



RESTACKING THE ODDS

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TECHNICAL REPORT

Parenting Programs for child behavioural problems: An evidence-based review of the measures to assess quality, quantity and participation.

Carly Molloy

Caitlin Macmillan

Nicholas Perini

Christopher Harrop

Sharon Goldfeld

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EXECUTIVE SUMMARY

Restacking the Odds: Project Background

Too many children are born into circumstances that do not provide them with a reasonable opportunity to make a good start in life. Disadvantaged circumstances for children lead to developmental inequities in physical health, social-emotional wellbeing, and academic learning. These inequities emerge in early childhood and often continue into adulthood, contributing to unequal rates of low educational attainment, poor mental and physical health and low income. In some cases, this experience is part of a persistent cycle of intergenerational disadvantage. Inequities constitute a significant and ongoing social problem and – along with the substantial economic costs – have major implications for public policy.

Research has shown that to redress these developmental inequities, efforts should be delivered during early childhood (pregnancy to 8 years of age) to have the greatest benefits. As a result, *Restacking the Odds* focuses on five key evidence-based interventions/platforms in early childhood (see *Figure 1: Five Fundamental Strategies*):

1. Antenatal care;
2. Sustained nurse home visiting;
3. Early childhood education and care;
4. Parenting programs; and
5. The early years of school.

These five strategies are only a subset of the possible interventions relevant to early childhood, but have been selected carefully. They are notably *longitudinal* (across early childhood), *ecological* (targeting child and parent), *evidence-based*, and able to be *targeted* to benefit the ‘bottom 25 per cent’ (i.e., those most disadvantaged). The premise is that by ‘stacking’ these fundamental interventions (i.e., ensuring they are all applied for a given individual) there will be a cumulative effect - amplifying the effect and sustaining the benefit.

For each of the five strategies, the intent is to use a combination of data-driven, evidence-based and expert-informed approaches to develop measurable, best practice indicators of quality, quantity (access) and participation (reach):

Quality: Are the strategies *delivered effectively*, relative to evidence-based performance standards?

A strategy with “quality” is one for which there is robust evidence showing it delivers the desired outcomes. A large number of research studies have explored aspects of this question (i.e., “what works?”). Therefore, *particular attention is paid to the quality dimension in this report.*

Quantity: Are the strategies *available locally* in sufficient quantity to meet the needs and size of the target population? The dimension of “Quantity” helps determine the quantum of effort and infrastructure needed to adequately deliver the strategy for a given population.

Participation: Do the appropriately targeted children and families *participate*, at the right dosage levels? “Participation” provides information on what dosage constitutes sufficient participation in the strategy to produce the desired benefit – e.g. the length and/or number of parenting program sessions attended?

In this project, indicators of quality, quantity and participation are used to help identify gaps and priorities in Australian communities. This will include testing preliminary indicators in 10 communities over the next 3 years to determine which are pragmatic to collect, resonate with communities, and provide robust measures to stimulate community and government action.

The findings summarised in this report on the first strategic area – Parenting Programs - will provide essential inputs to guide subsequent work for the *Restacking the Odds* project. There is a similar report for each of the five strategies.

FIVE FUNDAMENTAL STRATEGIES			
Antenatal	Early childhood		School years
	Birth to 2 years	2-5 years	
1 Antenatal care <ul style="list-style-type: none"> Targeted at parents Centre-based <i>Outcomes:</i> healthy birth weight, good brain health, appropriate care, “adequate parenting” 	3 Early childhood education and care <ul style="list-style-type: none"> Targeted at all children (in groups) High quality for all children Delivered out of home in a “pseudo-home-learning environment” <i>Outcomes:</i> children on optimal developmental pathway (cognitive and social-emotional), school readiness 	5 Early years of school <ul style="list-style-type: none"> Targeted at all children School-based <i>Outcomes:</i> children on optimal learning pathway by Year 3 	
2 Sustained nurse home visiting <ul style="list-style-type: none"> Targeted at disadvantaged parents Health and development support Home-based <i>Outcomes:</i> parents develop parenting skills 	4 Parenting programs <ul style="list-style-type: none"> Targeted at parents whose children have behavioural issues (higher prevalence in disadvantaged families) Centre-based, delivered in groups or 1:1 <i>Outcomes:</i> remedy of specific emerging behavioural issues 		

Figure 1: Five fundamental strategies

Introduction: Parenting Programs for Child Behaviour Problems

Parenting programs (PP) refer to interventions that aim to improve child behaviour by enhancing the knowledge, skills and/or psychosocial health of the child’s parents, particularly for those from disadvantaged/vulnerable families (Macvean, Wade, Devine, Falkiner, & Mildren, 2014). Parenting practices and styles (e.g. parental hostility, parenting consistency, or spontaneous praise) are well-recognised factors that influence a child’s developmental outcomes such as cognitive skills, academic performance and behaviour (Clarke & Younas, 2017; Kalil, 2015; Macvean et al., 2014). Parenting interventions for improving child behaviour may include, teaching parents behavioural strategies to increase desired behaviours and decrease unwanted ones (Eccleston, Fisher, Law, Bartlett, & Palermo, 2015), emotion socialisation and sensitivity practices (Wilson, Havighurst Sophie, & Harley Ann, 2012), and enhancing awareness and thinking skills in parents to help them cope with challenging parent-child interactions (J. Barlow et al., 2011; Love et al., 2005).

Poor quality parenting is associated with child behaviour problems. Research has established the strong association between parenting quality and young children’s behaviour and development, suggesting parenting may to some extent mediate the risks for child development associated with other known risks such as an impoverished environment (Kiernan & Mensah, 2011). Specific associations have been reported between child behavioural problems and maternal negative parenting behaviours (e.g. harsh, controlling, uninvolved parenting) and maternal stress (e.g. low self-esteem, lack of confidence) (Mullan & Higgins, 2014). Poor parental attachment and responsivity is related to an increased risk of a range of adverse cognitive, emotional and physical health outcomes, including but not limited to, impaired language acquisition, behavioural and conduct disorders, antisocial and risk-taking behaviours, mental health issues and cardiovascular health problems (Gutermuth et al., 2005; Laucht, Esser, & Schmidt, 2001), whereas over-involved and protective parenting contributes to child emotional problems (Jordana K. Bayer, Sanson, & Hemphill, 2006). In an effort to improve child behavioural problems, an increasing number of systematic reviews have demonstrated the effectiveness of parenting programs on children’s literacy, behavioural, and emotional outcomes (J. Barlow, Smailagic, Huband, Roloff, & Bennett, 2014; Eccleston et al., 2015; Furlong et al., 2013).

National data from the Longitudinal Study of Australian Children (LSAC) suggest that approximately 12%, 16%, and 9% of children aged 2-3 years, 4-5 years, and 6-7 years respectively, experience behavioural, emotional, and/or social problems (Australian Institute of Family Studies, 2006). Data from Victoria show that children from families with low socioeconomic status, with special needs, or whose parents have a mental health problem, are at higher risk for behavioural problems, and the prevalence is more than double that of the general Victorian population (Australian Institute of Family Studies, 2006).

Aim

This restricted review of the peer-reviewed evidence base for parenting programs addressed two questions:

1. Which parenting programs have a positive effect on child behavioural and emotional problems?
2. What population is most likely to benefit from participation in a high quality parenting program and at what dosage-level?

Method

Our literature review utilised a restricted evidence assessment (REA) methodology. The REA is a research methodology that uses similar methods and principles to a systematic review but makes concessions to the breadth and depth of the process, in order to be completed within a short timeframe. Rigorous methods for locating, appraising and synthesising the evidence related to a specific topic are utilised by the REA; however, the methodology places a number of limitations in the search criteria and in how the evidence is assessed. A separate search for the key drivers (quality, participation, quantity) was not required as all relevant parenting programs will be captured and information about quality, participation, or quantity can be extracted from individual studies if available.

Peer-reviewed Literature

We sought to identify meta-analyses and systematic reviews and randomised controlled trials (RCTs) between January 2006 and January 2017 from the peer-reviewed literature with the aim of identifying both specific parenting programs as well as general approaches to parenting programs. Meta-analyses and systematic reviews, constitute the highest levels of evidence, based on the National Health and Medical Research Council (NHMRC) evidence hierarchy as they combine the results from multiple studies to increase the power (over a single study) and produce a more precise estimate of the effect of treatment by consolidating sometimes conflicting results across studies (Hoffman, 2015). RCTs on the other hand are considered the ‘gold standard’ way to assess a program’s effectiveness.

Grey Literature

We also conducted a grey literature search. Grey literature refers to unpublished or not commercially published written material (Source, 2018). Literature may be produced by governments, academics, business or industry, in either print or electronic formats, but is not commercially available. We focused on several well-known international and Australian evidence databases. We searched for parenting programs that met our selection criteria and were not already ranked as supported from the peer-review search. For each of these parenting programs we checked how each was ranked (supported, promising, unknown etc.) according to what specific criteria in order to compare it to our own ranking of the evidence. Parenting programs identified in this manner were re-classified to be in line with our ranking where they may have differed.

Ranking the Evidence

Each systematic review, meta-analysis, and RCT that met the inclusion criteria was subject to a quality and bias check. Study quality includes assessment of internal validity or the degree to which the design and the conduct of the study avoid bias (e.g. through randomisation, allocation concealment and blinding) and external validity or the extent to which the results of the study can be applied, or generalised, to the population outside the study. The quality and bias information was used to consider the conclusions of included studies and systematic reviews/meta-analyses to determine the potential effectiveness of each parenting program identified.

In consideration of the accumulated evidence for related studies a judgement was reached about the strength of the evidence base for each parenting program (see [Appendix C](#) for full details). The criteria is adapted from The California Evidence-based Clearinghouse for Child Welfare (The California Evidence-based Clearinghouse for Child Welfare, 2017). This was determined by two independent raters and consensus reached in the event of any rating discrepancy.

- *Supported.* Clear, consistent evidence of benefit.
- *Promising.* Evidence suggestive of benefit but more evidence needed.
- *Evidence fails to demonstrate an effect.*
- *Unknown.* Insufficient evidence or no effect.
- *Concerning practice.*

Expert Evaluation of Draft Indicators

The distilled list of indicators was vetted by two Australian experts:

- *Annette Michaux*. Director Parenting Research Centre.
- *Robyn Mildon*. Executive Director Centre for Evidence and Implementation.

These experts were asked to independently comment on the developed list of parenting program supported programs and their input was sought on potential metrics for quantity, and participation indicators.

Findings

The studies identified by the search strategy included prevention as well as targeted behaviour treatment programs. A total of 88 parenting programs were identified by the search, of these 9 were rated as Supported, 61 Promising on child and/or parent related outcomes, 6 Evidence fails to demonstrate effect on child and/or parent related outcomes, 17 Unknown, and 0 Concerning practice – see Table 1 for a list of supported and promising parenting programs.

Table 1: List of parenting programs by evidence ranking

Supported Parenting Programs
<ul style="list-style-type: none"> • Child-Parent Psychotherapy • Common Sense Parenting • Community Parent Education Program (COPE) • Family Check-up • Incredible Years (standard) • Parent Management Training – Oregon Model • Parent-Child Interaction Therapy • Triple P – Level 4 • Tuning into Kids
Promising Parenting Programs
<ul style="list-style-type: none"> • 1-2-3 Magic parenting program • 1-2-3 Magic Emotion Coaching parenting program • 3 sessions targeting modifiable parenting risk factors (parent outcomes) • Behavioural Parent Training (child outcomes) • Being Brave (modified version of Coping Cat program) • BRAVE ONLINE for Children • Bringing Up Great Kids • CBT (cognitive behavioural therapy) & educational program (parent outcomes) • Chicago Parenting Program • Child FIRST • Circle of Security – Parenting (parent outcomes - limited) • COMET (COmmunication METHod): Parent Management Training – Practitioner Led • COMET (COmmunication METHod): Parent Management Training - Self-directed • Connect • Cool Little Kids • COPEing with Toddler Behaviour • Defiant Children: A clinician’s manual for assessment and parent training • Discussion Group + Phone consultation • Early Pathways Program

- EFFEKT (Enhancing the development of families) (parent outcomes)
- Emotional Attachment & Emotional Availability (Tele-intervention)
- Empowering Parents, Empowering Communities
- Exploring together
- Family Foundations
- Family Spirit
- FAST – Elementary School Level
- Healthy Start Home Visit Program
- Helping the non-compliant child
- Hitkashrut
- Home Start (parent outcomes)
- Home-based Intervention Program for VLBW infants
- Incredible Years – Abbreviated version 10 weeks
- Incredible Years – Abbreviated version 8 weeks
- Incredible Years – High dose
- Incredible Years – Standard + Advanced
- Incredible Years – Standard + Child Therapy
- Incredible Years – Standard + Classroom
- Incredible Years (Modified) – Targeting multiple family risk factors
- Korean Parent Training Program
- Mother-Infant Transaction Program (child outcomes)
- New Forest Parenting
- Online Parent Management Training
- Parent-Child Interaction Therapy (Modified) - culturally tailored version (Mexican American families)
- Parent Effectiveness Training (PET)
- Parenting Matters (child outcomes)
- Parenting your Hyperactive Pre-schooler Program
- Pathways Home
- Planned Activities Training (PAT) + Cellular Phone Enhanced (CPAT)
- Playsteps
- Practitioner Led Circle of Security – Home-visiting
- Queen Elizabeth Centre – intensive group education
- Self-help book + telephone consultation
- Strongest Families Smart Website
- Toddlers Without Tears (parent outcomes - limited)
- Triple P – Level 4 Self-directed
- Triple P – Online
- Triple P – Self-directed, Therapist-assisted
- Turtle program
- Video-feedback Intervention to promote Positive Parenting (VIPP)
- Video-feedback Intervention to promote Positive Parenting + Sensitive Discipline (VIPP-SD) (parent outcomes)
- Video-feedback Intervention to promote Positive Parenting + Representational focus (VIPP-R) (parent outcomes)

Evidence fails to demonstrate effect

- CBT & educational program (child outcomes)
- Circle of Security – Parenting (child outcomes)
- Clinic-based Intervention Program for VLBW infants (child outcomes)
- Home Start (child outcomes)
- Toddlers Without Tears (child outcomes)

<ul style="list-style-type: none"> • Video-feedback Intervention to promote Positive Parenting + Representational focus (VIPP-R) (child outcomes)
Unknown
<ul style="list-style-type: none"> • Active Parenting • Brief parent-implemented language intervention • Group Parent Curriculum (Parenting the Strong-Willed Child) • Incredible Years (Modified) – Abbreviated version 6 weeks • Intensive Behaviour Therapy • Lou & Us • Making Choices and Strong Families Program • Parent-Child Interaction Therapy (Modified) (PCIT)-Emotion Development • ParentCorps • Preparing For Life Program • Primary Care - Triple P • Self-directed program (Every Parent’s Self-Help Workbook) • Self-directed program + Practitioner (Every Parent’s Self-Help Workbook) • SNAP girls connection • Specific Nurse Home Visitation • Triple P – community-wide approach • Triple P (Modified) – culturally tailored version (Australian Indigenous families)
Concerning practice
None identified

The majority of the listed parenting programs in Table 1 only included one research paper that met our selection criteria (published literature 2006 and 2017) and as such most interventions failed to meet the evaluation criteria for Supported (i.e. replication) even before individual study data was examined. The findings related to the 9 supported parenting programs are summarised below.

Triple P Parenting Program

The Triple P parenting program was effective at improving child disruptive and problem behaviours and internalising symptoms, and a range of parent outcomes (parenting, parent mental health and wellbeing, and parent relationship).

Incredible Years

The Incredible Years parenting program was effective at improving child disruptive and problem behaviours and child mental health, a range of parent outcomes (parenting, parent mental health and wellbeing, and parent relationship), and parent-child interaction.

Tuning into Kids

The Tuning into Kids parenting program was effective at improving child behaviour and emotion knowledge and improving parenting skills.

Parent-Child Interaction Therapy

Parent-Child Interaction Therapy is effective at reducing child problem behaviours (externalising and internalising), parent-child interaction, and parenting skills and mental health and wellbeing.

Family Check-up

Family Check Up is effective at reducing child problem behaviours and parenting skills and mental health and wellbeing.

Parent Management Training – Oregon Model

Parent Management Training – Oregon Model is effective at reducing child problem behaviours and parenting skills, including step-fathering.

Child-Parent Psychotherapy

Child-Parent Psychotherapy has been shown to be effective at reducing child behaviour problems and stress, and increasing levels of secure attachment. In mothers it has been effective in decreasing stress and reducing avoidant symptoms.

Common Sense Parenting

Common Sense Parenting has been shown to be effective at reducing child externalising behaviours and behaviour problems and increasing parent satisfaction and efficacy.

Community Parent Education Program (COPE)

Evidence shows that COPE is effective at improving child behaviour and parenting skills and mental health and wellbeing.

Evidence Summary: approaches to parenting programs

There were a number of systematic reviews/meta-analyses identified in the search that examined approaches to delivery of parenting programs compared with a control condition. These included;

- Parent Management Training (PMT)
- Group-based parenting programs
- Psychosocial interventions
- Self-directed parenting interventions
- Behavioural intervention for Attention Deficit Hyperactivity Disorder (ADHD)
- Parenting training to reduce ADHD

Each of these approaches to parenting programs successfully facilitated change in problem child behaviour and/or relevant parent outcomes, although the effects varied. Only PMT was found to improve both child internalising and externalising problem behaviours. The remaining approaches were found to improve either one or the other, not both. Specifically, group-based parenting programs, psychosocial interventions and self-directed parenting interventions were found to improve child externalising problems, whereas parenting training to reduce ADHD was unexpectedly only found to improve child internalising problems, whereas behaviour interventions for ADHD were found to reduce ADHD symptoms more generally.

All approaches where parenting outcomes were measured found some positive change. Self-directed parenting interventions were found to improve parent wellbeing and behaviour and group-based parenting program were found to improve both positive and negative parenting practices, and mental health.

Not surprisingly, many of the systematic reviews/meta-analyses included programs that were individually rated as supported and there was also some commonality in programs included across approaches (e.g. could be a group-based program and a parent management program). The Incredible Years program, Triple P and Parent-Child Interaction Therapy in particular fell across different categories of “approaches” and were also ranked as supported by this review process.

Parenting Programs Participation

The second step of data analysis, after identifying effective parenting programs, was to determine if there was adequate information to establish thresholds for participation.

Although most studies provided some attendance data (e.g. proportion who attended at least 1 session or proportion who attended x number of sessions) there was insufficient information to critique the optimal dosage by each supported program. The focus of the included RCTs was on program effectiveness and thus variables related to participation were not systematically manipulated to determine optimal participation thresholds.

We sought to determine the portion of the general population that should participate in parenting programs, and the relevant dosage level (i.e. number of hours or sessions). We were unable to find any specific evidence for the optimal participation rate but there are data related to the at-risk population that would likely benefit from participation in a Supported parenting program.

Target Population

As noted in the introduction, data from the longitudinal study of Australian children suggest that approximately 12%, 16%, and 9% of children aged 2-3 years, 4-5 years, and 6-7 years respectively experience behavioural, emotional and/or social problems (Australian Institute of Family Studies, 2006). This rate is consistent with data from the Australian Child and Adolescent Survey of Mental Health and Wellbeing, which found that approximately one in seven (14%) of children aged 4-17 years experienced a mental disorder (Lawrence et al., 2015). An Australian longitudinal population-based survey also demonstrated similar rates of behaviour problems: externalising behaviour problems for children aged 18 months were (9.5-13.1%), 24 months (12-12.5%) and 36 months (8.7-14.2%) (J. K. Bayer, Hiscock, Ukoumunne, Price, & Wake, 2008) and the prevalence of internalising behaviour problems were 18 months (4-5.2%), 24 months (7.4-10.2%) and 36 months (11.1-13.6%) (J. K. Bayer et al., 2008). Data also show that these rates are higher for children from families with low socioeconomic status (Australian Institute of Family Studies, 2006; Lawrence et al., 2015).

Although it is true that children under 2 years might be at-risk for behavioural problems it is often too young for a diagnosis. Furthermore, most parenting programs are designed for parents with children from age 2 years. There are other supports in place for vulnerable/disadvantaged families with children under 2 years, such as nurse home visiting programs, that would be most relevant for families with younger children.

Overall the data suggests that at least 9-16% of parents with children aged 2-8 years should have access to a parenting program in the population at large, and more than this in disadvantaged areas.

Dosage-level

Most studies provided some attendance data (such as the proportion who attended at least 1 session, or who attended x sessions). However, the type of data collected, attendance rates and the way it was analysed varied greatly between studies making comparisons between studies difficult. The focus of the included RCTs was on program effectiveness, and so variables related to participation were not systematically manipulated to determine optimal participation thresholds.

