Brief Report of Trial of Resilience Triple P

Results and Practical Applications for Families and Schools

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Purpose of Study

This study examined the effectiveness of a family intervention, *Resilience Triple P*, for reducing bullying and emotional distress of primary school children.

Background

Previous research has found that being bullied at primary school can cause serious consequences including depression, health problems, behaviour problems and drop in academic performance. Most previous interventions have been whole-school programs and, overall, these have made only small improvements for children who are bullied.

Description of Intervention

*Resilience Triple P* is a family intervention for children bullied by peers. There are 8 sessions conducted in groups. Four sessions are for parents only and cover strategies to support children’s development of social and emotional skills. The other 4 sessions are for children with their parents present. Children are taught social and emotional skills for developing good relationships with peers and handling difficult situations like conflict and bullying.

Research

We recruited 111 families who were concerned about the bullying of their child aged between 6 and 11 years. Families attended 3 assessments over a 9-month period. After the initial assessment, families were randomly allocated to either
receiving the Resilience Triple P program straight away, or to an active control group. Families in the active control group were free to pursue other options to address bullying and were offered the program after all assessments were completed. All schools were informed of the family’s concern about bullying and teachers were asked to help monitor the child’s progress through completing questionnaires at the 3 assessment points. Many schools reported they were not previously aware there was an issue of bullying, and some schools did not agree the child was bullied. Progress of families who did Resilience Triple P was compared to progress of families in the active control group over 9 months.

Outcomes for Bullying

Children in both Resilience Triple P and active control conditions reported substantial reductions in bullying over time, but a greater proportion of children who received Resilience Triple P reported being bullied less, as shown below.

*Children reports of bullying at final assessment*
Parents of both Resilience Triple P and active control children also reported significant reductions in bullying over time, but parents who participated in Resilience Triple P reported much greater reductions as illustrated below.

**Parent reports of bullying at final assessment**

Teachers reported significantly greater reductions in overt bullying (physical and verbal) for children who had received Resilience Triple P compared with active control children.

**Teacher reports of overt bullying over time**
Outcomes for Children’s Distress

Children who received Resilience Triple P reported much greater reductions in distress over time than did active control children. As shown below, more children who received Resilience Triple P than active control children said they felt better about peer behaviour by the final assessment.

*How children felt about peer behaviour at final assessment*

![Pie chart showing children's feelings about peer behaviour at final assessment](chart1)

Significantly more parents of Resilience Triple P children reported their child was coping better or much better with peer behaviour, compared with active control families.

*How parents said children were coping with peer behaviour*

![Pie chart showing parents' perceptions of children's coping with peer behaviour](chart2)
Children’s reports of how upset they felt by other children’s behaviour in the previous week at school fell greatly over the 9 months for children who received Resilience Triple P as well as children in the active control condition. As shown below, at the initial assessment children from both Resilience Triple P and active control groups were significantly more upset than children from a general population sample. However, by the final assessment, active control children were no more upset, and Resilience Triple P children were marginally less upset than children from the general population sample. For children who were initially highly upset, significantly more Resilience Triple P (79%) than active control (50%) children moved out of the highly upset range by the final assessment.

**How upset children were in the previous week by behaviour of other children**

Parents rated children’s symptoms of depression over the three assessment periods. There were significant reductions
in symptoms of depression reported for active control children over time, but parents of Resilience Triple P children reported much greater reductions in depressive symptoms. For those children who had initially high levels of depressive symptoms, significantly more Resilience Triple P (65%) than active control (21%) children had moved out of the high range by the final assessment. As shown in the graph below, at the initial assessment, the average for depressive symptoms for both Resilience Triple P and active control groups was much higher depression than the general sample. Depressive symptoms for the Resilience Triple P group substantially reduced over time. However, at the final 9-month assessments, average depressive symptoms for both Resilience Triple P and active control children was still higher than the average for the general population sample.

**Symptoms of children’s depression reported by parents**

![Graph showing depression symptoms over time for Resilience Triple P and active control groups compared to the general population sample mean.](image)
Outcomes for Children’s Social Skills and Relationships

Across a wide range of measures of children’s social behaviour, social skills and relationships with peers, children who did Resilience Triple P showed greater improvements than children in the active control condition. Children who did Resilience Triple P:

- Became better liked by peers of the same and opposite sex (according to teachers)
- Showed less aggressive behaviour towards peers (according to teachers)
- Reported greater use of words in solving problems in responding to problems with peers
- Reported increases in their level of friendships to equivalent to children in the general population
- Became better at dealing with provocative behaviour of peers (according to actors’ assessment in role-plays)
- Improved their relationships with brothers and sisters (according to parents)
- Reported liking school more over time

Summary of Main Findings

- Children whose families participated in a targeted cognitive-behavioral family intervention (Resilience Triple P) demonstrated much better outcomes than active control families over 9 months of monitoring, including greater reductions in bullying, much less emotional distress and greater improvements in social behaviour and peer relationships.
The improvements of children in the active control condition in reduced bullying over time shows that when parents and schools are aware of bullying of particular children they can make a significant positive impact.

There were lingering depressive symptoms for a significant minority of children who did Resilience Triple P (35%) and the majority of children in the active control condition (79%) at the final 9-month assessment. Previous research shows that depressive symptoms can be both a risk factor for being bullied in the first place, and a consequence of being bullied, and that depression can persist months after bullying stops. From our findings of residual depressive symptoms for some children at the final 9 month assessment, we would recommend that children who have experienced bullying are monitored for symptoms of depression for many months afterwards by parents and teachers, and, if a child’s emotional state deteriorates, further help should be sought.

**Practical applications for parents**

- Keep using the strategies—we know they work. Continue to maintain a warm and responsive relationship with your child, support their friendships, coach them in problem-solving, remind your child about the strategies they learnt, and work with the school to solve problems.

- For most children, depressive symptoms reduced in the months following Resilience Triple P. If your child acts
increasingly distressed or you are concerned about their emotional well-being, seek further professional help.

- Never settle for your child continuing to be bullied. If and when issues arise, follow through with the Resilience Triple P strategies until you have addressed the issue.

**Practical Recommendations for School Staff**

- Our research shows that when parents and schools are aware of a problem for an individual child, they can make a positive impact. Schools may not always be aware of issues for particular children and it is very important they are open and responsive to parents’ as well as children’s concerns about treatment by peers.

- Being bullied at school can have serious consequences for children’s ongoing emotional health. If a child is distressed about behaviour of peers at school, (regardless of whether the behaviour meets the school definition of “bullying”), it is recommended that the school works with the child and parents to seek to improve the situation for the child.

- Participating in Resilience Triple P had positive impacts on children’s bullying victimization, distress, depression, peer relationships, social skills, aggressive behaviour and liking school. Schools currently invest a lot of time and resources into supporting children with behaviour problems. It is recommended that schools invest greater time and resources into supporting children who are victims of peer bullying.