currently receiving a multi-session parenting programme covering similar content to Triple P or any multi-component manualised family intervention, such as Multi-Systemic Therapy.

Date of first enrolment
01/08/2023

Date of final enrolment
29/02/2024

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Cambridgeshire County Council
8b Wagstaff Close
Cambridge
England
CB4 2PS

Study participating centre
Gloucestershire County Council
Shire Hall
Westgate Street
Gloucester
England
GL1 2TG

Study participating centre
Birmingham Children's Trust
Zone3
Ground Floor
Lancaster Circus

Queensway
Birmingham
England
B4 7DJ

Study participating centre
Peterborough City Council
Sand Martin House
Bittern Way
Fletton Quays
Peterborough
England
PE2 8TY

Study participating centre
Merton Council
Merton Civic Centre
Morden
England
SM4 5DX

Study participating centre
Wirral Borough Council
Cheshire Lines Building, Canning Street
Birkenhead
England
CH41 1ND

Sponsor information

Organisation
University of Warwick

ROR
https://ror.org/01a77tt86

Funder(s)

Funder type

Charity

Funder Name
Youth Endowment Fund

Alternative Name(s)
YouthEndowFund, YEF

Funding Body Type
Private sector organisation

Funding Body Subtype
Trusts, charities, foundations (both public and private)

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study will be available upon reasonable request from warwickTeenP@warwick.ac.uk

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Funder report results		01/07/2025	05/03/2026	No	No
Protocol (other)			12/09/2023	No	No
Study website		11/11/2025	11/11/2025	No	Yes