Of the studies that reported any attendance information, the mean portion of sessions attended by parents who showed positive effects on child and parent outcomes was as follows:

- Triple P: 40-96% attendance of 8-9 sessions
- Incredible Years: 55-92% attendance of ~14 sessions
- Tuning into Kids: ~80% attendance of 6 group sessions and ~50% of 2 booster sessions
- Parent-Child Interaction Therapy: 76-86% attendance of ~6 sessions
- Family Check-up: 100% attendance of 3 sessions
- Parent Management Training – Oregon Model: not adequately addressed

The California Evidence-based Clearinghouse for Child Welfare did not provide specific detail on the mean attendance for Child-Parent Psychotherapy, Common Sense Parenting or COPE.

The literature did not provide any clear data to determine what the threshold for participation should be for any given program. Based on the available data, we have assumed that the parameters outlined in each specific parenting program is the intended dose and approximate level of attendance required to gain a positive effect, although as illustrated above the attendance level varied widely across studies and programs.

Parenting Programs Quantity

The search strategy utilised did not yield any relevant studies related to quantity.

The determination of required quantity of parenting programs in a given community is a function of the size of the population, the portion of the population participating, and the effort required to provide the right standard of care. This is largely a practical consideration, and the literature reviewed did not provide any specific data related to this driver. However, there are two dimensions that are related to quantity:

- Is there sufficient infrastructure? i.e., the number of parenting program places per defined population (approximately 15% of children aged 0-8 years).
- Is there sufficient workforce? i.e., the number of parenting program facilitators.

CONCLUSIONS

Using the factors identified in the research literature we developed key indicators using quality, quantity, and participation metrics that informed the evidence-based benchmark framework for parenting programs. The framework is summarised below.

Parenting Programs quality indicators

There are two parts to the quality indicator for parenting programs:

1. Supported parenting programs – RCT, replication, maintenance effects of at least 6 months.
2. Implementation – the supported parenting program should be administered according to the parameters under which the programs were evaluated, including program objective, child age, format, duration and intensity, and provider qualifications.

The evidence-based quality indicator is:

Quality indicator

The parenting program is one of the nine ‘Supported’ programs, and is implemented according to the best practice parameters associated with that program

Supported parenting programs and the corresponding implementation parameters are presented in Table 2.

Table 2 Supported Parenting programs and implementation parameters

Program	Objective	Child Age	Format	Duration & Intensity	Provider Qualifications
Child-Parent Psychotherapy	Treatment	0 to 5 years	Parent-child dyad	52 weekly sessions (1 year) of 1-1.5 hour	Master’s level training
Common Sense Parenting	Prevention &/or treatment	6 to 16 years	Group sessions	6 weekly sessions of 1 hour (8-10 parents)	High school or Bachelor (specific training for credentials)
Community Parent Education Program (COPE)	Prevention &/or treatment	3 to 12 years	Group sessions	10 weekly sessions of 1 hour (up to 25 parents)	Paraprofessional
Family Check-up	Prevention (targeted at at-risk families)	2 to 3 years	Individual families	3 weekly or fortnightly sessions of 1 hour	Master’s degree + clinical experience

Incredible Years – Basic Parent Training Program	Prevention &/or Treatment	2.5 to 12 years	Group sessions	14 weekly sessions of 2 hours	Master's level (or equivalent) clinicians
Parent-Child Interaction Therapy	Treatment	2 to 7 years	Individual parents	5-7 weekly sessions of 1-2 hours	Master's degree
Parent Management Training – Oregon Model	Prevention &/or treatment	2 to 18 years	Individual families	10-25 weekly sessions of 1 hour	Bachelor's degree with appropriate clinical experience
Triple P – Level 4	Prevention &/or Treatment	2 to 16 years	Group + Individual phone sessions	8-9 weekly sessions of 2-2.5 hours	Triple P accredited facilitator
Tuning into Kids	Prevention &/or treatment	4 to 6 years	Group sessions	6 sessions of 2 hours + 2 two-monthly boosters	Unspecified

Parenting Programs participation indicators

The literature reviewed did not provide any clear data to determine what the threshold for participation should be for any given program. Based on the available data, we have assumed that the parameters outlined in each specific parenting program is the intended dose and approximate level of attendance required to gain a positive effect. In view of this, the indicator for participation was determined to be:

Participation indicator

The proportion of targeted families (i.e. those with 2-8 year olds experiencing behaviour problems) enrolled in a Supported parenting program who attend at least 85% of the program's sessions

Parenting Programs quantity indicator

The determination of required quantity of parenting programs in a given community is a function of the size of the relevant population, the portion of the population who would benefit from participating, and the effort required to provide the right standard of care. This is largely a practical consideration, not research question, and there are two practical dimensions related to quantity:

- Is there sufficient program capacity to serve the demand? i.e., the number of parenting program places per defined population (approximately 12% of children aged 2-8 years).
- Is there a sufficient qualified workforce? i.e., the number of qualified parenting program facilitators.

Our quantity indicator addresses both of these dimensions:

Quantity indicator

The number of places available in Supported parenting programs led by qualified facilitators, relative to the target population

Application

The preliminary indicators we have selected will help identify gaps and priorities for parenting programs in Australian communities. We will test them in ten communities over the next three years to determine which are pragmatic to collect, resonate with communities, and provide robust measures to stimulate community and government action. We will follow a similar path for the other four fundamental strategies that Restacking the Odds is focusing on – antenatal care, sustained nurse home visiting, early childhood education and care, and the early years of school.

BACKGROUND: Restacking The Odds

Too many children are born into circumstances that do not provide them with a reasonable opportunity to make a good start in life. Disadvantaged circumstances for children lead to developmental inequities in physical health, social-emotional wellbeing, and academic learning – that is, differential outcomes that are preventable.

Inequities emerging in early childhood often continue into adulthood, contributing to unequal rates of low educational attainment, poor mental and physical health and low income. In some cases, this experience is part of a persistent cycle of intergenerational disadvantage. Inequities constitute a significant and ongoing social problem and – along with the substantial economic costs – have major implications for public policy.

The importance of early childhood and the impact of this period on long-term developmental outcomes has been well documented. Research has demonstrated that this period is crucial for brain development across all domains, and that both risk and protective factors encountered by the child during this time can have life-long impacts (Walker et al., 2011). In particular, exposure to multiple risk factors predicts more severe, adverse developmental consequences compared with a singular risk factor (e.g. (Ferraro & Shippee, 2009; Trentacosta et al., 2008)). Furthermore, research has shown that developmental interventions that isolate only one risk factor are less likely to work than those that are multi-faceted (e.g. (James et al., 2016; Nigg, Allegrante, & Ory, 2002; Nigg & Long, 2012)). The premise behind this approach to intervention is that resources/assets accumulate and the benefits of multiple assets accrue, leading to more positive outcomes. In line with this premise and research on cumulative risk, it is the hypothesis of Restacking the Odds that inequities can be reduced by using existing, evidence-based interventions and approaches from service providers of the following five strategies: antenatal care; sustained nurse home visiting; early childhood education and care; parenting programs; and the first 3 years of school. These strategies are notably longitudinal (across early childhood), ecological (targeting child and parent), evidence-based, and able to be targeted (aimed at benefiting the 'bottom 25 per cent', namely the most disadvantaged). By 'stacking' these fundamental interventions (i.e., ensuring they are all applied) it is predicted that there will be a cumulative effect, amplifying the effect and resulting in sustained benefits.

In order to achieve this, the *Restacking the Odds* project seeks to use the existing evidence within the 5 fundamental strategies of early childhood, to develop best practice benchmark frameworks that better define indicators of quality, access (quantity), and reach (participation).

This report focuses on the strategy of *Parenting Programs*. There is a similar report for each of the five strategies.

INTRODUCTION: Parenting Programs

The early years of childhood are critical for the development of good health, cognition, and social emotional wellbeing (T.G Moore, 2014; T. G. Moore & McDonald, 2013). The strongest potentially modifiable influence on children’s development is the quality of the home learning environment and the parenting they receive (Bradley, 1994; Collins, Maccoby, Steinberg, & Hetherington, 2000; Jackson & Schemes, 2005). Parenting (and the associated social-emotional attachment and bonding) and home learning environment contribute to a number of important aspects of child development including self-esteem, academic achievement, cognitive development and behaviour (e.g. (Kochanska, 2001; Schneider, Atkinson, & Tardif, 2001; Shears & Robinson, 2005; Tamis-LeMonda, Shannon, Cabrera, & Lamb, 2004)). Optimising parent-child relationships and home learning environments is essential then for improving the health and wellbeing of the whole population and contributes to future human capital. Experimental evidence shows that intervening early can produce positive and lasting effects on children, in particular children from disadvantages families (Bakermans-Kranenburg, van, & Juffer, 2003; J. Bayer et al., 2009; Gross et al., 2003; C. Webster-Stratton & Taylor, 2001). Further, cost-benefit studies show that early childhood prevention and intervention are cheaper and more effective than later treatment (Heckman, 2000).

Definitions

Parenting training programs, in the context of this review, include interventions that are delivered to the parent with the aim to prevent, improve, or optimise child behavioural or emotional outcomes. Interventions may include teaching parents’ behavioural strategies to increase desired behaviours and decrease unwanted ones, emotion socialisation and sensitivity practices, and/or enhancing awareness and thinking skills in parents in order to cope with challenging parent-child interactions.

Externalising behavioural problems include oppositional defiance, antisocial behaviour and aggression, while *internalising* behavioural problems include emotional problems such as anxiety and depression. Children who display behavioural problems are at increased risk of developing learning difficulties, academic underachievement, peer relationship problems, delinquency, and even severe and long-lasting mental health disorders (e.g. (Robins & Price, 1991; Stevenson & Goodman, 2001; Tremblay et al., 1992)). Typically, behaviour becomes a problem when it is severe enough to interfere with a child’s day-to-day functioning. This usually occurs in at least two of the home, educational, and social settings. Previous research suggests that up to 50% of untreated behavioural problems present at preschool age persist through to adulthood (Campbell, 1995; Nixon, 2002).

For the purpose of this report a *parent* is defined as a person performing the role of a primary caregiver to a child. This person may be different from the person who is the child’s biological parent, for example it could include grandparents, step-parents, foster parents, or other carers.

Prevalence

National data from the Longitudinal Study of Australian Children (LSAC) suggest that approximately 12%, 16%, and 9% of children aged 2-3 years, 4-5 years, and 6-7 years respectively, experience behavioural, emotional, and/or social problems (Australian Institute of Family Studies, 2006), consistent with data from the Australian Child and Adolescent Survey of Mental Health and Wellbeing, which

found that approximately one in seven (14%) of children aged 4-17 years experienced a mental disorder (Lawrence et al., 2015). An Australian longitudinal population-based survey also demonstrated similar rates of behaviour problems: externalising behaviour problems for children aged 18 months were (9.5-13.1%), 24 months (12-12.5%) and 36 months (8.7-14.2%) (J. K. Bayer et al., 2008) and the prevalence of internalising behaviour problems were 18 months (4-5.2%), 24 months (7.4-10.2%) and 36 months (11.1-13.6%) (J. K. Bayer et al., 2008). These data are also consistent with international research (e.g. (Carter et al., 2010; Dittman et al., 2011; Kato, Yanagawa, Fujiwara, & Morawska, 2015)).

Of those children who experience difficulties it is estimated that 25% of children experience two or more of behavioural, emotional or social problems. For children with parents with a mental health problem the rate is more than double (Australian Institute of Family Studies, 2006). Low socioeconomic status, children with special needs, or whose parents have a mental health problem also places children at higher risk for behavioural problems and the prevalence is more than double that of the general Victorian population (Australian Institute of Family Studies, 2006). According to the Australian Child and Adolescent Survey of Mental Health and Wellbeing children the prevalence of mental disorders for aged 4-17 years who lived in a household with income less than \$52,000 per year was between 16.1% (females) and 24.4% (males). Similarly, children living with a parent or carer whose highest level of educational attainment was year 10 or below had mental disorder prevalence rates of 12.7% (female) and 26.2% (male) (Lawrence et al., 2015).

Effect of Parenting on Child Outcomes

Parenting quality and child behaviour are closely linked. Research has shown that poor parenting quality is the single most important environmental factor to influence a young child's behaviour – it has almost twice the negative effect on child developmental outcomes in comparison with other known risks such as an impoverished environment (Kiernan & Mensah, 2011). Specific associations have been reported between child behavioural problems and maternal negative behaviour and stress (e.g. harsh and abusive, controlling, uninvolved, rejecting parenting, low self-esteem, and lack of confidence). Poor parental attachment and responsiveness is related to an increased risk of a range of adverse cognitive, emotional and physical health outcomes, including but not limited to: impaired language acquisition, behavioural and conduct disorders, antisocial and risk-taking behaviour, mental health issues and cardiovascular health problems (Anthony et al., 2005; Laucht et al., 2001; Royal Society of Canada, 2012). Whereas overly protective parenting contributes to child emotional problems (Jordana K. Bayer et al., 2006; Royal Society of Canada, 2012), children who experience warm, supportive parenting are less likely to develop antisocial behaviours. This remains true for children from disadvantaged backgrounds (i.e. poverty, low socio-economic status) (Odgers et al., 2012).

Difficult mother-infant interactions during the first year of an infant's life are especially problematic and are predictive of a low ability to cope with stress (e.g. cortisol hyperactivity and low habituation) (Bugental, 2004). Importantly, research has also highlighted the longitudinal associations between strong self-efficacy beliefs (i.e. beliefs caregivers hold about their ability to parent successfully) and parental support (i.e. warmth and nurturing) and positive outcomes for children, suggesting that interventions targeting these aspects of parenting may have substantial impact (Coleman & Karraker, 1998; Junttila, Vauras, & Laakkonen, 2007; Lansford, Laird, Pettit, Bates, & Dodge, 2014). Early

experiences can set children on developmental trajectories that become progressively more difficult to modify as they get older (Hertzman & Power, 2003).

The costs associated with behavioural problems

Behavioural and emotional problems have associated social and financial costs on criminal justice systems and clinical treatment services, as well as suboptimal workforce participation, which cumulatively impose a considerable financial burden on society and undermine productivity (Richardson & Prior, 2005).

Poor parenting quality is the single most important environmental factor to influence a young child's behaviour. Australian data show that the prevalence of child behaviour problems is relatively high and that children from low SES families have an elevated risk. The consequences of child behaviour problems are far-reaching and often sustained. An increasing number of systematic reviews have demonstrated the effectiveness of parenting programs on children's literacy, behavioural and emotional outcomes (J. Barlow et al., 2011; Eccleston et al., 2015; Furlong et al., 2013). As such it is important to identify effective parenting interventions that prevent or improve child behaviour.

AIM

This restricted review of the peer-reviewed evidence base for parenting programs addressed questions in two key areas:

1. Which parenting programs are best supported by the evidence, with regard to their positive effects on child behavioural and emotional problems?
2. What evidence-based perspectives are available on the optimal participation level for a particular type of parenting program, or regarding its quantity in a given population?

METHOD

The following section describes the methodology undertaken in this restricted review.

Our literature review utilised a restricted evidence assessment (REA) methodology. The REA is a research methodology that uses similar methods and principles to a systematic review but makes concessions to the breadth and depth of the process. Rigorous methods for locating, appraising and synthesising the evidence related to a specific topic are utilised by the REA; however, the methodology places a number of limitations in the search criteria and in how the evidence is assessed. A separate search for the key drivers (quality, participation, quantity) was not required as all relevant parenting programs will be captured and information about quality, participation, or quantity can be extracted from individual studies if available.

Defining the Research Question

The question was formulated within a Population Intervention Comparison Outcome (PICO) Framework (refer to [Appendix A](#)). Operational definitions were established for key concepts and specific inclusion and exclusion criteria were defined for studies. A separate search for the key drivers (quality, participation, quantity) was not required as all relevant parenting programs will be captured and

information about quality, participation, or quantity can be extracted from individual studies if available.

The interventions evaluated for this review are those that looked specifically at programs that were delivered to the parent with the aim to prevent, improve, or optimise child behavioural or emotional outcomes. Studies that conducted parenting interventions that met the inclusion criteria but did not measure change in child behaviour were excluded (for example only measured/reported self-parental report of enhanced parenting capacity), interventions that addressed another aspect of parenting (e.g. reading to children, weaning, and sleep) were also excluded.

It was not necessary for the child intervention population to have a diagnosed behavioural or emotional issue and included children with subclinical presentations or those “at-risk” of behavioural problems. Interventions aimed at improving behavioural outcomes for specific sub-groups of children with a co-morbid diagnosis were not included (e.g. autism, intellectual disability).

Search Strategy

We sought to identify randomised controlled trials (RCTs), which are considered the ‘gold standard’ way to assess a program’s effectiveness. In addition and because of the restricted timeframe we sought relevant meta-analyses and systematic reviews, which constitute the highest levels of evidence based on the NHMRC evidence hierarchy, with the aim of identifying both specific parenting programs as well as general approaches to parenting programs. Meta-analyses and systematic reviews systematically combine study data from multiple selected studies to develop a conclusion with greater statistical power. This strategy enabled us to capture a greater range of parenting programs that a) may have been substantially researched, and b) inclusive of programs that have not been evaluated in the past 10 years but may have a relevant evidence-base.

The following databases were used to identify relevant literature related to this topic: Ovid MEDLINE, CINAHL (EBSCO), PsychINFO, Cochrane library, and EMBASE. An example of the search strategy conducted in the Ovid Medline database can be found in [Appendix B](#).

Paper Selection

Below is a brief summary of the inclusion and exclusion criteria.

Included:
<ol style="list-style-type: none"> 1. Nationally or locally published peer-viewed research studies 2. Human infants and children between 0-8 years 3. English language 4. Parenting program was designed to prevent or treat child behavioural/emotional problems
Excluded:
<ol style="list-style-type: none"> 1. Non-English 2. Published prior to 2006 3. Mean age of participants >8 4. Validation study, animal study, review paper, technical report, stand-alone methods paper 5. Developing country

6. Intervention does not include parents or if children have a diagnosis of developmental disorder (e.g. autism)
7. Outcome data does not report on child behavioural outcomes
8. Intervention is pharmacological or is not targeting child behaviour or parenting skills related to child behaviour (e.g. main focus is on reducing parental depression or substance abuse)

Grey Literature

Grey literature refers to unpublished or not commercially published written material (Source, 2018). Literature may be produced by governments, academics, business or industry, in either print or electronic formats, but is not commercially available. The sources used to search for relevant grey literature are listed in Table 3. We searched for parenting programs that met our selection criteria and were not already ranked as supported from the peer-review search. For each of these parenting programs we checked how each was ranked (supported, promising, unknown etc.) according to what specific criteria in order to compare it to our own ranking of the evidence. Parenting programs identified in this manner were re-classified to be in line with our ranking where they may have differed.

Table 3: Websites included in the grey literature search

Evidence databases
<ul style="list-style-type: none"> • The California Evidence-based Clearinghouse (CEBC): helps to identify and disseminate information regarding evidence-based practices relevant to child welfare. Evidence-based practices are those that have empirical research supporting their efficacy. http://www.cebc4cw.org/ • What Works / LINKS http://www.childtrends.org/what-works/
Australian evidence databases
<ul style="list-style-type: none"> • Communities for Children • Facilitating Partners Evidence-based program profiles https://apps.aifs.gov.au/cfca/guidebook/programs • Best Start - A Catalogue of Evidence-Based Interventions. http://www.education.vic.gov.au/about/research/Pages/summstrat.aspx • Commissioner for Children and Young People, Western Australia • Building Blocks: Best practice programs https://www.ccp.wa.gov.au/media/1141/report-building-blocks-edition-one-february-2012.pdf https://www.ccp.wa.gov.au/media/1142/report-building-blocks-edition-two-july-2014.pdf

Data Management

Data was managed using EPPI-Reviewer 4 software, which is EPPI-Centre’s comprehensive online software tool for research synthesis. It is a web-based software program for managing and analysing data in systematic reviews and meta-analyses (Thomas, Brunton, & Graziosi, 2010). Search results were filtered for duplicates and imported into EPPI-Reviewer 4 software for screening against inclusion/exclusion criteria based on title and abstract, these were screened by two independent reviewers. Full-text versions of remaining eligible studies were retrieved and imported to EPPI-Reviewer 4, to be screened further, which were also screened for inclusion by 2 independent reviewers.

In the case of discrepancies, discussions were held and a consensus reached. Eligible studies remaining after this final screening were included for review and subject to data extraction.

The following information, where possible, was extracted for studies that met the inclusion criteria:

- Sample characteristics
- Objective of the parenting program
- Parameters of the parenting program (e.g. setting, intensity, duration, format, workforce)
- Assessment measures
- Evaluation data

Evaluation of the Evidence

Each systematic review, meta-analysis, and RCT that met the inclusion criteria were subject to a quality and bias check. For systematic reviews/meta-analyses the PRISMA checklist was used and the National Institutes of Clinical Excellence (NICE) quality and bias checklist was used for RCTs. Details of the quality rating methodology are provided in [Appendix C](#). Study quality includes assessment of internal validity or the degree to which the design and the conduct of the study avoid bias (e.g. through randomisation, allocation concealment and blinding) and external validity or the extent to which the results of the study can be applied, or generalised, to the population outside the study. The quality and bias checklist was completed by a trained researcher.

Each study received one of the following three potential quality scores:

- ++: All or most of the checklist criteria have been fulfilled; where they have not been fulfilled, the conclusions are very unlikely to alter.
- +: Some of the checklist criteria have been fulfilled, where they have not been fulfilled, or not adequately described, the conclusions are unlikely to alter.
- -: Few or no checklist criteria have been fulfilled and the conclusions are likely or very likely to alter.

The quality and bias information was used to consider the conclusions of included studies and systematic reviews/meta-analyses to determine the potential effectiveness of each parenting program identified.

In consideration of the accumulated evidence for related studies a judgement was reached about the strength of the evidence base for each parenting program (see [Appendix D](#) for full details). The criteria are adapted from The California Evidence-based Clearinghouse for Child Welfare (The California Evidence-based Clearinghouse for Child Welfare, 2017). This was determined by two independent raters and consensus reached in the event of any rating discrepancy.

- *Supported*. Clear, consistent evidence of benefit.

- *Promising*. Evidence suggestive of benefit but more evidence needed.
- *Evidence fails to demonstrate an effect*.
- *Unknown*. Insufficient evidence or no effect.
- *Concerning practice*.

Development of Draft Indicators

A list of evidence-based parenting programs was formed and in addition data extracted to inform metrics related to implementation.

Expert Evaluation of Draft Indicators

The distilled list of indicators was vetted by two Australian experts:

- *Annette Michaux*. Director Parenting Research Centre.
- *Robyn Mildon*. Executive Director Centre for Evidence and Implementation.

These experts were asked to independently comment on the developed list of supported parenting programs and their input was sought on potential indicators for quantity, and participation indicators.

RESULTS: Parenting Programs Quality

Peer-reviewed research

The search strategy identified 3,192 unique references, which were screened for eligibility for data extraction. The PRISMA flow chart, Figure 2 below, illustrates the screening process and reference numbers. A total of 118 papers, 108 RCTs, and 10 systematic reviews/meta-analyses, were included. A full list and overview of included studies can be found in [Appendix E and F](#).

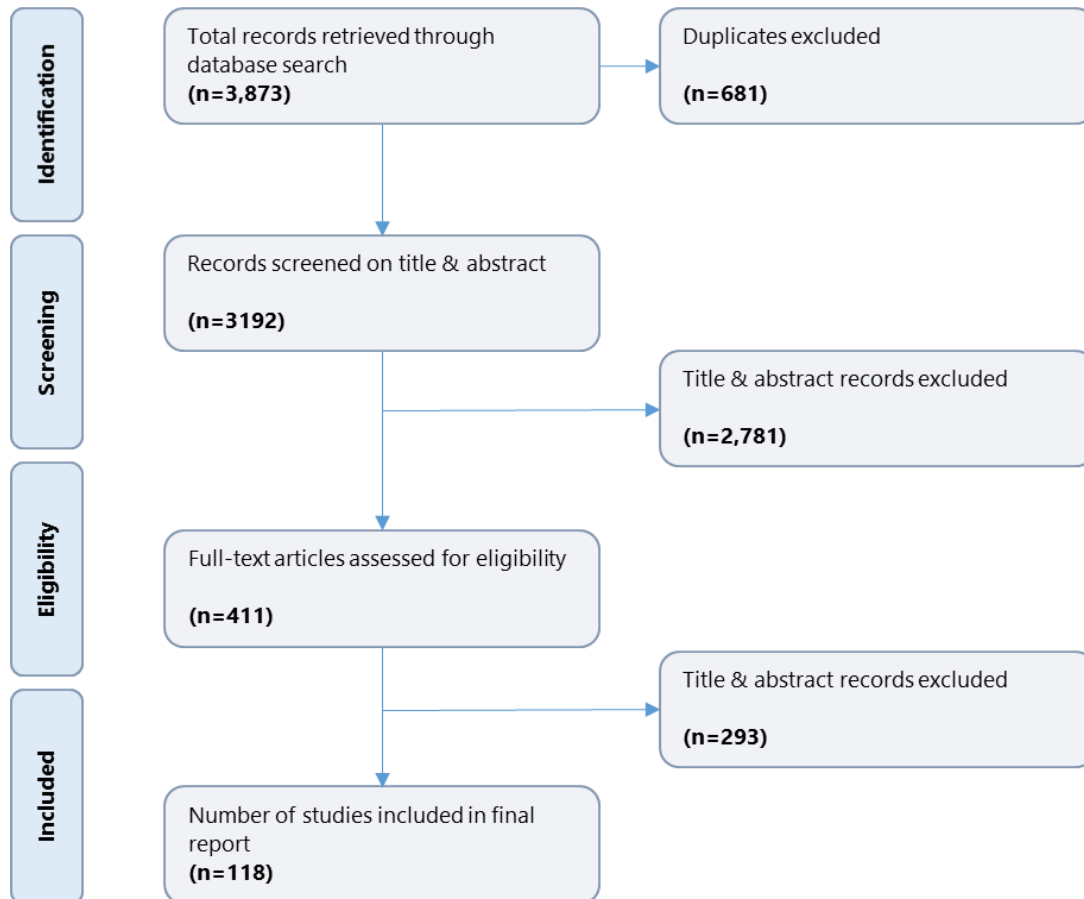


Figure 2: PRISMA flow chart representing the number of parenting program records retrieved at each stage of the rapid review assessment process

Grey Literature

The grey literature sources outlined in the method section were searched for relevant parenting programs and supporting literature published from 2011 to 2017. There are several reliable sources that provide an evaluation of evidence-based programs (studies in the evaluations included those outside of our restricted timeframe, i.e. before 2006), so rather than re-evaluating the literature we have added these findings to our restricted search. These included:

- The California Evidence-Based Clearinghouse (CEBC) – 29 parenting programs were identified and of these there were 10 parenting programs that met the inclusion criteria and had not already been rated as supported by our peer-reviewed literature search..

- The Australian Institute of Family Studies (AIFS) – 30 parenting programs were identified, 17 did not meet the inclusion criteria, 9 had already been identified, and 4 additional programs met the inclusion criteria.

The remaining grey literature evidence sources did not yield any additional parenting programs. A full list of included programs is provided in [Appendix E](#).

Overview of findings

The studies identified by the search strategy included prevention as well as targeted behaviour treatment programs. Although the focus was on programs for infants to children aged eight years of age, several studies included the target population as well as older children into adolescence, studies were not excluded on this basis alone. The measures used to assess child behaviour/emotion and parenting-related outcomes were variable so we have identified programs that demonstrated an effect using any valid outcome measure (child and parent).

A total of 88 parenting programs were identified by the search, of these 9 were rated as Supported, 61 Promising on child and/or parent related outcomes, 6 Evidence fails to demonstrate effect on child and/or parent related outcomes, 17 Unknown, and 0 Concerning practice – see Table 4 for details.

Table 4: List of parenting programs by evidence ranking

Supported Parenting Programs
<ul style="list-style-type: none"> • Child-Parent Psychotherapy • Common Sense Parenting • Community Parent Education Program (COPE) • Family Check-up • Incredible Years (standard) • Parent Management Training – Oregon Model • Parent-Child Interaction Therapy • Triple P – Level 4 • Tuning into Kids
Promising Parenting Programs
<ul style="list-style-type: none"> • 1-2-3 Magic parenting program • 1-2-3 Magic Emotion Coaching parenting program • 3 sessions targeting modifiable parenting risk factors (parent outcomes) • Behavioural Parent Training (child outcomes) • Being Brave (modified version of Coping Cat program) • BRAVE ONLINE for Children • Bringing Up Great Kids • CBT & educational program (parent outcomes) • Chicago Parenting Program • Child FIRST • Circle of Security – Parenting (parent outcomes - limited) • COMET (COmmunication METHod): Parent Management Training – Practitioner Led • COMET (COmmunication METHod): Parent Management Training - Self-directed • Connect • Cool Little Kids • COPEing with Toddler Behaviour • Defiant Children: A clinician’s manual for assessment and parent training

- Discussion Group + Phone consultation
- Early Pathways Program
- EFFEKT (Enhancing the development of families) (parent outcomes)
- Emotional Attachment & Emotional Availability (Tele-intervention)
- Empowering Parents, Empowering Communities
- Exploring together
- Family Foundations
- Family Spirit
- FAST – Elementary School Level
- Healthy Start Home Visit Program
- Helping the non-compliant child
- Hitkashrut
- Home Start (parent outcomes)
- Home-based Intervention Program for VLBW infants
- Incredible Years (IY) – Abbreviated version 10 weeks
- Incredible Years – Abbreviated version 8 weeks
- Incredible Years – High dose
- Incredible Years – Standard + Advanced
- Incredible Years – Standard + Child Therapy
- Incredible Years – Standard + Classroom
- Incredible Years (Modified) – Targeting multiple family risk factors
- Korean Parent Training Program
- Mother-Infant Transaction Program (child outcomes)
- New Forest Parenting
- Online Parent Management Training
- Parent-Child Interaction Therapy (Modified) - culturally tailored version (Mexican American families)
- Parent Effectiveness Training (PET)
- Parenting Matters (child outcomes)
- Parenting your Hyperactive Pre-schooler Program
- Pathways Home
- Planned Activities Training (PAT) + Cellular Phone Enhanced (CPAT)
- Playsteps
- Practitioner Led Circle of Security – Home-visiting
- Queen Elizabeth Centre – intensive group education
- Self-help book + telephone consultation
- Strongest Families Smart Website
- Toddlers Without Tears (parent outcomes - limited)
- Triple P – Level 4 Self-directed
- Triple P – Online
- Triple P – Self-directed, Therapist-assisted
- Turtle program
- Video-feedback Intervention to promote Positive Parenting (VIPP)
- Video-feedback Intervention to promote Positive Parenting + Sensitive Discipline (VIPP-SD) (parent outcomes)
- Video-feedback Intervention to promote Positive Parenting + Representational focus (VIPP-R) (parent outcomes)

Evidence fails to demonstrate effect

- CBT & educational program (child outcomes)
- Circle of Security – Parenting (child outcomes)
- Clinic-based Intervention Program for VLBW infants (child outcomes)
- Home Start (child outcomes)

<ul style="list-style-type: none"> • Toddlers Without Tears (child outcomes) • Video-feedback Intervention to promote Positive Parenting + Representational focus (VIPP-R) (child outcomes)
Unknown
<ul style="list-style-type: none"> • Active Parenting • Brief parent-implemented language intervention • Group Parent Curriculum (Parenting the Strong-Willed Child) • Incredible Years (Modified) – Abbreviated version 6 weeks • Intensive Behaviour Therapy • Lou & Us • Making Choices and Strong Families Program • Parent-Child Interaction Therapy (Modified) (PCIT)-Emotion Development • ParentCorps • Preparing For Life Program • Primary Care - Triple P • Self-directed program (Every Parent’s Self-Help Workbook) • Self-directed program + Practitioner (Every Parent’s Self-Help Workbook) • SNAP girls connection • Specific Nurse Home Visitation • Triple P – community-wide approach • Triple P (Modified) – culturally tailored version (Australian Indigenous families)
Concerning practice
None identified

The majority of the listed parenting programs in Table 4 only included one research paper that met our selection criteria (published literature 2006 and 2017) and as such most interventions failed to meet the evaluation criteria for Supported (i.e. replication) even before individual study data was examined. The sheer volume of interventions is also difficult to summarise in detail therefore only the parenting programs rated as Supported will be discussed in detail in the following section and a summary of the evidence is presented in Table 5 (peer-reviewed literature) and Table 6 (grey literature).

[Appendix E](#) provides a detailed account of the individual study details, [Appendix F](#) provides a detailed account of collated summary of peer-reviewed literature, and [Appendix G](#) provides a detailed account of the individual study findings (immediate and maintained) respectively. [Appendix H](#) provides a detailed account of grey literature findings.

Table 5. Overview of supported parenting programs identified in the peer-reviewed literature

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Family Check Up (Dishion Thomas et al., 2014; Gardner, Shaw, Dishion, Burton, & Supplee, 2007; Reuben Julia, Shaw Daniel, Brennan Laretta, Dishion Thomas, & Wilson Melvin, 2015; Shaw Daniel, Dishion Thomas, Supplee, Gardner, & Arnds, 2006)	4	17 months - 2 years 11 months	3 sessions	Home	Parent consultant (PhD or Masters) psychologist/psychiatrist/social worker	1-2.5 hour individual family sessions 1 hour individual family sessions in person or 20-30min phone sessions	Child: 5.5 years Parent: 1 year	4	2	4
Incredible Years (Axberg & Broberg, 2012; Bywater et al., 2011; Edwards,	13	2.5 – 12 years	12 – 14 weeks (Standard)	3 Community Centre 2 “Intervention Centre”	Paraprofessional IY facilitator Psychologist/psychiatrist/social worker Research Staff	Weekly 2 hour group sessions (6-8 parents) (x12-14) (standard-10 studies)	Child: 2 years Parent: 2 years	10	11	9

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Ceilleachair, Bywater, Hughes, & Hutchings, 2007; Hutchings et al., 2007; E. Kim, Cain, & Webster-Stratton, 2008; Larsson et al., 2009; Lavigne et al., 2008; S. McGilloway et al., 2012; Sinead McGilloway et al., 2014; O'Connor, Matias, Futh, Tantam, & Scott, 2013; Scott & O'Connor, 2012; Stattin, Enebrink, Ozdemir, & Giannotta, 2015;				1 Convenient for participant 1 Hospital or primary care setting 1 School	Paediatrician Nurse/nurse practitioner	Standard IY + weekly phone (2 studies) Weekly 1 hour group sessions (x12) OR 2 hour sessions (x6) (1 study)				

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
C. Webster-Stratton, Reid, & Beauchaine, 2013; C. H. Webster-Stratton, Jamila, & Beauchaine, 2011)										
Parent-Child Interaction Therapy (Bagner Daniel et al., 2016; Bagner, Sheinkopf, Vohr, & Lester, 2010; Leung, Tsang, Sin Tammy, & Choi, 2015; McCabe, Yeh, Lau, & Argote Carolina, 2012)	4	15 months – 7 years	5-7 weeks	3 Community Centre 1 Home	Paraprofessional Students (clinical psych. Doctorate) Psychologist/psychiatrist/social worker	1 hour weekly indiv. sessions (x5-7)	Child: 6 months Parent: 6 months	3	3	3
Parent Management	5	Kindergarten - 12 years	6-38 sessions (mean 22-27)	Community centre	Psychologist/psychiatrist/social worker	Weekly indiv. family sessions (x6-38)	Child: 1 year Parent: 1 year	Same cohorts 2/2	Same cohorts 1/2	Same cohorts 2/2

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Training - Oregon Model (Sigmarsdottir, Degarmo David, Forgatch Marion, & Gumundsdottir Edda, 2013) (DeGarmo & Forgatch, 2007) (Hagen, Ogden, & Bjørnebekk, 2011; Ogden & Hagen, 2008; Sigmarsdóttir, Thorlacius, Guðmundsdóttir, & DeGarmo, 2015)	(3 cohorts in total)							1/2 (post-test only) Study unrelated to other cohorts 1	1/2 (post-test only) Study unrelated to other cohorts 1	2/2 Study unrelated to other cohorts 1
Triple P – Level 4	8	2-16 years	8-9 weeks	School Community centre Workplace	6 Triple P accredited facilitator	2-2.5 hour group sessions (x4) + indiv phone	Child: 1 years Parent: 4 years	8	7	6

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
(Bodenmann, Cina, Ledermann, & Sanders Matthew, 2008; Eisner, Nagin, Ribeaud, & Malti, 2012; Frank Tenille, Keown Louise, & Sanders Matthew, 2015; Hahlweg, Heinrichs, Kuschel, Bertram, & Naumann, 2010; Heinrichs, Kliem, & Hahlweg, 2014; Kirby & Sanders, 2014; Sanders, Stallman, & McHale, 2011; Wiggins,				5 Not reported	2 Not reported	<p>sessions (x4) (5 studies)</p> <p>2-2.5 hour group sessions (x5) + indiv phone sessions (x3)</p> <p>2-2.5 hour group sessions (x6) + indiv phone sessions (x3)</p> <p>2-2.5 hour group sessions (x9)</p>				

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Sofronoff, & Sanders, 2009)										
Tuning into Kids (Havighurst Sophie et al., 2013; Havighurst, Wilson, Harley, Prior, & Kehoe, 2010; Wilson et al., 2012)	3	4 – 6 years	6 weeks	Community Centre	Research Staff Community practitioners Facilitators	2 hour weekly group sessions (x6) + 2 two-monthly booster sessions	Child: 6 months Parent: 6 months	3	3	3

Table 6: Summary of supported parenting programs identified in the grey literature

Intervention	Participants	Setting & delivery
Supported		
<p>Child-Parent Psychotherapy (The California Evidence-based Clearinghouse for Child Welfare, 2017):</p> <p>Treatment for trauma-exposed children, addressing externalising/internalising symptoms of the child and negative attributions and maladaptive parenting.</p>	<p>Parents/caregivers of children ages: 0 – 5 years.</p>	<p>Delivery methods</p> <ul style="list-style-type: none"> • Frequency: weekly 1-1.5hr sessions • Duration: 52 weeks (1 year) • Delivered to: parent-child dyad <p>Setting</p> <ul style="list-style-type: none"> • Home <p>Providers</p> <p>Master’s level training</p>
<p>Common Sense Parenting (The California Evidence-based Clearinghouse for Child Welfare, 2017):</p> <p>The program aims to improve children's behaviours through teaching positive behaviours, social skills, and methods to reduce stress in crisis situations.</p> <p>Provide parents with practical strategies for enhancing parent-child communication.</p>	<p>Parents of children aged 6-16 years.</p>	<p>Delivery methods</p> <ul style="list-style-type: none"> • Frequency: weekly 1hr sessions • Duration: 6 weeks • Delivered to: group <p>Setting</p> <ul style="list-style-type: none"> • Hospital • Community centre • School <p>Providers</p> <p>High school or Bachelor</p>
<p>Community Parent Education Program (COPE) (The California Evidence-based Clearinghouse for Child Welfare, 2017):</p> <p>COPE is designed to help all parents develop skills to strengthen their relationships with their children, increase cooperation, and solve problems.</p>	<p>Parents of children aged 3-12 years with disruptive behaviour</p>	<p>Delivery methods</p> <ul style="list-style-type: none"> • Frequency: weekly 1hr sessions • Duration: 10 weeks • Delivered to: groups of up to 25 parents <p>Setting</p> <ul style="list-style-type: none"> • School • Community centres <p>Providers</p> <p>Paraprofessional</p>

Evidence Summary: Supported Parenting Programs

There were only 9 parenting programs that met the criteria for Supported. The findings related to each program are discussed below.

Triple P Parenting Program

The Intervention:

The Triple P Parenting Program (Triple P) aims to improve social, emotional, and behavioural development in children aged up to 16 years, whilst also enhancing parent satisfaction and efficacy (Sanders Matthew, 2012). There are five levels;

- Level 1 - facilitates help-seeking behaviour in all parents irrespective of child problem behaviour by destigmatising parenting and support services,
- Level 2 - focuses on information distribution,
- Level 3 - teaches parents strategies to address common child behaviour problems,
- Level 4 – focuses on specific problem behaviours,
- Level 5 – developed for at-risk families who require additional assistance such as severe child problem behaviours and/or family dysfunction. Level five addresses parent; communication, mood management, and stress coping skills (Sanders Matthew, 2012).

Levels vary according to intensity, professional interaction, focus and delivery. Level 1 is delivered through visual and/or audio media strategies (e.g., brochures, posters, newspaper articles, advertisements). Level 2 is a brief intervention delivered through seminars or consultations. Level 3, 4 and 5 are delivered over a number of one-on-one or group sessions with the inclusion of DVDs and workbooks. Variations in delivery include online, phone-assisted and self-directed.

Measures:

Positive changes in child behaviour were identified using; Eyberg Child Behaviour Inventory (ECBI; frequency and severity of disruptive behaviours), Child Behaviour Checklist (CBCL; externalising), Strengths and Difficulties Questionnaire (SDQ; emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, prosocial behaviour), Social Behavior Questionnaire (internalising), Parent Daily Report Checklist (problem behaviours).

Positive effects on parenting outcomes were identified using; Parenting Scale (PS; permissive parenting), Parenting Practices Questionnaire (PPQ; authoritative, authoritarian), Parent Problem Checklist (parental adjustment), Parenting Task Checklist (parenting confidence), Parenting Sense of Competence (satisfaction, efficacy), the Dyadic Adjustment Scale (relationship adjustment).

Positive effects on parent mental health and wellbeing outcomes were identified using; Parent Anger Inventory, Depression and Anxiety Stress Scale (DASS), Center for Epidemiological Studies - Depression Scale, and Parenting Relationship Questionnaire (partner relationship), Parent Practices Interview (subscales: Harsh Discipline, Harsh for Age, Inconsistent Discipline, Appropriate Discipline, Positive Parenting, Clear Expectations, and Monitoring).

Implementation:

The studies that evaluated Triple P Level 4 are consistent with recommended parameters and facilitator qualifications (The California Evidence-based Clearinghouse for Child Welfare, 2017). There is a manual that provides detail about how to implement the program. Modified or other non-standard (Level 4) versions of Triple P were evaluated and ranked separately.

Results:

There were three meta-analyses identified in our search strategy that specifically evaluated the effectiveness of the multilevel Triple P program. Two that examined Triple P across any of the 5 levels and were of high quality and low risk of bias (Nowak & Heinrichs, 2008; Sanders Matthew, Kirby James, Tellegen Cassandra, & Day Jamin, 2014). Included studies varied in delivery methods (e.g. group versus individual sessions, face-to-face versus phone), however they all followed the Triple P manualised program. The most recent high quality review included 101 studies from 1970 to January 2013 (n=16,000 families) (Sanders Matthew et al., 2014), which used similar inclusion and exclusion criteria and outcome measures to the earlier high quality evaluation (Nowak & Heinrichs, 2008). Statistically significant positive post-treatment effects (moderate effect sizes) were reported for children's social, emotional and behavioural outcomes (d = 0.47); parenting practices (d = 0.58); parenting satisfaction and efficacy (d = 0.52); parental adjustment (d = 0.34); parental relationship (d = 0.22) and observed child behaviour (d = 0.50) – note it is unclear exactly how improved “observed child behaviour” was defined and measured. Effects were maintained at follow-up (range: 2 to 36 months). In addition improvements became apparent in observed parent-child interactions (d = 0.25). As with observed child behaviour it was unclear how improvements were defined and measured. The longer the follow-up the smaller the effect sizes. These results are consistent with those reported in the earlier meta-analysis by Nowak and Heinrichs (2008) with the exception of improved parental relationships, which were not significant in the earlier evaluation. The third meta-analysis evaluated only Level 4 Triple P studies and was of poor quality and high risk of bias (De Graaf, Speetjens, Smit, De, & Tavecchio, 2008) and thus the findings are not summarised here.

There were 8 trials identified by the peer-reviewed search that examined the effectiveness of the Triple P program on child behaviour and parent outcomes. Although there was a small variability in the intervention length (8-9 weeks) and format (i.e. group, individual, phone sessions) all reported positive outcomes for at least one child outcome and almost all for parent outcomes (7 of 8 studies). Several studies reported sustained benefits (6 months, up to 1 years for child outcomes and 4 years for parent outcomes). Of the 8 studies 6 were rated as low bias (high quality), nonetheless due to the overall strength of the evidence, including two high quality meta-analyses Triple P was rated as Supported. Note there were several other trials that assessed the effectiveness of modified versions of Triple P, however these did not meet the criteria for supported.

Summary

The Triple P parenting program was effective at improving child disruptive and problem behaviours and internalising symptoms, and a range of parent outcomes (parenting, parent mental health and wellbeing, and parent relationship).

Incredible Years

The Intervention:

The Incredible Years (IY) program is a series of three separate, multifaceted, and developmentally based curricula for parents, teachers, and children (Carolyn Webster-Stratton, 1998). This series is designed to promote emotional and social competence; and to prevent, reduce, and treat behaviour and emotional problems in young children. The parent, teacher, and child programs can be used separately or in combination. There are treatment versions of the parent and child programs as well as prevention versions for high-risk populations. The focus of this review was on programs that include parents.

The program is delivered through 12-20 weekly group sessions of 2-3 hours (specific length varies depending on which parent program is being implemented). There are separate study protocols for toddler and preschool aged children. The toddler program focuses on teaching parents to help their child feel loved and secure, manage misbehaviour and encourage social and emotional development. The preschool program aims to strengthen parent-child interactions and attachment, reducing harsh discipline and foster parents' ability to promote children's social, emotional, and language development (Carolyn Webster-Stratton, 1998).

Measures:

Positive changes in child behaviour were identified using; CBCL, ECBI, SDQ, Conner's ADHD Rating Scales, Social Competence Questionnaire.

Positive changes in child mental health were identified using; the Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS).

Positive changes in parent-child interactions were identified using; Coder Impression Inventory (parent-and the Dyadic Parent-Child Interaction Coding System.

Positive effects on parenting outcomes were identified using; PS, Parent Problem Checklist, Parenting Task Checklist, Parenting Sense of Competence, PPQ, the Dyadic Adjustment Scale,

Positive changes in parent mental health and wellbeing were identified using; (Parent Anger Inventory, DASS, Center for Epidemiological Studies - Depression Scale), and relationships (Perceived Parent Alliance).

Implementation:

The studies evaluated are consistent with recommended parameters and facilitator qualifications (The California Evidence-based Clearinghouse for Child Welfare, 2017). There is a manual that provides detail about how to implement the program as well as course training. Modified or other non-standard versions of Incredible Years were evaluated and ranked separately.

Results:

There was one meta-analysis identified that examined the effectiveness of the Incredible Years parenting training program in reducing child disruptive behaviour and improving child prosocial behaviour (Menting, Orobio de Castro, & Matthyys, 2013). The meta-analysis was rated low quality with high risk of bias, so the results should be interpreted with caution. There were 50 studies (41 RCTs) in the analysis, which included 4,745 children aged 3 to 9 years old. Thirty-four of the studies evaluated the "standard" manualised IY program and the remainder examined slightly modified versions (e.g.,

delivered in a one-to-one format, delivered as a package of standard IY + additional IY components – there was insufficient information about what these additional components were). A reduction in child disruptive behaviour was found to be significantly better in the intervention group compared with controls immediately post intervention (small mean effect size $d=0.27$), as was prosocial behaviour (small effect size $d=0.23$). It was also reported that severity of child behaviour was the strongest predictor of intervention effects, with larger effect sizes for studies with more severe cases of disruptive child behaviours (Menting et al., 2013).

There were an additional 13 RCTs identified that evaluated the effectiveness of the IY program on improving child and parent outcomes. All but three of the trials was rated as good or moderate quality. Three trials did not find a benefit of the program for child outcomes and all but two trials reported at least one positive outcome for parents. Intervention effects ranged from immediately post-test to 2 years post intervention. The IY program was therefore rated as Supported. As with the Triple P program there were a number of trials that evaluated the effect of modified versions of the Incredible Years program (abbreviated versions, classroom intervention + parent training, program + child therapy) on child behaviour and parenting however none of these met the criteria for supported.

Summary

The IY parenting program was effective at improving child disruptive and problem behaviours and child mental health, a range of parent outcomes (parenting, parent mental health and wellbeing, and parent relationship), and parent-child interaction.

Tuning into Kids

The Intervention:

Tuning into Kids is a prevention and early intervention parenting program designed as a group format for parents of preschool children (4 to 6 years), to focus on parental emotion socialisation practices with the expectation that children’s emotional knowledge, regulation, and behaviour will improve as a result (Havighurst et al., 2010). The program has the additional aim of improving parents’ emotion awareness and regulation so that parenting is calmer and more sensitive, attuned and responsive, leading to an improved parent–child relationship and the prevention or amelioration of child behaviour problems. Parents are taught five steps of emotion coaching via a series of exercises, role-plays, DVD materials and psycho-education – there is a structured manual with fidelity checks. The program involves two hour sessions for six weeks, delivered to groups, with two booster sessions offered at two-monthly intervals (Havighurst et al., 2010).

Measures:

Positive changes in child behaviour were identified using; ECBI, Emotion Skills Task (emotional knowledge).

Positive effects on parenting outcomes were identified using; Emotion Awareness and Regulation, Emotion Dismissing, Emotion Coaching, Empathy/Connection, Observation story telling task (emotional discourse - emotion labels, emotion exploration), Maternal Emotion Style Questionnaire (dismissing

beliefs), Coping with Children’s Negative Emotions (coaching practices, dismissing practices), Alabama Parenting Questionnaire (Positive Involvement).

Implementation:

The studies evaluated are consistent with recommended parameters and facilitator qualifications (The California Evidence-based Clearinghouse for Child Welfare, 2017).

Results:

There were three good quality trials that evaluated the Tuning into Kids program. Two trials reported improved child behaviour and emotion knowledge and all three trials reported a range of positive parenting outcomes. Effects were sustained for 4 to 6 months and thus overall Tuning into Kids was rated as Supported.

Summary

The Tuning into Kids parenting program was effective at improving child behaviour and emotion knowledge and improving parenting skills.

Parent-Child Interaction Therapy

The Intervention:

Parent-Child Interaction Therapy (PCIT) is a treatment program for preschool to early primary school children (2 to 7 years) with externalising behaviour problems (Borrego Jr & Burrell, 2010). The program aims to improve authoritative parenting, for example, nurturance, good communication, and firm control. It also incorporates play therapy and behaviourist principles, which focus on strategies that best suit the developmental characteristics of the child. PCIT includes the parent and child. Therapists coach parents on appropriate parenting techniques to use when interacting with their children. There are two phases in PCIT: the child-directed interaction (CDI) phase, where parents are taught strategies to enhance parent–child relationships; and the parent-directed interaction (PDI) phase, where parents are taught child management techniques.

Measures:

Positive changes in child behaviour were identified using; ECBI, CBCL (Aggressive Behaviour, Externalising Problems, Internalising Problems), Infant-Toddler Social and Emotional Assessment (ITSEA; Internalising, Aggression/Defiance), and parent reported attention problems.

Positive changes in parent-child interactions were identified using; Dyadic Parent-Child Interaction Coding System.

Positive effects on parenting outcomes were identified using; PS (Laxness, Over-reactivity, Verbosity), Child-Directed Interaction (observed Parent Do Skills/Don’t Skills),

Positive changes in parent mental health and wellbeing were identified using; Parenting Stress Index, DASS.

Implementation:

Program developers recommend one or two hour sessions per week for between 10 and 20 sessions, depending on when the parent masters the interaction skills and the child’s behaviour has improved to within normal limits (The California Evidence-based Clearinghouse for Child Welfare, 2017). The studies included in this analysis only offered 5-7 weekly sessions, however the PCIT program was also identified in the grey literature search and is well supported by the evidence (i.e. pre 2006 data). Facilitators should have at least a Master’s degree and licensed as a mental health provider – specific training in this program is also available (The California Evidence-based Clearinghouse for Child Welfare, 2017). There is a manual that provides detail about how to implement the program.

Results:

Four trials were identified that assessed the efficacy of PCIT and three of these were of good quality. All studies reported at least one positive child and parent outcome in comparison to a control group (usual care or a waitlist) and benefits were reported from post-test to 6 months post intervention. Specifically, problem child behaviours such as aggression and externalising behaviours reduced after intervention, child-parent interaction improved, and a range of parent outcomes also improved, including parenting (e.g. laxness) and parent mental health and wellbeing. This parenting program was therefore rated as Supported.

Summary

Parent-Child Interaction Therapy is effective at reducing child problem behaviours (externalising and internalising), parent-child interaction, and parenting skills and mental health and wellbeing.

Family Check-up

The Intervention:

The Family Check-Up (FCU) is a brief individual family support program offered in the home or community centres for families screened as ‘at risk’ (Dishion et al., 2008). The FCU promotes positive family management and addresses child and adolescent adjustment problems. The FCU model has two phases. The first phase is a brief, three-session intervention to guide and motivate support for specific family management practices. The three sessions consist of an initial interview, a family assessment, and a feedback session focused on the assessment results. The second phase of the FCU model is a structured curriculum with 12 modules that address three domains of the caregiving environment: positive behaviour support, limit setting and monitoring, and relationship quality. The FCU is designed for families with children from age 2 through 17 and is used for prevention and treatment needs (Dishion et al., 2008).

Measures:

Positive changes in child behaviour were identified using; CBCL (Oppositional, Destruction).

Positive effects on parenting outcomes were identified using; Parent observation (Proactive), Home Observation for Measurement of the Environment (Maternal Involvement).

Positive effects on parent mental health and wellbeing were identified using; Center for Epidemiological Studies - Depression Scale (Maternal Depression Symptoms).

Implementation:

The studies evaluated are consistent with recommended parameters and facilitator qualifications. There is a manual that describes how to implement the program and there is also training available.

Results:

There were four good quality trials that examined the effect of FCU intervention compared with a control group. All four trials reported improved child behaviour (oppositional, destructive) and two trials reported at least one benefit for caregivers; two improved parenting (proactive parenting, involvement), one maternal depression symptomology. Benefits were sustained for 5.5 years for child outcomes and for 2 years for parent outcomes. The Family Check-up was rated as Supported.

Summary

Family Check Up is effective at reducing child problem behaviours and parenting skills and mental health and wellbeing.

Parent Management Training – Oregon Model

The Intervention:

Parent Management Training – Oregon Model (PMTO); (Forgatch & Patterson, 2010)) is a parent training intervention that can be used in different family contexts including two biological parents, single-parent, re-partnered, grandparent-led, reunification, and foster families. PMTO can be used as a preventative program or a treatment program. It can be delivered through individual family treatment in agencies or home-based and via telephone/video conference delivery, books, audiotapes and video recordings. PMTO interventions have been tailored for specific youth clinical problems, such as externalising and internalising problems, school problems, antisocial behaviour, conduct problems, deviant peer association, theft, delinquency, substance abuse, and child neglect and abuse.

Measures:

Positive changes in child behaviour were identified using; CBCL (Externalising behaviour), Social Skills Rating Scale, and observed aggressive behaviour.

Positive changes in parenting outcomes were identified using; Observed parent behaviour (Discipline) and observed parent skill.

Implementation:

The studies evaluated are consistent with recommended parameters, child target age, and facilitator qualifications/training. There is a manual that describes how to implement the program and there is also training available.

Results:

There were 5 studies identified that examined the effectiveness of the PMTO – 3 separate cohorts. One of these reported positive outcomes for child and parent immediately post intervention (Ogden & Hagen, 2008) and at least one child outcome was maintained at 12 months post intervention. No

outcomes were maintained at twelve months for parents (Hagen et al., 2011). A separate cohort were followed up at six, twelve, and twenty-four months with none reporting any main outcomes for children. Only observed step-father-child interactions, based on a standardised measure of observation, were found to improve at six and twelve months post intervention, i.e., prosocial and coercive parenting (negative reciprocity, negative reinforcement, and negative and hostile engagement) (DeGarmo & Forgatch, 2007). The other cohort showed that children whose parents received the intervention demonstrated improved adjustment, behaviour problems, depressive symptoms and social skills eleven months post intervention (Sigmarsdóttir et al., 2015). There was no evidence of a main effect for factors related to parenting (Sigmarsdóttir et al., 2013). The PMTO intervention was also identified in the grey literature search (CEBC) and was rated as “well-supported by the research evidence” and therefore was included in our Supported programs list.

Summary

Parent Management Training – Oregon Model is effective at reducing child problem behaviours and parenting skills, including step-fathering.

The following four parenting programs were identified via the grey literature and thus individual study findings are not summarised, with the exception of one paper examined for the COPE program.

Child-Parent Psychotherapy

The Intervention:

The Child-Parent Psychotherapy (CPP) is a treatment program for trauma-exposed children aged 0 to 5 years. The program involves working with the child and the primary caregiver together as a dyad. The aims of the program are to address externalising/internalising symptoms of the child and negative attributions and maladaptive parenting. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g., culture and socioeconomic and immigration related stressors).

Implementation:

The recommended parameters are weekly 1 to 1.5 hour sessions for 52 weeks (1 year). Providers of CPP are required to be practitioners with at least Master’s level training and supervisors must have a Master’s degree plus a minimum of 1 year training in the model.

Results:

There were no peer-reviewed studies identified in the search that evaluated the CPP program. It was however found to be supported according to the CEBC evidence database and so was also added to our list of Supported parenting programs.

Summary

Child-Parent Psychotherapy has been shown to be effective at reducing child behaviour problems and stress, and increasing levels of secure attachment. In mothers it has been effective in decreasing stress and reducing avoidant symptoms.

Common Sense Parenting

The Intervention:

The program aims to improve children's behaviours through teaching positive behaviours, social skills, and methods to reduce stress in crisis situations. The program provides parents of 2-16 year olds with practical strategies for enhancing parent-child communication.

Implementation:

The recommended parameters are weekly one hour group sessions for 6 weeks. Providers can be high school diploma, although a Bachelor's degree is preferred. There is a manual that describes how to implement the program and there is training available (The California Evidence-based Clearinghouse for Child Welfare, 2017).

Results:

There were no peer-reviewed studies identified in the search that evaluated the Common Sense Parenting program. It was however found to be supported according to the CEBC evidence database and so was also added to our list of Supported parenting programs.

Summary

Common Sense Parenting has been shown to be effective at reducing child externalising behaviours and behaviour problems and increasing parent satisfaction and efficacy.

Community Parent Education Program

The Intervention:

Community Parent Education Program (COPE) is designed to help all parents develop skills to strengthen their relationships with their children, increase cooperation, and solve problems. COPE uses a modelling approach to problem-solving where facilitators assist groups of 15-25 parents develop solutions to common parenting problems. Skill development focuses on culturally and developmentally relevant factors, which also helps build parent confidence. COPE uses readings, videotapes, small group problem solving discussions, demonstrations, practice exercises, and homework projects to help parents develop skills. The target group is parents of children aged 3-12 years with disruptive behaviour.

Measures:

Positive changes in child behaviour were identified using; EBCI and the Swanson, Nolan, Pelham Rating Scale (Inattention, Hyperactivity, and Oppositional Deviance Disorder).

Positive effects on parenting outcomes were identified using; Parents Sense of Competence measure (satisfaction, efficacy).

Positive effects on parent mental health and wellbeing were identified using; Center for Epidemiological Studies Depression Scale (Depression Symptoms).

Results:

There was one trial identified, which was of good quality. Positive findings were noted for child behaviour and for parenting skill and mental health. Although there was no follow-up data available, COPE was also identified through the grey literature search and was supported by the evidence and was thus included in the Supported list.

Implementation:

There was only one peer-reviewed study identified in our search which was conducted over 10 weeks and included one hour weekly sessions of up to 25 parents. There was very little information described about the facilitator. Equally the CEBC did not provide any additional detail about the implementation specifications.

Summary

Evidence shows that COPE is effective at improving child behaviour and parenting skills and mental health and wellbeing.

Evidence Summary: Approaches to Parenting Programs

There were a number of systematic reviews/meta-analyses identified in the search that examined approaches to delivery of parenting programs, such as self-directed versus clinician-led and group formats versus individual formats. Although it wasn't the focus of this review to report on what the most effective parameters are, we provide a brief summary of those reviews below.

A full list and overview of included systematic reviews/meta-analyses can be found in [Appendix I](#).

Parent Management Training

Parent Management Training (PMT) teaches parents with children who exhibit problem behaviour modification strategies to promote positive interactions, consistent parenting, and improve the child-parent relationship (Patterson, 1982). One moderate quality systematic review and meta-analysis was identified, which investigated the effectiveness of PMT in reducing problem behaviours in children aged 2 to 12 years compared with waitlist controls (Michelson, Davenport, Dretzke, Barlow, & Day, 2013). Twenty-eight RCTs, were included in the analysis. Although each of the included studies used a manualised version of PMT they differed in duration, format (e.g. group versus individual), and setting (e.g. community centre versus in the home). PMT programs included in the analysis and also identified in the current review were, The Incredible Years program; Parent Management Training; the COMET program (Communication METod); Triple P; Parent-Child Interaction Therapy; Empowering Parents, Empowering Communities; a group-based curriculum based on the book *Parenting the Strong Willed-Child*. One study included a program called Project TEAM, this program has not been included in our review due to the absence of recent publications. Importantly, each of the studies listed here and included in this review were found to be effective. While the majority were ranked as supported; COMET; Empowering Parents, Empowering Communities were rated as promising, while the book *Parenting the Strong Willed Child* was ranked unknown due to failure to meet the criteria (i.e. replication and/or maintenance).

Overall PMT reduced child disruptive behaviour on multiple measures across studies ($p < .001$). Parent outcomes (e.g. consistent parenting, parent behaviour) were not investigated.

There were no significant differences in child behaviour when comparing the following parameters; clinically-referred parents versus self-referred parents, routine setting (e.g. community centre) versus non-routine setting (e.g. home) or, trained versus untrained. A significant difference was revealed however for differences in program delivery. Specifically, children whose families received PMT as part of an established, routine service were less likely to exhibit internalising problem behaviours compared with those who participated as part of a research trial. However this finding must be interpreted with caution. While it may be that children benefit more when the program is delivered by an experienced, established, and stable service rather than an immature service set up for research purposes, delivery systems are heterogeneous. This difference was not found for externalising problem child behaviours.

Group-based parenting programs

One high quality systematic review assessed the effectiveness and cost-effectiveness of behavioural and cognitive-behavioural group-based parenting programs for improving child conduct problems, parental mental health and parenting skills (Furlong et al., 2013) compared with waitlist controls. It included 13 studies (9 RCTs, 3 quasi-RCTs, and 1 non-RCT) ($n=1,078$), which focused on parent programs underpinned by behavioural and cognitive therapies. Each program was group-based and delivered to families of children aged 3 to 12 years on a regular basis (e.g., weekly, fortnightly). Specific programs included Parent Management Training (various models), IY, Triple P, and therapist-led group therapy.

Statistically significant reductions in child conduct problems were evident following participation in group-based parenting programs, which included parent-report (standardised mean difference [SMD] -0.53) and based on independent standardised assessments (SMD -0.44). The intervention also resulted in statistically significant improvements in parental mental health (SMD -0.36) and positive parenting skills, also based on both parent reports (SMD -0.53) and standardised assessments (SMD -0.47). Reductions in negative or harsh parenting practices were also found; parent reports (SMD -0.77) and standardised assessments (SMD -0.42). No intervention effects were found for child emotional problems and cognitive abilities. The intervention demonstrated evidence of cost-effectiveness (Furlong et al., 2013).

Psychosocial interventions

Psychosocial intervention is an umbrella term used to describe a group of non-pharmacological therapeutic interventions which address psychological, social, personal, relational and vocational problems associated with mental health disorders. Psychosocial interventions for disruptive behaviours traditionally address both the primary symptoms of the problem and the secondary experiences which arise as a consequence of the behavioural problem. There are many different therapeutic models and techniques that fall under the umbrella of psychosocial interventions such as cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT), and peer support.

One high quality meta-analysis examined the effect of psychosocial interventions for children with disruptive behaviour disorders compared with a control condition (Epstein Richard, Fonnesebeck, Potter, Rizzone Katherine, & McPheeters, 2015). There were 66 studies examining psychosocial interventions (59 RCTs, 7 non-RCTs; $n=6,305$). Among the 66 studies, the “experimental” treatment arm of 2 studies

examined interventions with only a child component, 25 studies examined interventions with only a parent component, and 39 studies examined multicomponent interventions. The most common named interventions including the IY, PCIT, Triple P, and Multi-systemic Therapy. Of the 66 studies, 28 met the additional criteria for inclusion in the meta-analysis (Bayesian multivariate, mixed treatment) (Epstein Richard et al., 2015). Results revealed that all three intervention categories were more effective than the control conditions at reducing child disruptive behaviours. The effect size for the multicomponent interventions and interventions with only a parent component had the same estimated value, with a median of -1.2 SD reduction in child disruptive behaviour. The estimate for interventions with only a child component was slightly lower -1.0 SD.

Self-directed parenting interventions

There was one high quality systematic review and meta-analysis identified, which included 11 RCTs examining outcomes for children aged three to twelve ($n=612$). Data suggests self-directed parenting interventions for externalising behaviour problems are effective at improving parent wellbeing and parenting behaviour (e.g. harsh discipline, permissive discipline,, and laxness), demonstrating small to moderate effects, and a large effect on reducing parent reported child externalising behaviours (Standardised Mean Difference [SMD] = 1.01, 95 % CI: 0.77-1.24) (Tarver, Daley, Lockwood, & Sayal, 2014). There was no difference in observed child externalising behaviours in self-directed parenting interventions compared with controls. The level of therapist involvement had some influence on the effectiveness; effects were larger when some regular therapist contact occurred. Specific parenting programs included in this review were Triple P, IY, Internet-based parent training, self-help books, and self-administered videotaped training (Tarver et al., 2014).

Behavioural intervention for ADHD

Behavioural interventions are grounded in learning theory that asserts that most human behaviour is learned through the interaction between an individual and their environment. Behavioural interventions aim to teach and increase positive behaviours and reduce or eliminate inappropriate or maladaptive behaviours.

One meta-analysis (moderate quality and risk of bias) examined the efficacy of parent interventions for the treatment of ADHD in pre-schoolers (Mulqueen, Bartley, & Bloch, 2015), which included IY, PCIT, Behavioural Parent Training, Multi-component parent training plus classroom intervention, and a modified version of the Newforest Parenting Program. Eight RCTs totalling 399 participants were included in the analysis, which revealed that parenting programs resulted in significantly reduced ADHD symptoms, SMD = 0.61, $p < .001$.

Parenting training to reduce ADHD

One high quality systematic review/meta-analysis was identified that looked specifically at parenting training and its effect on reducing ADHD. Five RCTs ($n=284$) were included in the systematic review/meta-analysis, which evaluated the effectiveness of behavioural or cognitive behavioural techniques in reducing ADHD symptoms, internalising problems, and parenting skills in children aged 5 to 18 years with a diagnosis of ADHD (M. Zwi, H. Jones, C. Thorgaard, A. York, & J. Dennis, 2011). Analyses provided support for parenting programs reducing internalising problems ($z=2.68$, $p=.0074$)

but not externalising problems ($z=1.26, p=0.21$). Parenting stress related to their child's behaviour was significantly reduced ($z=2.05, p=.04$) but there was no effect for general stress overall ($z=0.88, p=0.38$).

Summary

Each of these approaches to parenting programs successfully facilitated change in problem child behaviour and/or relevant parent outcomes, although the effects varied. Only PMT was found to improve both child internalising and externalising problem behaviours. The remaining approaches were found to improve either one or the other, not both. Specifically, group-based parenting programs, psychosocial interventions and self-directed parenting interventions were found to improve child externalising problems, whereas parenting training to reduce ADHD was unexpectedly only found to improve child internalising problems, whereas behaviour interventions for ADAD were found to reduce ADHD symptoms more generally.

All approaches where parenting outcomes were measured found some positive change. Self-directed parenting interventions were found to improve parent wellbeing and behaviour and group-based parenting programs were found to improve both positive and negative parenting practices, and mental health.

Not surprisingly, many of the systematic reviews/meta-analyses included programs that were individually rated as supported and there was also some commonality in programs included across approaches (e.g. could be a group-based program and a parent management program). The Incredible Years program, Triple P and Parent-Child Interaction Therapy in particular fell across different categories of "approaches" and were also ranked as supported by this review process.

Parenting Programs Participation

The second step of data analysis, after identifying effective parenting programs, was to determine if there was adequate information to establish thresholds for participation.

Target Population

As noted in the introduction, data from the longitudinal study of Australian children suggest that approximately 12%, 16%, and 9% of children aged 2-3 years, 4-5 years, and 6-7 years respectively experience behavioural, emotional and/or social problems (Australian Institute of Family Studies, 2006). This rate is consistent with data from the Australian Child and Adolescent Survey of Mental Health and Wellbeing, which found that approximately one in seven (14%) of children aged 4-17 years experienced a mental disorder (Lawrence et al., 2015). An Australian longitudinal population-based survey also demonstrated similar rates of behaviour problems: externalising behaviour problems for children aged 18 months were (9.5-13.1%), 24 months (12-12.5%) and 36 months (8.7-14.2%) (J. K. Bayer et al., 2008) and the prevalence of internalising behaviour problems were 18 months (4-5.2%), 24 months (7.4-10.2%) and 36 months (11.1-13.6%) (J. K. Bayer et al., 2008). Data also show that these rates are higher for children from families with low socioeconomic status (Australian Institute of Family Studies, 2006; Lawrence et al., 2015).

Although it is true that children under 2 years might be at-risk for behavioural problems it is often too young for a diagnosis. Furthermore, most parenting programs are designed for parents with children from age 2 years. There are other supports in place for vulnerable/disadvantaged families with children

under 2 years, such as nurse home visiting programs, that would be most relevant for families with younger children.

Overall the data suggests that at least 9-16% of parents with children aged 2-8 years should have access to a parenting program in the population at large, and more than this in disadvantaged areas.

Dosage-level

Most studies provided some attendance data (such as the proportion who attended at least 1 session, or who attended x sessions). However, the type of data collected, attendance rates and the way it was analysed varied greatly between studies making comparisons between studies difficult. The focus of the included RCTs was on program effectiveness, and so variables related to participation were not systematically manipulated to determine optimal participation thresholds.

Of the studies that reported any attendance information, the mean portion of sessions attended by parents who showed positive effects on child and parent outcomes was as follows:

- Triple P: 40-96% attendance of 8-9 sessions
- Incredible Years: 55-92% attendance of ~14 sessions
- Tuning into Kids: ~80% attendance of 6 group sessions and ~50% of 2 booster sessions
- Parent-Child Interaction Therapy: 76-86% attendance of ~6 sessions
- Family Check-up: 100% attendance of 3 sessions
- Parent Management Training – Oregon Model: not adequately addressed

The California Evidence-based Clearinghouse for Child Welfare did not provide specific detail on the mean attendance for Child-Parent Psychotherapy, Common Sense Parenting or COPE.

Only two individual studies both related to the Incredible Years specifically explored the effect of program dosage on child/parent outcomes and these are briefly described below. Detail about attendance by program can be found in [Appendix J](#).

Incredible Years

There were only two studies of the 13 identified that undertook specific analyses related to level of attendance in the Incredible Years program (Lavigne et al., 2008; O'Connor et al., 2013). Data show that there was greater improvement in child behaviour with each additional session attended, total number of sessions was 12-14 (Lavigne et al., 2008). Specifically, it was found that 1 to 3 sessions were no more effective than having not attended any, attending 4-6 sessions compared with 1-3 sessions did not result in a consistent pattern in regards to child outcomes, and the greatest improvement in child outcomes was seen in those who attended 7 or more sessions for the ECBI scale and 9 or more for the CBCL. Another study re-ran analyses of the whole sample who participated in the IY program using the number of sessions attended as a covariate; it was not statistically significant indicating variations in attendance did not predict outcome (O'Connor et al., 2013). Nonetheless there is insufficient data to recommend a different threshold than the implementation parameters outlined in the manualised program.

It should be noted that a limitation of some studies may have been attendance; inadequate dose may explain why some programs failed to demonstrate a positive effect on child and/or parent outcomes. Indeed participation is an inherently difficult parameter to control for in RCTs and in “real-life”. Again it is not possible to make recommendations about the relative merit of various programs where participation was an issue without further research.

The literature did not provide any clear data to determine what the threshold for participation should be for any given program. Based on the available data, we have assumed that the parameters outlined in each specific parenting program is the intended dose and approximate level of attendance required to gain a positive effect, although as illustrated above the attendance level varied widely across studies and programs.

Parenting Programs Quantity

The search strategy utilised did not yield any relevant studies related to quantity. The determination of required quantity of parenting programs in a given community is a function of the size of the population, the portion of the population participating, and the effort required to provide the right standard of care. This is largely a practical consideration, and the literature reviewed did not provide any specific data related to this driver. However, the literature does identify two relevant questions:

- Is there sufficient infrastructure? i.e., the number of parenting program places per defined population (approximately 15% of children aged 0-8 years).
- Is there sufficient workforce? i.e., the number of parenting program facilitators relative to the number of program attendees.

CONCLUSIONS

Using the factors identified in the research literature we developed key indicators using quality, quantity, and participation metrics that informed the evidence-based benchmark framework for parenting programs. The framework is summarised below.

Parenting Programs quality indicators

There are two parts to the quality indicator for parenting programs:

1. Design – Supported parenting programs are supported by RCT-based evidence, have shown replicability, and show maintenance effects for at least 6 months.
2. Implementation – the supported parenting program should be administered according to the parameters under which the programs were evaluated, including program objective, child age, format, duration and intensity, and provider qualifications.

The evidence-based quality indicator is:

Quality indicator

The parenting program is one of the nine ‘Supported’ programs, and is implemented according to the best practice parameters associated with that program.

Supported parenting programs and the corresponding implementation parameters are presented in Table 7.

Table 7. Supported Parenting Programs and Implementation Parameters

Program	Objective	Child Age	Format	Duration & Intensity	Provider Qualifications
Child-Parent Psychotherapy	Treatment	0 to 5 years	Parent-child dyad	52 weekly sessions (1 year) of 1-1.5 hour	Master’s level training
Community Parent Education Program (COPE)	Prevention &/or treatment	3 to 12 years	Group sessions	10 weekly sessions of 1 hour (up to 25 parents)	Paraprofessional
Common Sense Parenting	Prevention &/or treatment	6 to 16 years	Group sessions	6 weekly sessions of 1 hour (8-10 parents)	High school or Bachelor (specific training for credentials)

Family Check-Up (FCU)	Prevention (targeted at at-risk families)	2 to 3 years	Individual families	3 weekly or fortnightly sessions of 1 hour	Master's degree + clinical experience
Incredible Years (IY)– Basic Parent Training Program	Prevention &/or Treatment	2.5-12 years	Group sessions	14 weekly sessions of 2-hours	Master's level (or equivalent) clinicians
Parent-Child Interaction Therapy (PCIT)	Treatment	2 to 7 years	Individual parents	5-7 weekly sessions of 1-2 hours	Master's degree
Triple P – Level 4	Prevention &/or Treatment	2 to 16 years	Group + Individual phone sessions	8-9 weekly sessions of 2-2.5 hours	Triple P accredited facilitator
Tuning into Kids	Prevention &/or treatment	4 to 6 years	Group sessions	6 sessions of 2 hours + 2 two-monthly boosters	Unspecified
Parent Management Training – Oregon Model (PMTO)	Prevention &/or treatment	2 to 18 years	Individual families	10-25 weekly sessions of 1 hour	Bachelor's degree with appropriate clinical experience

Parenting Programs participation indicators

The literature reviewed did not provide any clear data to determine what the threshold for participation should be for any given program. In view of this, the indicator for participation was determined to be:

Participation indicator

The proportion of targeted families (i.e. those with 2-8 year olds experiencing behaviour problems) enrolled in a Supported parenting program who attend at least 85% of the program's sessions

Parenting Programs quantity indicator

The search strategy utilised did not yield any relevant studies related to quantity.

The key consideration for quantity is where there is sufficient infrastructure to support the relevant population to attend parenting programs.

The indicator for quantity was determined to be:

Quantity indicator

The number of places available in Supported parenting programs led by qualified facilitators, relative to the target population

Strengths of approach

This restricted review focussed on studies utilising the most rigorous methods of evaluation (meta-analyses, systematic reviews, and RCTs) to provide the strongest level of evidence in identifying

effective parenting programs. The review covered a 10-year period including the most recently published literature available in peer reviewed journals indexed across several of the most relevant academic databases. In addition, the websites of several reputable evidence databases pertaining to child and family outcomes were searched for relevant programs and supporting material. It seems unlikely that the search process would have failed to identify many programs supported by a strong evidence bases.

Limitations of approach

The evidence brought to bear from the RCTs has some limitations. The RCTs included in the review were primarily concerned with addressing the question of whether each parenting program was more effective than usual care. Though it is possible to systematically manipulate and test the effect of specific program components, there were none identified by our search, which is unsurprising given it was not the focus of our strategy. As such, the review does not provide RCT-level evidence that specific program components significantly improve program outcomes. This means our conclusions are limited to individual programs rather than being able to identify what factors/components are important to get right to ensure a program is effective. As others have recently noted (Kaye, Faber, Davenport, & Perkins, 2018), identifying common components is useful for understanding the characteristics that are shared among evidence-based programs and may assist providers in identifying effective practices.

Constraining the review to RCTs means that studies using non-experimental methods of examining critical components may have been missed, even for programs included in the review. Although some process evaluations were consulted when the included publications referred readers to these for more detailed information about the intervention, these types of publication were not actively sort for each program. It is possible the review has missed quantitative evaluations of whether specific program components predict outcomes for those participating in the intervention conditions.

A final limitation of restricting the review to RCTs is that it limits the variety of parenting programs included. There may be other parenting programs that are effective but have not been evaluated as rigorously. These programs may also share common features with those identified in the review or may be characterised by other features potentially providing useful insights as to which components are necessary.

Parenting Program Indicators: Application

The preliminary indicators we have selected will help identify gaps and priorities for parenting programs in Australian communities. We will test them in ten communities over the next three years to determine which are pragmatic to collect, resonate with communities, and provide robust measures to stimulate community and government action. We will follow a similar path for the other four fundamental strategies that Restacking the Odds is focusing on – antenatal care, sustained nurse home visiting, early childhood education and care, and the early years of school.

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APPENDICES

Appendix A: Defining the research question

The question was formulated within a Population Intervention Comparison Outcome (PICO) framework. Application of a PICO framework helps to structure, contain and set the scope for the research question.

What parenting programs, compared with usual care, are efficacious at preventing/reducing behavioural or emotional problems in children aged 0 to 8 years?

P Patient, Problem, Population	I Intervention	C Comparison	O Outcome
<p>Children aged 0-8 years.</p> <p>Behaviour problems (externalising and internalising behaviours) – including diagnosed & subclinical populations or those “at-risk” of behavioural problems.</p>	<p>Any parenting program aiming to reduce child behaviour or emotional problems and/or improve parenting.</p> <p>Interventions aimed at improving behavioural outcomes for specific sub-groups of children with a co-morbid diagnosis will not be included (e.g. autism).</p> <p>Effectiveness as defined within the methodological constraints of RCT.</p>	<p>Usual care.</p> <p>Waitlist controls.</p>	<p>The study must include at least one outcome related to child behaviour – e.g. externalising or internalising behaviours.</p> <p>Secondary outcomes may include parenting outcomes such as:</p> <p>Parent-child interaction.</p> <p>Parenting – parent confidence & adjustment, laxness, over-reactivity, hostility.</p> <p>Maternal mental health.</p>

Appendix B: Example search strategy

The following is an example of the search strategy conducted in Medline.

Step	Search terms	No. of records
S1	Exp Child/	870289
S2	Exp Infant/	490456
S3	(neonat* or infan* or toddler* or pre-schooler* or under-nine* or p?ediatric*).tw,kf,hw.	716978
S4	1 or 2 or 3	1235825
S5	Exp Parent/	60366
S6	Exp Parent child relations/	26314
S7	(mother* or father*).tw,kf,hw.	125154
S8	5 or 6 or 7	162677
S9	Exp Child health services/	11835
S10	(intervention* or program*).tw,kf,hw.	993098
S11	9 or 10	999120
S12	Internalizing.tw,kf,hw.	5265
S13	Externalizing.tw,kf,hw.	5184
S14	Exp Problem Behavior/	158
S15	Family intervention.tw,kf,hw.	526
S16	Behavioral problem.tw,kf,hw.	284
S17	Exp Child Guidance/	114
S18	*Child Behavior Disorders/	6385
S19	*Socialization/	1376
S20	*Conduct Disorder/	1638
S21	*Parenting/	7301
S22	*Child Rearing/	1105
S23	12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 21 or 21 or 22	22940
S24	Developing countries/	73972
S25	(Austere or (limited adj2 resource*) or (low adj2 resource*) or transitioning econom* or emerging countr* or developing countr* or ("low income" or "middle income" or "low to middle income") and countr*) or "third world" or (underdeveloped adj countr*) or (under adj developed adj countr*) or LMIC).mp.	77824
S26	Exp africa/	135947
S27	Americas/ or exp caribbean region/ or exp central america/ or latin america/ or mexico/ or exp south america/	131234
S28	Europe/ or exp europe, eastern/ or exp transcaucasia/	145729
S29	Antarctic regions/ or exp atlantic islands/ or exp indian ocean islands/ or exp pacific islands/	41855
S30	New Guinea/	309
S31	Asia/ or exp asia, central/ or asia, southeastern/ or borneo/ or cambodia/ or east timor/ or indonesia/ or laos/ or malaysia/ or mekong valley/ or myanmar/ or philippines/ or thailand/ or vietnam/ or asia, western/ or bangladesh/ or bhutan/ or india/ or middle east/ or afghanistan/ or iran/ or iraq/ or jordan/ or lebanon/ or	311833

	oman/ or saudi arabia/ or syria/ or turkey/ or yemen/ or nepal/ or pakistan/ or sri lanka/ or far east/ or china/ or tibet/ or exp korea/ or mongolia/	
S32	Africa or americas or caribbean or "central america" or "latin america" or "south america" or "eastern europe" or Transcaucasia or antarctic or (atlantic adj island*) or (indian adj ocean adj island*) or (pacific adj island*) or polynesia or "central asia" or (southeast* adj asia) or (south adj east* adj asia) or borneo or mekong or "western asia" or "middle east" or "far east".mp.	129096
S33	(Afghanistan or Albania or Algeria or Angola or Antigua or Argentina or Armenia or Azerbaijan or Bangladesh or Barbados or Barbuda or Belarus or Belize or Benin or Bhutan or Bolivia or Bosnia or Botswana or Brazil or Bulgaria or "Burkina Faso" or Burma or Burundi or Cambodia or Cameroon or "Cape Verde" or "Cabo Verde" or "Central African Republic" or Chad or Chile or China or Colombia or Comoros or Congo or Kongo or (Cook adj Island*) or "Costa Rica" or "Cote D'ivoire" or Croatia or Cuba or "Czech Republic" or Czechoslovakia or Djibouti or Dominica or Dominican or "East Timor" or Ecuador or Egypt or "El Salvador" or "Equatorial Guinea" or Eritrea or Estonia or Ethiopia or Fiji or Futuna or Gabon or Gambia or Gaza or Georgia or Ghana or Grenada or Guatemala or Guinea or "Guinea Bissau" or Guyana or Haiti or Herzeg* or Honduras or Hungary or India or Indonesia or Iran or Iraq or "Ivory Coast" or Jamaica or Jordan or Kazakhstan or Kenya or Kiribati or Korea or Kosovo or "Kyrgyz Republic" or Kyrgyzstan or Laos or (Lao adj People* adj Democratic adj Republic) or "Lao PDR" or Latvia or Lebanon or Lesotho or Liberia or Libya or Lithuania or Macedonia or Madagascar or Malawi or Malaysia or Maldives or Mali or (Marshall adj Island*) or Mauritania or Mauritius or Mexico or Micronesia or Moldova or Mongolia or Montserrat or Montenegro or Morocco or Mozambique or Myanmar or Namibia or Nauru or Nepal or "New Guinea" or Nicaragua or Niue or Niger or Nigeria or Oman or Pakistan or Palau or Panama or "Papua New Guinea" or Paraguay or Peru or Philippines or Poland or Yemen or Romania or Russia or Rwanda or "Saint Kitts Nevis" or "St Kitts Nevis" or "Saint Vincent Grenadines" or Samoa or "St Vincent Grenadines" or "Saint Lucia" or "St Lucia" or "Saint Helena" or "St Helena" or "Sao Tome Principe" or "Saudi Arabia" or Senegal or Serbia or Seychelles or "Sierra Leone" or Slovak or "South Africa" or Solomon Island* or Somalia or "Sri Lanka" or Sudan or Suriname or Swaziland or Syria or Tajikistan or Tanzania or Thailand or Tibet or "Timor-Leste" or Togo or Tokelau or Tonga or Trinidad or Tobago or Tunisia or Turkey or Turkmenistan or Tuvalu or Uganda or Ukraine or Uruguay or Uzbekistan or Vanuatu or Venezuela or Vietnam or "Wallis Futuna" or "West Bank" or Yemen or Zaire or Zambia or Zimbabwe).mp.	770632
S34	24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33	949838
S35	((4 and 8) and 4) and 11 and 23	4813
S36	35 not 34	4440
S37	Limit 36 to (English language and year "2006-current")	3024
S38	limit 37 to ("all infant (birth to 23 months)" or "preschool child (2 to 5 years)" or "child (6 to 12 years)")	1566

Appendix C: Quality and Bias Checks

PRISMA Check: Systematic Reviews & meta-analyses

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	

Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	
DISCUSSION			

Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit: www.prisma-statement.org.

NICE Quality & Bias checklist

Paper: ref # _____

Internally valid?

Externally valid?

Overall?

- 1.1 Is the source population or source area well described?
- 1.2 Is the eligible population or area representative of the source population or area?
- 1.3 Do the selected participants or areas represent the eligible population or area?

- 2.1 Allocation to intervention (or comparison). How was selection bias minimised?
- 2.2 Were interventions (and comparisons) well described and appropriate?
- 2.3 Was the allocation concealed?
- 2.4 Were participants or investigators blind to exposure and comparison?
- 2.5 Was the exposure to the intervention and comparison adequate?
- 2.6 Was contamination acceptably low?
- 2.7 Were other interventions similar in both groups?
- 2.8 Were all participants accounted for at study conclusion?

- 3.1 Were outcome measures reliable?
- 3.2 Were all outcome measurements complete?
- 3.3 Were all important outcomes assessed?
- 3.4 Were outcomes relevant?
- 3.5 Were there similar follow-up times in exposure and comparison groups?
- 3.6 Was follow-up time meaningful?

- 4.1 Were exposure and comparison groups similar at baseline? If not, were these adjusted?
- 4.2 Was intention to treat (ITT) analysis conducted?
- 4.3 Was the study sufficiently powered to detect an intervention effect (if one exists)?
- 4.4 Were the estimates of effect size given or calculable?
- 4.5 Were the analytical methods appropriate?
- 4.6 Was the precision of intervention effects given or calculable? Were they meaningful?

- 5.1 Are the study results internally valid (i.e. unbiased)?
- 5.2 Are the findings generalizable to the source population (externally valid)?

Appendix D: Overall ranking of the evidence

OVERALL RANKING OF THE EVIDENCE	
	Definition
Supported	Clear, consistent evidence of benefit. No evidence of harm or risk to participants. A well conducted systematic review or meta-analysis (++ or +) or at least two RCTs found the intervention to be more effective than a control group on at least one child or parent valid outcome measure. A positive effect was maintained for at least 6 months.
Promising	Evidence suggestive of benefit but more evidence needed. No evidence of harm or risk to participants. At least one RCT found the intervention to be more effective than a control group on at least one child or parent valid outcome measure.
Evidence fails to demonstrate effect	A well conducted systematic review or meta-analysis or at least one RCT found the intervention to be ineffective compared with a control group. The overall weight of the evidence does not support the benefit of the practice.
Unknown	The data reported across trials is inconsistent. One or more RCTs show a high level of bias. There are insufficient trials to provide an evaluation of the evidence-base.
Concerning practice	At least 1 RCT of low risk of bias where the practice has shown to have no effect or a negative effect sustained over at least 1 year.

Appendix E: Overview of included studies from peer-reviewed literature

Author (Year)	Intervention Details	Sample	Setting & Delivery	Quality & Bias	Program Effectiveness
Porzig-Drummond (2014) (Porzig-Drummond, Stevenson Richard, & Stevenson, 2014)	<p>Name of intervention</p> <ul style="list-style-type: none"> 1-2-3 Magic parenting program 2 versions – standard and emotion coaching <p>Comparison Group</p> <ul style="list-style-type: none"> Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group DVD group:n=36 Emotion-coaching group: n=43 Comparison Group n=36 Age range 2-12 years Targeted Children with caregiver-reported disruptive behaviours 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods DVD group: 3 weekly x 2hr group sessions (163 min) watching 1-2-3 Magic DVDs + written summaries Emotion Coaching group: 3 weekly x 2hr group sessions including PowerPoint presentation, DVD, 52 page workbook, and 75min of emotion-coaching <p>Setting</p> <ul style="list-style-type: none"> Not stated <p>Providers</p> <ul style="list-style-type: none"> Psychologist/psychiatrist/social worker clinical psychologist 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> Yes DVD group & Emotion coaching group <p>Parent Outcomes</p> <ul style="list-style-type: none"> Yes DVD group & Emotion coaching group
Sayal (2016) (Sayal et al., 2016)	<p>Name of intervention</p> <ul style="list-style-type: none"> 1-2-3 Magic parenting program <p>Comparison Group</p> <ul style="list-style-type: none"> Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=67 students Comparison Group n=72 students (4 schools) Age range 4–8 years Targeted Children at risk of ADHD 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods Parents: Frequency: Weekly; 2hr sessions Duration: 3 weeks Delivered to: groups of 1-7 parents <p>Setting</p> <ul style="list-style-type: none"> School <p>Providers</p> <ul style="list-style-type: none"> Research staff trained in program delivery 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> - FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> No <p>Parent Outcomes</p> <ul style="list-style-type: none"> Yes Parent-only - mental health
van den Hoofdakker (2007) (van den et al., 2007)	<p>Name of intervention</p> <ul style="list-style-type: none"> Behavioural Parent Training (based on programs of Barkley 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group(allocated) n=48, (completed intervention) n=42 Comparison Group n=47 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods Frequency: Weekly 2hr sessions Duration: 12 weeks 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> Yes only internalising

	<p>(1987) and Forehand and McMahon (1981).</p> <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care Routine clinical care 	<ul style="list-style-type: none"> • Age range 4-12 years • Targeted Children referred to clinic with ADHD 	<p>Delivered to: Groups of up to 6 parents</p> <p>Setting</p> <ul style="list-style-type: none"> • Hospital or primary care setting <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker/ child and adolescent psychiatrist 		<p>Parent Outcomes</p> <ul style="list-style-type: none"> • No
Hirshfeld-Becker (2010) (Hirshfeld-Becker et al., 2010)	<p>Name of intervention</p> <ul style="list-style-type: none"> • (parent-child CBT) Being Brave: A Program for Coping with Anxiety for Young Children and Their Parents. adapted from Coping Cat program <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=34 • Comparison Group n=30 • Age range 4-7 years • Targeted Children with anxiety disorders 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: 20 sessions (7 parent only, 13 parent-child) Duration: Over 14 weeks Delivered to: Individual families <p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • No
Donovan (2014) (Donovan & March, 2014)	<p>Name of intervention</p> <ul style="list-style-type: none"> • BRAVE-ONLINE for Children (CBT) <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=23 • Comparison Group n=29 • Age range 3-6 years • Targeted Children with anxiety disorders 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: 6 x 1hr weekly sessions + 2 booster sessions Duration: 3 months Delivered: Online with virtual therapist <p>Setting</p> <ul style="list-style-type: none"> • Online/telephone <p>Providers</p> <ul style="list-style-type: none"> • Paraprofessional therapists were fourth year psychology graduates who were under the weekly supervision of a registered psychologist 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • No

<p>Brassart (2015) (Brassart & Schelstraete, 2015)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> Brief parent-implemented language intervention (unnamed) <p>Comparison Group</p> <ul style="list-style-type: none"> Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=20, Comparison Group n=16 Age range 37-72 months Targeted Low economic status areas but avoided those with the highest deprivation status. Children considered "at-risk" for externalising behaviour problems 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods Frequency: Weekly 1.5hr sessions Duration: 8 week Delivered to: Group <p>Setting</p> <ul style="list-style-type: none"> Community centre social welfare centre & school <p>Providers</p> <ul style="list-style-type: none"> Other Certified speech–language pathologist & psychology student 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> - few or no checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> Yes post-test - yes 6months - no
<p>Lowell (2011) (Lowell Darcy, Carter Alice, Godoy, Paulicin, & Briggs-Gowan Margaret, 2011)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> Child FIRST (Child and Family Interagency, Resource, Support, and Training) <p>Comparison Group</p> <ul style="list-style-type: none"> Usual care 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=78 Comparison Group n=79 Age range 6-36 months Prevention emotional disturbance, developmental and learning problems, and abuse and neglect Targeted Multi-risk urban mothers 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods Frequency: Weekly home visits 45-90mins Duration: Mean of 22.1 weeks Delivered to: Individually or to multiple family members <p>Setting</p> <ul style="list-style-type: none"> Home <p>Providers</p> <ul style="list-style-type: none"> Psychologist/psychiatrist/social worker Each family was assigned a clinical team, consisting of a master’s level developmental / mental health clinician... Paraprofessional: An associate’s or bachelor’s level care co-ordinator/case manager, who usually reflected the ethnic diversity of the family and spoke the language of the family’s choosing. 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> Yes at 12 months NOT 6 months <p>Parent Outcomes</p> <ul style="list-style-type: none"> Yes
<p>Cassidy (2017) (Cassidy et al., 2017)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> Circle of Security - 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=75 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods Frequency: Weekly 90-min sessions 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> + SOME of the checklist criteria have 	<p>Child Outcomes</p> <ul style="list-style-type: none"> No

	parenting Comparison Group • Wait-list control	<ul style="list-style-type: none"> • Comparison Group n=66 • Age range 3- 5-years • Targeted Low socioeconomic status (SES) communities. 	Duration: 10 weeks Delivered to: Groups Setting <ul style="list-style-type: none"> • Community centre Head start Centre Providers <ul style="list-style-type: none"> • "intervener" - trained using a standardized protocol delivered by COS-P developers 	been fulfilled	Parent Outcomes • Yes (limited)
Breitenstein (2012) (Breitenstein Susan et al., 2012)	Name of intervention <ul style="list-style-type: none"> • Chicago Parent Program Comparison Group <ul style="list-style-type: none"> • Wait-list control Study 1: Day care centres were matched on size, racial/ethnic composition, percent single parent households, and median income before randomizing them. Study 2: Day care centres in one year served as their own controls for the intervention the next year.	Participants <ul style="list-style-type: none"> • Intervention Group (enrolled) n=330, (attended at least 1 session) n=267 • Comparison Group n= 283 • Age range 2-5 years • Prevention 	Intervention details <ul style="list-style-type: none"> • Delivery methods Frequency: Weekly 2hr sessions Duration: 12 weeks Delivered to: Group Setting <ul style="list-style-type: none"> • Community centre Providers <ul style="list-style-type: none"> • Trained group leaders 	OVERALL RATING <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> • Yes Parent Outcomes <ul style="list-style-type: none"> • Yes
Wu (2014) (Wu et al., 2014)	Name of intervention <ul style="list-style-type: none"> • 1) Clinic Based Intervention Program (CBIP) 	Participants <ul style="list-style-type: none"> • Intervention Group <u>Clinic Based</u> : n=57 <u>Home-Based</u>: n=63 	Intervention details <ul style="list-style-type: none"> • Delivery methods In-hospital component (NICU for both groups) 5 sessions with nurse and physical therapist 	OVERALL RATING <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> • Yes – HBIP • No - CBIP

	<p>2) Home-Based Intervention Program (HBIP)</p> <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<ul style="list-style-type: none"> • Comparison Group n=58 • Age range Gestational age <37 weeks • Prevention • Targeted Very low birthweight preterm infants 	<p>After discharge component (hospital for CBIP; home for HBIP) 8 sessions: 1 week after discharge, 1, 2, 4, 6, 9 and 12 months of age), sessions with a physical therapist.</p> <p>Neonatal clinic visit component (Hospital for both groups) 8 visits 1 week after discharge, 1, 2, 4, 6, 9 and 12 months of age), sessions with a neonatologist.</p> <p>Setting</p> <ul style="list-style-type: none"> • Home HBIP • Hospital or primary care setting CBIP <p>Providers</p> <ul style="list-style-type: none"> • Additional intervention provided by physical therapist 		<p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes – HBIP • No - CBIP
<p>Rushton (2010) (Rushton, Monck, Leese, McCrone, & Sharac, 2010)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • A CBT & Educational program <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group Cognitive behavioural: n=10 Educational: n=9 • Comparison Group n=18 • Age range 3-8 years • Targeted Adopted children with serious behavioural problems 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods <p><u>Cognitive behavioural approach</u>: 10 weekly sessions delivered to groups of adopters</p> <p><u>Educational approach</u>: 10 weekly sessions delivered to groups of adopters</p> <p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker Experienced child and family social workers familiar with adoption 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • No <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes - limited Only parenting sense of competence

<p>Kling (2010) (Kling, Forster, Sundell, & Melin, 2010)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • COMET (Communication METHod) practitioner administered, and COMET self-directed, (compared to waitlist control) <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group Parent Management Training – Practitioner (PMT-P): n=58 • Parent Management Training – self-directed (PMT-S): n=61 • Comparison Group n=40 • Age range 3 to 10 years • Targeted Children with conduct problems 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods <u>PMT-P</u> Frequency: Weekly; 2.5hr sessions Duration: 11 weeks Delivered to: Groups of parents <u>PMT-S</u> Frequency: Single 7hr group workshop Duration: 11 weeks (self-guided with written materials) <p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • Paraprofessional PMPT: Regular staff members at social welfare centres and preschools were trained to become group leaders 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes Both intervention group v comparison <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes Both intervention group v comparison
<p>Niccols (2009) (Niccols, 2009)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • COPEing with Toddler Behaviour <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=49 • Comparison Group n=30 • Age range 12-36 months • Prevention universal 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods 8 group sessions + 7 home practice assignments. Frequency: weekly 2hr sessions + homework Duration: 8 weeks Delivered to: groups of 10-25 parents <p>Setting</p> <ul style="list-style-type: none"> • not reported <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker • Other Infant development specialists with educational backgrounds in psychology, early childhood education, or social 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

			work, and additional training/experience with families of young children at risk		
Morawska (2011) (A. Morawska, Haslam, Milne, & Sanders, 2011)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Discussion group (2 hours) with other families, + two brief phone consultations. <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=33 • Comparison Group n=34 • Age range Children age 2-5years • Prevention universal 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods 1 x 2 hour discussion group (average 6 families), + two brief phone consultations. <p>Setting</p> <ul style="list-style-type: none"> • Online/telephone • not reported location of discussion group not reported <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
Stemmler (2007) (Stemmler, Beelmann, Jaurisch, & Losel, 2007)	<p>Name of intervention</p> <ul style="list-style-type: none"> • EFFEKT (Enhancing the development of families: parent and child training) <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=128 mothers n=16 fathers • Comparison Group n=128 mothers n=147 fathers • Age range M=56.4 months (SD=79.3 months) • Prevention universal 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Weekly 1.5-2hr sessions Duration: 5 weeks Delivered to: groups of 6-15 parents <p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • psychologist/psychiatrist/social worker/master's degree in psychology and were actively involved in the development of the curriculum of the parent training 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • No <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes mother not father
Day (2012) (Day, Michelson, Thomson, Penney, & Draper, 2012)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Empowering Parents, Empowering Communities Manualised parenting program 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=59 • Comparison Group n=57 • Age range 2-11 years 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Weekly; 2hr Duration: 8 weeks Delivered to: groups of 7-14 parents 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

	Comparison Group <ul style="list-style-type: none"> • Wait-list control 	<ul style="list-style-type: none"> • Targeted primary parental caregiver identified difficulties in managing child behaviour 	Setting <ul style="list-style-type: none"> • Community centre Providers <ul style="list-style-type: none"> • Trained facilitator 		
Dishion (2014) (Dishion Thomas et al., 2014)	Name of intervention <ul style="list-style-type: none"> • Family Check-Up Comparison Group <ul style="list-style-type: none"> • Usual care 	Participants <ul style="list-style-type: none"> • Intervention Group n=316 • Comparison Group n=305 • Age range 2 years 0 month - 2 years 11 months • Prevention • Targeted Socioeconomic, family, and/or child risk factors for future behaviour problems 	Intervention details <ul style="list-style-type: none"> • Delivery methods Duration: 3 sessions Delivered to: Face-to-face Setting <ul style="list-style-type: none"> • Home Providers <ul style="list-style-type: none"> • Parent consultant - Ph.D.- and master's-level service workers 	OVERALL RATING <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> • Yes Parent Outcomes <ul style="list-style-type: none"> • No (none reported)
Gardner (2007) (Gardner et al., 2007)	Name of intervention <ul style="list-style-type: none"> • Family Check-Up Comparison Group <ul style="list-style-type: none"> • Usual care 	Participants <ul style="list-style-type: none"> • Intervention Group (recruited) n=60, (completed intervention) n=55 • Comparison Group n=60 • Age range 2 years • Prevention • Targeted low-income 	Intervention details <ul style="list-style-type: none"> • Delivery methods Frequency: either weekly or monthly (guided by parent preference) Duration: At least 3 sessions Delivered to: either 1hr in person or 20-30min phone calls Setting <ul style="list-style-type: none"> • Not reported Providers <ul style="list-style-type: none"> • psychologist/psychiatrist/social worker 	OVERALL RATING <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> • Yes Parent Outcomes <ul style="list-style-type: none"> • Yes
Reuben (2015) (Reuben Julia et al., 2015)	Name of intervention <ul style="list-style-type: none"> • Family Check-Up Comparison Group <ul style="list-style-type: none"> • Usual care 	Participants <ul style="list-style-type: none"> • Intervention Group n=367 • Comparison Group n=364 	Intervention details <ul style="list-style-type: none"> • Delivery methods Duration: 2+ individual family sessions (family preference); 2.5 hours each Delivered to: Face-to-face	OVERALL RATING <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> • Yes Parent Outcomes <ul style="list-style-type: none"> • No (only reduced maternal depression at post-test)

		<ul style="list-style-type: none"> • Age range 2 years 0 months - 2years 11 months • Prevention • Targeted Socioeconomic, family, and child risk 	<p>Setting</p> <ul style="list-style-type: none"> • Home <p>Providers</p> <ul style="list-style-type: none"> • Not stated ("parent consultant"/"therapist") 		
Shaw (2006) (Shaw Daniel et al., 2006)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Family Check-Up <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=60 • Comparison Group n=60 • Age range 17-27 months • Targeted 2 or more of: Socioeconomic, family, child risk factors 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Duration: 3 sessions Delivered to: Individual families <p>Setting</p> <ul style="list-style-type: none"> • Home <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
Feinberg (2008) (Feinberg & Kan, 2008)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Family Foundations <p>Comparison Group</p> <ul style="list-style-type: none"> • received a brochure 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=89 • Comparison Group n=80 • Age range pre & post-natal • Prevention universal 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: weekly Duration: 8 classes Delivered to: Groups of 8-10 couples <p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • Not reported 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
Feinberg (2009) (Feinberg, Kan, & Goslin, 2009)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Family Foundations <p>Comparison Group</p> <ul style="list-style-type: none"> • received a 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=83 • Comparison Group n=77 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Weekly Duration: 8 sessions Delivered to: Groups of 8-10 couples 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

	brochure	<ul style="list-style-type: none"> • Age range Pre & post-natal • Prevention 	<p>Setting</p> <ul style="list-style-type: none"> • Hospital or primary care setting <p>Providers</p> <ul style="list-style-type: none"> • a male–female co-leader team. Female: child birth educator; male unspecified 		
Feinberg (2010) (Feinberg, Jones, Kan, & Goslin, 2010)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Family Foundations <p>Comparison Group</p> <ul style="list-style-type: none"> • received a brochure 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=75 • Comparison Group n=67 • Age range Pre & post-natal • Prevention 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Weekly Duration: 8 sessions Delivered to: groups of 8-10 couples <p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • Group leader 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes (boys) <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
Feinberg (2014) (Feinberg Mark, Jones Damon, Roettger Michael, Solmeyer, & Hostetler Michelle, 2014)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Family Foundations <p>Comparison Group</p> <ul style="list-style-type: none"> • Other received a brochure 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=50 • Comparison Group n=48 • Age range Pre & post-natal • Prevention 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Weekly Duration: 8 sessions Delivered to: Groups of 8-10 couples <p>Setting</p> <ul style="list-style-type: none"> • Hospital or primary care setting/Childbirth education departments in hospitals <p>Providers</p> <ul style="list-style-type: none"> • Child educator + male 'with experience working with families and leading groups' 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • No (none measured)
Barlow (2013) (A. Barlow et al., 2015) Same cohort Barlow (2015) (A. Barlow et al., 2013)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Family Spirit: home-visiting intervention 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=159 • Comparison Group n=163 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Home visits occurred weekly through the end of pregnancy, biweekly until 4 months postpartum, monthly between 4 and 12 months postpartum, 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

	<p>Comparison Group</p> <ul style="list-style-type: none"> • Optimised standard care 	<ul style="list-style-type: none"> • Age range Prenatal • Prevention • Targeted American Indian (self-identified) Rural and isolated communities 	<p>and bimonthly between 12 and 36 months postpartum Duration: 43 lessons <1hr long Delivered to: individual home visits</p> <p>Setting</p> <ul style="list-style-type: none"> • Home <p>Providers</p> <ul style="list-style-type: none"> • Paraprofessional (Native) 		
<p>Barlow (2015) (A. Barlow et al., 2013) Same cohort Barlow (2013) (A. Barlow et al., 2015)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Family Spirit <p>Comparison Group</p> <ul style="list-style-type: none"> • Optimised standard care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=124 • Comparison Group n=142 • Age range Prenatal • Prevention • Targeted American Indian (self-identified) Rural and isolated communities 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: weekly during pregnancy, progressively less frequent until 36 months Duration: 43 lessons <1hr long Delivered to: Individual home visits <p>Setting</p> <ul style="list-style-type: none"> • Home <p>Providers</p> <ul style="list-style-type: none"> • Paraprofessional (no extra info) 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
<p>Forehand (2011) (Forehand et al., 2011)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Group Parent Curriculum based on book: Parenting the Strong-Willed Child <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=19 • Comparison Group n=20 • Age range 3- 6- years • Targeted Children with disruptive behaviours 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Group Curriculum: 6 x weekly 2hr sessions <p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker Three individuals, one with a degree in social work and two who were advanced graduate students in clinical psychology, served as co- facilitators. 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • - FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

<p>Leung (2015) (Leung, Tsang, & Heung, 2015)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Other Healthy Start Home Visit Program, <p>Comparison Group</p> <ul style="list-style-type: none"> • 6 x 2.5hr parent talks (groups of 5-20) 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group (allocated) n=84 parent-child dyads, (completed intervention) n=77 • Comparison Group n=107 parent-child dyads <ul style="list-style-type: none"> • Age range Preschoolers; M=3.78 <ul style="list-style-type: none"> • Targeted Parents from socially disadvantaged backgrounds with preschool children, such as new immigrants, single parents, and low-income families 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: 20 weekly home visits Duration: 20 weeks Delivered to: Individuals <p>Setting</p> <ul style="list-style-type: none"> • Home <p>Providers</p> <ul style="list-style-type: none"> • Paraprofessional 'Parent ambassadors' (trained for 50 hours by research team - clinical psychologists) 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
<p>Somech (2012) (Somech Lior & Elizur, 2012)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Hitkashrut: A “common elements” co-parent training (PT) program <p>Comparison Group</p> <ul style="list-style-type: none"> • Minimal intervention group: 2 consultation sessions with the program's key components & handouts 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=140 • Comparison Group n=69 <ul style="list-style-type: none"> • Age range 3-5 years <ul style="list-style-type: none"> • Targeted Children with significant disruptive behaviours 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Weekly 2hr sessions + telephone check-ups between sessions Duration: 14 weeks Delivered to: groups of 5-7 couples + 30 min individual couple session <p>Setting</p> <ul style="list-style-type: none"> • Online/telephone • Not reported location of meetings not specified <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker Master-level educational psychologists 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
<p>Asscher (2008) (Asscher, Hermanns, & Dekovic, 2008)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Home Start <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=54 • Comparison Group n=51 <ul style="list-style-type: none"> • Age range 1.5 and 3.5 years 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Variable - average 3.5 times/month for 3-4hours Duration: 6 months (average) Delivered to: Individual mothers 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • No <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

		<ul style="list-style-type: none"> • Prevention <p>Parents experiencing difficulties in child rearing</p>	<p>Setting</p> <ul style="list-style-type: none"> • Home <p>Providers</p> <ul style="list-style-type: none"> • Trained volunteers 		
Axberg (2012) (Axberg & Broberg, 2012)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Incredible Years (IY) <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group <p>IG (recruited) n=38, (completed intervention) n=28</p> <ul style="list-style-type: none"> • Comparison Group <p>n=24</p> <ul style="list-style-type: none"> • Age range <p>4-8 years</p> <ul style="list-style-type: none"> • Targeted <p>Diagnosed ODD</p>	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods <p>Frequency: Weekly 2hr sessions Duration: 12-14 weeks Delivered to: Groups of parents of 6-8 children</p> <p>Setting</p> <ul style="list-style-type: none"> • Community centre ordinary psychiatric service <p>Providers</p> <ul style="list-style-type: none"> • Paraprofessional group leaders who were all trained by a certified IY BASIC trainer 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
Bywater (2011) (Bywater et al., 2011)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Incredible Years <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group <p>n=29</p> <ul style="list-style-type: none"> • Comparison Group <p>n=17</p> <ul style="list-style-type: none"> • Age range <p>2–8 years</p> <ul style="list-style-type: none"> • Targeted <p>foster care</p>	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods <p>Frequency: weekly 2hr sessions Duration: 12-14 weeks Delivered to: groups of parents of 6-8 children</p> <p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • Facilitators: <p>1 was a qualified IY mentor; 3 previous experience delivering the program; 3 delivering the program for the first time</p>	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

<p>Edwards (2007) (Edwards et al., 2007)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> Incredible Years <p>Comparison Group</p> <ul style="list-style-type: none"> Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=86 Comparison Group n=47 Age range 36-59 months Prevention Targeted at risk of developing conduct disorders 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods Frequency: Weekly 2hr sessions Duration: 12-14 weeks Delivered to: Groups of parents of 6-8 children <p>Setting</p> <ul style="list-style-type: none"> Not reported <p>Providers</p> <ul style="list-style-type: none"> Not reported 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> - FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> No
<p>Hutchings (2007) (Hutchings et al., 2007)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> Incredible Years <p>Comparison Group</p> <ul style="list-style-type: none"> Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=104 Comparison Group n=49 Age range 36-59 months Prevention Preschool children at risk of developing conduct disorder Targeted Socially disadvantaged areas with an identified risk of developing conduct disorder 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods Frequency: Weekly 2-2.5hr sessions Duration: 12 weeks Delivered to: Groups of parents (max group size 12). <p>Setting</p> <ul style="list-style-type: none"> Not reported <p>Providers</p> <ul style="list-style-type: none"> Psychologist/psychiatrist/social worker Leaders had varied backgrounds and included social workers, family support workers, Barnardo's project workers, health visitors, and psychologists 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> Yes
<p>Kim (2008) (E. Kim et al., 2008)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> Incredible Years <p>Comparison Group</p> <ul style="list-style-type: none"> Usual care 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=20 Comparison Group n=9 Age range 3-8 years Prevention 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods Frequency: Weekly 2-3hr sessions Duration: 12 weeks Delivered to: Groups of parents <p>Setting</p> <ul style="list-style-type: none"> Not reported 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> No <p>Parent Outcomes</p> <ul style="list-style-type: none"> Yes

		<ul style="list-style-type: none"> Targeted Korean American mothers 	Providers <ul style="list-style-type: none"> Research staff 		
Larsson (2009) (Larsson et al., 2009)	Name of intervention <ul style="list-style-type: none"> Incredible Years <p>2 IGs IY Parent Training (PT)(Standard) IY PT + child therapy</p> Comparison Group <ul style="list-style-type: none"> Wait-list control 	Participants <ul style="list-style-type: none"> Intervention Group Parent Training only: n=51 Parent Training + Child Therapy: n=55 Comparison Group n=30 Age range 4-8 years Targeted children referred because of oppositional or conduct problems 	Intervention details <ul style="list-style-type: none"> Delivery methods <i>IY Standard:</i> Frequency: Weekly 2hr sessions Duration: 12-14 weeks Delivered to: Groups of 10-12 parents <i>IY + Child Therapy:</i> Frequency: Weekly 2hr sessions Duration: 18 weeks Delivered to: Groups of 6 children Setting <ul style="list-style-type: none"> States location as "the clinic" and that it was "set up" for the study Providers <ul style="list-style-type: none"> Research staff Paraprofessional "therapists" Each had a Bachelor or Master degree in a mental health-related field 	OVERALL RATING <ul style="list-style-type: none"> + SOME of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> Yes Both IG = positive outcomes No difference between IGs Parent Outcomes <ul style="list-style-type: none"> Yes Both intervention groups = positive outcomes No difference between intervention groups
Lavigne (2008) (Lavigne et al., 2008)	Name of intervention <ul style="list-style-type: none"> Incredible Years 1) Nurse-led 2) Psychologist-led Comparison Group <ul style="list-style-type: none"> Minimal IG - Received Incredible Years manual with no therapist contact 	Participants <ul style="list-style-type: none"> Intervention Group Nurse-led n=49 Psychologist-led n=31 Comparison Group Minimal IG n=31 Age range 3- 6.11-years Targeted Met DSM-IV criteria for ODD 	Intervention details <ul style="list-style-type: none"> Delivery methods 12 x 1hr sessions or 6 x 2hr sessions Delivered to: Groups Setting <ul style="list-style-type: none"> Hospital or primary care setting Providers <ul style="list-style-type: none"> Nurse-led 7 registered nurses Psychologist-led Five doctoral-level clinical child psychologists 	OVERALL RATING <ul style="list-style-type: none"> + SOME of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> No (nurse-led & psychologist-led) Parent Outcomes <ul style="list-style-type: none"> No (nurse-led & psychologist-led)

<p>McGilloway (2012) (S. McGilloway et al., 2012)</p> <p>Same cohort as McGilloway et al. (2014) (Sinead McGilloway et al., 2014)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> Incredible Years <p>Comparison Group</p> <ul style="list-style-type: none"> Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=103 Comparison Group n=46 Age range 32-88 months Targeted <p>Children scored above the clinical cut-off on either the Intensity subscale OR Problem subscale of ECBI Targeted vulnerable families who experience difficulties, such as socioeconomic disadvantage, social isolation, mental health issues, substance misuse, community conflict, and domestic violence.</p>	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods <p>Frequency: weekly 2hr sessions Duration: 3 months (12 weeks) Delivered to: groups of 11-12 parents + weekly support call from group leader</p> <p>Setting</p> <ul style="list-style-type: none"> any location convenient for participant <p>Providers</p> <ul style="list-style-type: none"> Paraprofessional 8 facilitators had experience delivering intervention and were in the process of receiving accreditation group leader made weekly follow up telephone calls 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> Yes
<p>McGilloway (2014) (Sinead McGilloway et al., 2014)</p> <p>Same cohort as McGilloway et al. (2012) (S. McGilloway et al., 2012)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> Incredible Years <p>Comparison Group</p> <ul style="list-style-type: none"> 12 month follow up compared to 6 month follow up data - No CG at 12 months 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=103 Age range 32-88 months Targeted <p>As above (McGilloway et al. 2012)</p>	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods <p>As above (McGilloway et al. 2012)</p> <p>Setting</p> <ul style="list-style-type: none"> Community centre <p>Providers</p> <ul style="list-style-type: none"> "trained facilitators" 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> - FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> Yes
<p>O'Connor (2013) (O'Connor et al., 2013)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> Incredible Years <p>Comparison Group</p> <ul style="list-style-type: none"> Usual care offered telephone helpline 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=88 Comparison Group n=86 Age range 4-6 years Targeted 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods <p>6 week literacy program + Incredible Years: Frequency: Weekly 2-2.5hr sessions (total 18 sessions) Duration: 12 weeks Delivered to: Groups of 8-10 parents</p>	<p>OVERALL RATING</p> <ul style="list-style-type: none"> + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> No <p>Parent Outcomes</p> <ul style="list-style-type: none"> Yes

		High need urban area	<p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker group leaders: psychology degree and a master's in child development • Paraprofessional Coleaders child mental health professionals in training without certification or trainees with psychology degrees. 		
Scott (2012) (Scott & O'Connor, 2012)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Incredible Years supplemented by positive strategies to use when reading with children <p>Comparison Group</p> <ul style="list-style-type: none"> • Telephone helpline 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=61 • Comparison Group n=51 • Age range 5-6 years • Targeted Disadvantaged area, children with elevated levels of oppositionality 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Twice weekly Duration: 12 weeks (28 sessions) Delivered to: Groups of parents <p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • Not reported 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • No None measured <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
Stattin (2015) (Stattin et al., 2015)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Incredible Years • 2 other behavioural programs tested: Comet Cope And a non-behavioural program: Connect 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group Incredible years: (allocated) n=122, (received intervention) n=92 Comet: (allocated) n=207, (received intervention) n=172 Cope: (allocated) n=202, (received intervention) n=196 Connect: (allocated) n=218, (received intervention) n=175 • Comparison Group n=159 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods <p><u>Incredible Years:</u> Frequency: Weekly 2.5hr sessions Duration: 12 weeks Delivered to: Groups of 10-14 parents + phone calls</p> <p><u>Comet:</u> Frequency: Weekly 2.5hr sessions Duration: 11 weeks Delivered to: Groups of 10-12 parents (+1 individual session)</p> <p><u>Cope:</u> Frequency: Weekly 1hr sessions</p>	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes All PT interventions <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes All PT interventions

	<p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<ul style="list-style-type: none"> • Age range 3-12 years • Targeted children with externalizing problems 	<p>Duration: 10 weeks Delivered to: Groups of up to 25 parents</p> <p>Connect: Frequency: Weekly 1hr sessions Duration: 10 weeks Delivered to: Groups of up to 12-14 parents</p> <p>Setting</p> <ul style="list-style-type: none"> • Any human services units regularly delivering these programs (schools, clinics, welfare agencies) <p>Providers</p> <ul style="list-style-type: none"> • Regular personnel within the services 		
<p>Webster-Stratton (2011)(C. H. Webster-Stratton et al., 2011)</p> <p>Same cohort as Webster-Stratton et al (2013) (C. Webster-Stratton et al., 2013)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Incredible Years <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=49 children • Comparison Group n=50 • Age range 4-6 years • Targeted Children diagnosed with ADHD 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Weekly 2hr sessions Duration: 20 weeks Delivered to: Groups of 6 families (parents groups and child groups separately) <p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • Masters-level or doctoral-level clinicians 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes mother not father
<p>Webster-Stratton (2013) (C. Webster-Stratton et al., 2013)</p> <p>Same cohort as Webster-Stratton et al (2011) (C. H. Webster-Stratton et al., 2011)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Incredible Years <p>Comparison Group</p> <ul style="list-style-type: none"> • not available at 1yr follow up due to waitlist control design 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=42 children • Age range 4-6 years • Targeted Children diagnosed with ADHD 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: weekly 2hr sessions Duration: 20 weeks Delivered to: groups of 6 families (parents groups and child groups separately) 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • - FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

			Setting <ul style="list-style-type: none"> not reported Providers <ul style="list-style-type: none"> M.A. or Ph.D. level, certified group leaders 		
Reedtz (2011) (Reedtz, Handegard Bjorn, & Morch, 2011)	Name of intervention <ul style="list-style-type: none"> Incredible Years Shortened version (6 weeks) Comparison Group <ul style="list-style-type: none"> Usual care 	Participants <ul style="list-style-type: none"> Intervention Group n=89 Comparison Group n=97 Age range 2-8 years Prevention universal 	Intervention details <ul style="list-style-type: none"> Delivery methods Frequency: weekly 2-2.5hr sessions Duration: 6 weeks Delivered to: groups of parents of 6-8 children Setting <ul style="list-style-type: none"> Hospital or primary care setting Providers <ul style="list-style-type: none"> Nurse 	OVERALL RATING <ul style="list-style-type: none"> - FEW or NO checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> No (limited – post-test only) Parent Outcomes <ul style="list-style-type: none"> Yes
Perrin (2014) (Perrin Ellen, Sheldrick, McMenamy Jannette, Henson Brandi, & Carter Alice, 2014)	Name of intervention <ul style="list-style-type: none"> Incredible Years Abbreviated (10 weeks) Comparison Group <ul style="list-style-type: none"> Wait-list control 	Participants <ul style="list-style-type: none"> Intervention Group IG (recruited) n=89, (completed at least 3 sessions) n=71 Comparison Group n=61 Age range 2-4 years Targeted Children with disruptive behaviour disorders 	Intervention details <ul style="list-style-type: none"> Delivery methods Frequency: weekly 2 hr sessions Duration: 10 weeks Delivered to: groups to parents Setting <ul style="list-style-type: none"> Hospital or primary care setting Providers <ul style="list-style-type: none"> Research clinician and pediatric staff member 	OVERALL RATING <ul style="list-style-type: none"> ++ ALL or MOST of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> yes Parent Outcomes <ul style="list-style-type: none"> No (limited – post-test only)
Reid (2007) (Reid, Webster-Stratton, & Hammond, 2007)	Name of intervention <ul style="list-style-type: none"> Incredible Years + classroom intervention (Dinosaur Program) 	Participants <ul style="list-style-type: none"> Intervention Group Classroom only (children): n=130 Parent training + classroom: n=131 	Intervention details <ul style="list-style-type: none"> Delivery methods <u>Classroom intervention (Dinosaur Program):</u> Frequency: Twice weekly 40 min Duration: 2 years (60 sessions) Delivered to: Class	OVERALL RATING <ul style="list-style-type: none"> + SOME of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> Yes Parent Outcomes <ul style="list-style-type: none"> Yes

	<p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<ul style="list-style-type: none"> • Comparison Group n=172 • Age range M=67 months old • Targeted Children from culturally diverse, socioeconomically disadvantaged schools 	<p><u>IY standard program:</u> Frequency: weekly 2-3hr Duration: 2 years, 12-14 sessions per year Delivered to: groups of parents</p> <p>Setting</p> <ul style="list-style-type: none"> • Teacher intervention: classroom parent intervention: school <p>Providers</p> <ul style="list-style-type: none"> • Teachers (for classroom intervention) IY - not reported 		
<p>Helfenbaum-Kun (2007) (Helfenbaum-Kun & Ortiz, 2007)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Incredible Years – Abbreviated version (8 weeks) <p>Comparison Group</p> <ul style="list-style-type: none"> • No-treatment control - received CD's covering the intervention material & referral information after final assessment 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=23 fathers • Comparison Group n=16 fathers • Age range 3-5 years • Prevention • Targeted Fathers 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: (not reported) Duration: 8 weeks Delivered to: Groups <p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • Student Doctoral students in clinical psychology supervised by a professor of clinical psychology 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • - FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • No <p>Parent Outcomes</p> <ul style="list-style-type: none"> • No
<p>Hurlburt (2013) (Hurlburt Michael, Nguyen, Reid, Webster-Stratton, & Zhang, 2013)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Incredible Years Short, preventive version of Basic program <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=361 families • Comparison Group n=156 families • Age range mean age of 4.7 years, SD = 0.36). • Prevention 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Abbreviated version of the IY - 8 weekly group sessions (no other detail provided) <p>Setting</p> <ul style="list-style-type: none"> • Not reported 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes especially for families who reported child maltreatment <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes especially for families who reported child

		<ul style="list-style-type: none"> Targeted with and without a self-reported history of child maltreatment 	<p>Providers</p> <ul style="list-style-type: none"> not reported 		maltreatment
Posthumus (2012) (Posthumus, Raaijmakers, Maassen, van, & Matthys, 2012)	<p>Name of intervention</p> <ul style="list-style-type: none"> Incredible Years Standard + Advanced <p>Comparison Group</p> <ul style="list-style-type: none"> Usual care 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=72 parents Comparison Group n=72 parents Age range 4 years Targeted Children with conduct problems 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods BASIC and ADVANCE curriculum were delivered in 18 2-hour sessions (11 BASIC and 7 ADVANCE) <p>Two booster sessions were offered 3 months and 6 months after termination of the intervention</p> <p>Setting</p> <ul style="list-style-type: none"> Community centre <p>Providers</p> <ul style="list-style-type: none"> Paraprofessional two certified group leaders 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> Yes
Wells (2006) (Wells Karen et al., 2006)	<p>Name of intervention</p> <ul style="list-style-type: none"> Intensive behaviour therapy <p>Comparison Group</p> <ul style="list-style-type: none"> <u>CG 1</u>: Medication management <u>CG 2</u>: Community-treated comparison (referral to community resources) 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=141 Comparison Group <u>CG 1</u>: Medication management n=143 <u>CG 2</u>: Community-treated comparison n=140 Age range ages 7 -9.9 years Targeted Children with ADHD 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods Total intervention duration: 14 Months <ul style="list-style-type: none"> 35 sessions: 27 Group sessions, 8 individual. sessions (weekly at first then tapered off) 16-20 structured teacher consultation sessions (bi-weekly) 8 weeks fulltime child-focused Summer Treatment Program 12 weeks of half-time classroom behavioural specialist <p>Setting</p> <ul style="list-style-type: none"> Not reported <p>Providers</p> <ul style="list-style-type: none"> Paraprofessional 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> No <p>Parent Outcomes</p> <ul style="list-style-type: none"> No

			Behavioural intervention - Behavioural Therapist		
			<ul style="list-style-type: none"> • Not reported Medication & Community treatment intervention. 		
Kim (2014) (Eunjung Kim et al., 2014)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Korean Parent Training Program (KPTP) <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=31 • Comparison Group n=27 <p>• Age range 3 -8 years</p> <ul style="list-style-type: none"> • Prevention • Targeted Korean American parents 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods <p>Frequency: 12 weekly 3hr group sessions + 3 x monthly 3hr booster sessions</p> <p>Delivered to: groups</p> <p>Setting</p> <ul style="list-style-type: none"> • Community centre <p>Providers</p> <ul style="list-style-type: none"> • Research staff <p>Church group - Two bilingual and bicultural interventionists</p>	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
Roskam (2015) (Isabelle Roskam, 2015)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Lou & Us; 3-week parenting program based on metacognition <p>Comparison Group</p> <ul style="list-style-type: none"> • other No intervention 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=58 • Comparison Group n=58 <p>• Age range 4-7 years</p> <ul style="list-style-type: none"> • Prevention 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods <p>3 week parenting program using CD-rom.</p> <p>3 weeks, 1 session per week. Session one, individual; Session 2, dyadic (2 parents); Session 3, triadic (2 parents and child). Mean session time 10 minutes for one parent, 20 minutes for two parents</p> <p>Setting</p> <ul style="list-style-type: none"> • Home <p>Providers</p> <ul style="list-style-type: none"> • Paraprofessional trained master's students 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • - FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • No <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

<p>Conner (2011) (Conner Natalie & Fraser Mark, 2011)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Making Choices Program Strong Families program <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=31 • Comparison Group n=36 • Age range 3- to 4-year-old children • Targeted preschools in high-risk neighbourhoods within a large metropolitan area 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods <u>Making Choices (children)</u> Frequency: twice weekly, 20 min sessions Duration: 14 weeks Delivered to: groups of 4+ children <u>Strong Families (parents)</u> Frequency: weekly 45 min Duration: 14 weeks Delivered to: groups of parents <p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker master's-level teacher • Bi-lingual teacher - masters level • student 2 year masters student 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • - FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
<p>Cheng (2007) (Cheng et al., 2007)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Specific Nurse Home Visitation <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=48 • Comparison Group n=42 • Age range 5 - 9 months • Prevention 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: monthly, at least 1 hr Duration: 5 months Delivered to: individuals in the home <p>Setting</p> <ul style="list-style-type: none"> • Home <p>Providers</p> <ul style="list-style-type: none"> • Nurse 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • No <p>Parent Outcomes</p> <ul style="list-style-type: none"> • No
<p>Nordhov (2012) (Nordhov, Ronning John, Ulvund Stein, Dahl Lauritz, & Kaaresen Per, 2012)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Mother-Infant Transaction Program 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=72 • Comparison Group n=74 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods <u>Before Discharge</u> Frequency: Daily 1hr sessions Duration: 7 days Delivered to: Individuals 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • No

	<p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<ul style="list-style-type: none"> • Age range infants • Prevention • Targeted Preterm infants with birth weight <2000g 	<p><u>Post Discharge</u></p> <p>4 home visits at 3, 14, 30 and 90 days</p> <p>Setting</p> <ul style="list-style-type: none"> • Hospital or primary care setting <p>Providers</p> <ul style="list-style-type: none"> • Nurse 		
Daley (2013) (Daley & O'Brien, 2013)	<p>Name of intervention</p> <ul style="list-style-type: none"> • New Forest Parenting <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=24 • Comparison Group n=19 • Age range 4 years 1 month to 11 years • Targeted ADHD 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods 2h small group induction + self-help manual + weekly phone call for 7 weeks <p>Setting</p> <ul style="list-style-type: none"> • Home <p>Providers</p> <ul style="list-style-type: none"> • Self-help (weekly reminder phone call) 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
Thompson (2009) (Thompson Margaret et al., 2009)	<p>Name of intervention</p> <ul style="list-style-type: none"> • New Forest Parenting <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=21 • Comparison Group n=20 • Age range 30-77 months • Targeted Children with ADHD 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: weekly home visits Duration: 8 weeks Delivered to: Individual families <p>Setting</p> <ul style="list-style-type: none"> • Home <p>Providers</p> <ul style="list-style-type: none"> • Nurse 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • - FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • No
Enebrink (2012) (Enebrink, Hogstrom, Forster, & Ghaderi, 2012)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Online Parent Management Training 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=58 • Comparison Group n=46 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: 7 x 1.5hr weekly sessions Duration: 10 weeks Delivered to: Individuals 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes only post-test

	<p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<ul style="list-style-type: none"> • Age range 3-12 years • Targeted children with conduct problems 	<p>Setting</p> <ul style="list-style-type: none"> • Online/telephone <p>Providers</p> <ul style="list-style-type: none"> • Research staff • Psychologist/psychiatrist/social worker 		
Brotman (2011) (Brotman et al., 2011)	<p>Name of intervention</p> <ul style="list-style-type: none"> • ParentCorps <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=118 • Comparison Group n=53 • Age range 4 years old • Prevention • Targeted Underserved, urban communities 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Weekly 2hr Duration: 13 weeks Delivered to: Group <p>Setting</p> <ul style="list-style-type: none"> • Community centre school <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker • Other co-facilitators: teachers, educational assistants and family workers 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • - FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
Bagner (2010) (Bagner et al., 2010)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Parent-Child Interaction Therapy <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group IG (recruited) n=14, (completed intervention) n=11 • Comparison Group n=14 • Age range 18-60 months • Targeted Infants born <37 weeks presented with externalising behaviour problems (CBCL) 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery Methods Frequency: Weekly ~1hr Duration: (5 child-directed interaction coaching sessions, variable number of parent-directed interaction sessions - based on mastery of skills) Delivered to: individuals <p>Setting</p> <ul style="list-style-type: none"> • Community centre <p>Providers</p> <ul style="list-style-type: none"> • Paraprofessional therapist (undefined) 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

<p>Leung (2015) (Leung, Tsang, Sin Tammy, et al., 2015)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Parent-Child Interaction Therapy <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group IG (recruited) n=54, (completed intervention) n=42 • Comparison Group n=57 • Age range 2-7 years • Prevention 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: weekly 1hr sessions Duration: variable with parent progress Delivered to: individuals <p>Setting</p> <ul style="list-style-type: none"> • Community centre <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
<p>Bagner (2016) (Bagner Daniel et al., 2016)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Parent-Child Interaction Therapy (modified version) <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group IG (recruited) n=31, (completed intervention) n=20 • Comparison Group n=29 • Age range 12- - 15-month-olds • Targeted Most infants were from an ethnic or racial minority background (98 %) and lived below the poverty line (60 %) Mothers - rate their infant above the 75th percentile on the problem scale of the Brief Infant-Toddler Social and Emotional Assessment 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Weekly ~1hr Duration: 5 - 7 sessions Delivered to: Individuals <p>Setting</p> <ul style="list-style-type: none"> • Home <p>Providers</p> <ul style="list-style-type: none"> • Student therapists were all doctoral students in clinical psychology 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
<p>Luby (2012) (Luby, Lenze, & Tillman, 2012)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Parent-Child Interaction Therapy modified: Emotion Development <p>Comparison Group</p> <ul style="list-style-type: none"> • Psycho-education 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group (allocated) n=27, (completed intervention) n=19 • Comparison Group control psycho-education: (allocated) n=27 (completed intervention) n=10 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: 14 sessions Duration: 12 weeks Delivered to: individuals <p>Setting</p> <ul style="list-style-type: none"> • Not reported 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • - FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

	(no individual advice or practice): 1hr sessions duration: 12 weeks delivered to: groups of 2-6	<ul style="list-style-type: none"> • Age range 3-7 years • Targeted Preschool children with depression 	Providers <ul style="list-style-type: none"> • Paraprofessional Therapists (Master’s and Doctoral level clinicians) • Other co therapists 		
McCabe (2012) (McCabe et al., 2012)	Name of intervention <ul style="list-style-type: none"> • Parent-Child Interaction Therapy (PCIT) <p>2 intervention groups groups: Standard PCIT Guiando Niños Activos (GANA) - culturally modified version of PCIT</p> Comparison Group <ul style="list-style-type: none"> • Usual care 	Participants <ul style="list-style-type: none"> • Intervention Group PCIT: n=19 GANA: n=21 • Comparison Group n=18 • Age range 52.8 months (SD=12.4 months). • Targeted Mexican American Children 	Intervention details <ul style="list-style-type: none"> • Delivery methods PCIT & GANA: Frequency: Weekly ~1hr Duration: Variable based on progress Delivered to: Individuals Setting <ul style="list-style-type: none"> • Community centre Providers <ul style="list-style-type: none"> • Paraprofessional Therapists were bilingual practicum students from a variety of mental health disciplines. 	OVERALL RATING <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> • Yes Culturally modified PCIT: GUIANDO NINOS ACTIVOS NOT standard PCIT Parent Outcomes <ul style="list-style-type: none"> • Yes Culturally modified PCIT: GUIANDO NINOS ACTIVOS NOT standard PCIT
DeGarmo (2007)(DeGarmo & Forgatch, 2007)	Name of intervention <ul style="list-style-type: none"> • Parent Management Training – Oregon Model (PMTO) Comparison Group <ul style="list-style-type: none"> • No intervention, but referrals provided on request 	Participants <ul style="list-style-type: none"> • Intervention Group n=67, • Comparison Group n=43 • Age range 7 years • Prevention Moderate levels of conduct problems with the goal of preventing the onset of conduct disorder 	Intervention details <ul style="list-style-type: none"> • Delivery methods Frequency: mean fortnightly Duration: mean 27 weeks Delivered to: individual families Setting <ul style="list-style-type: none"> • not reported Providers <ul style="list-style-type: none"> • psychologist/psychiatrist/social worker 	OVERALL RATING <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> • No Parent Outcomes <ul style="list-style-type: none"> • No

		<ul style="list-style-type: none"> Targeted Stepfathers 			
Hagen (2011) (Hagen et al., 2011) 2/2 (f/u of Ogden 2008 (Ogden & Hagen, 2008))	Name of intervention <ul style="list-style-type: none"> Parent Management Training – Oregon model Comparison Group <ul style="list-style-type: none"> Usual Care 	Participants <ul style="list-style-type: none"> Intervention Group n=59 Comparison Group n=53 <ul style="list-style-type: none"> Age range 4- - 12- years <ul style="list-style-type: none"> Targeted children exhibiting aggression, delinquency or disruptive behaviours 	Intervention details <ul style="list-style-type: none"> Delivery methods Individual + Telephone call 1/week. No other information reported Setting <ul style="list-style-type: none"> Not reported Providers <ul style="list-style-type: none"> Paraprofessional trained in program 	OVERALL RATING <ul style="list-style-type: none"> + SOME of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> No Parent Outcomes <ul style="list-style-type: none"> No
Ogden (2008) (Ogden & Hagen, 2008) 1/2 (F/u=Hagen 2011 (Hagen et al., 2011))	Name of intervention <ul style="list-style-type: none"> Parent Management Training – Oregon model Comparison Group <ul style="list-style-type: none"> Usual care 	Participants <ul style="list-style-type: none"> Intervention Group n=59 Comparison Group n=53 <ul style="list-style-type: none"> Age range 4-12 years <ul style="list-style-type: none"> Targeted children with conduct problem behaviour 	Intervention details <ul style="list-style-type: none"> Delivery methods Indiv. + Telephone call 1/week. No other information reported Setting <ul style="list-style-type: none"> not reported Providers <ul style="list-style-type: none"> paraprofessional trained in program 	OVERALL RATING <ul style="list-style-type: none"> ++ ALL or MOST of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> Yes Parent Outcomes <ul style="list-style-type: none"> Yes
Sigmarsdottir (2013) (Sigmarsdottir et al., 2013)	Name of intervention <ul style="list-style-type: none"> Parent Management Training – Oregon Model Comparison Group <ul style="list-style-type: none"> Usual care 	Participants <ul style="list-style-type: none"> Intervention Group n=51 Comparison Group n=51 <ul style="list-style-type: none"> Age range 5 - 12 years <ul style="list-style-type: none"> Targeted Children with behavioural problems 	Intervention details <ul style="list-style-type: none"> Delivery methods Frequency: Weekly Duration: 6-38 sessions (mean 22.63) Delivered to: Individual families Setting <ul style="list-style-type: none"> Community centre <ul style="list-style-type: none"> Paraprofessional certified PMTO therapists who had undergone a PMTO certification training 	OVERALL RATING <ul style="list-style-type: none"> ++ ALL or MOST of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> N/A Parent Outcomes <ul style="list-style-type: none"> No

<p>Sigmarsdóttir (2015) (Sigmarsdóttir et al., 2015)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Parent Management Training – Oregon Model <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=51 • Comparison Group n=51 <ul style="list-style-type: none"> • Age range 5 - 12 years <ul style="list-style-type: none"> • Targeted Children with behavioural problems 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Weekly Duration: 6-38 sessions (mean 22.63) Delivered to: Individual families <p>Setting</p> <ul style="list-style-type: none"> • Community centre <ul style="list-style-type: none"> • Paraprofessional certified PMTO therapists who had undergone a PMTO certification training 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • N/A
<p>DeGarmo (2013) (DeGarmo David, Reid John, Fetrow Becky, Fisher Philip, & Antoine Karla, 2013)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Pathways Home <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=50 • Comparison Group n=53 <ul style="list-style-type: none"> • Age range 5 - 12 years <ul style="list-style-type: none"> • Prevention Behaviour problems in children who are at high risk for the development of substance use <ul style="list-style-type: none"> • Targeted Returning home foster children 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: weekly Duration: 16 weeks Delivered to: Individual parents <p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • Not reported 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • No <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
<p>Reid (2013) (Reid Graham et al., 2013)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Parenting Matters booklet + telephone calls <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=91 • Comparison Group n=87 <ul style="list-style-type: none"> • Age range 2-5years <ul style="list-style-type: none"> • Targeted 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: 3 calls, 1 each at weeks 0, 2 and 5. Duration: 6 weeks Delivered to: Booklet + telephone coaching at weeks 1, 2, 5. <p>Setting</p> <ul style="list-style-type: none"> • Online/telephone • Booklet read at parent's convenience. 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • No

		Parental concerns about discipline	Location unspecified		
			<p>Providers</p> <ul style="list-style-type: none"> • Student graduate students in clinical psychology with formal education in general interviewing, child psychopathology and psychological interventions with children 		
Herbert (2013) (Herbert, Harvey, Roberts, Wichowski, & Lugo-Candelas, 2013)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Parenting Your Hyperactive Preschooler Program <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=17 • Comparison Group n=14 <ul style="list-style-type: none"> • Age range 34 - 76 months • Targeted ADHD - hyperactivity 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: 14 weekly 1.5hr sessions Duration: 14 weeks Delivered to: Group sessions <p>Setting</p> <ul style="list-style-type: none"> • University-based community mental health clinic. <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker • Student clinical psychology doctoral student 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
Carta (2013) (Carta Judith, Lefever Jennifer, Bigelow, Borkowski, & Warren Steven, 2013)	<p>Name of intervention</p> <ul style="list-style-type: none"> • Planned Activities Training (PAT) + Cellular Phone-enhanced home visitation version (CPAT) <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group PAT n=142 CPAT n=113 • Comparison Group n=116 • Age range 3.5- - 5.5-years • Targeted Low income mothers At least 1 risk factor for child maltreatment 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods PAT:5 weekly sessions CPAT: 5 weekly sessions + 2 texts per day <p>Setting</p> <ul style="list-style-type: none"> • Home <p>Providers</p> <ul style="list-style-type: none"> • Research staff 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

<p>Doyle (2016) (Doyle, McGlanaghy, O'Farrelly, & Tremblay, 2016)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> Preparing For Life Program <p>Comparison Group</p> <ul style="list-style-type: none"> Usual care 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=115 Comparison Group n=118 <ul style="list-style-type: none"> Age range Pregnancy to school start (4-5years) <ul style="list-style-type: none"> Targeted disadvantaged communities 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods Frequency: Twice monthly 1hr Duration: 5 years Delivered to: Individuals <p>Setting</p> <ul style="list-style-type: none"> Home <p>Providers</p> <ul style="list-style-type: none"> Trained 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> No <p>Parent Outcomes</p> <ul style="list-style-type: none"> No
<p>Hayes (2008) (Hayes, Matthews, Copley, & Welsh, 2008)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> Queen Elizabeth Centre day-stay program <p>Comparison Group</p> <ul style="list-style-type: none"> Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=65 Comparison Group n=53 <ul style="list-style-type: none"> Age range 7 - 9 years <ul style="list-style-type: none"> Prevention 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods Frequency: 1 x 6hr session Delivered to: Groups of 6 <p>Setting</p> <ul style="list-style-type: none"> Hospital or primary care setting <p>Providers</p> <ul style="list-style-type: none"> Child health worker one maternal and child health nurse and two early childhood workers 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> Yes
<p>Ise (2015) (Ise, Kierfeld, & Dopfner, 2015) Follow-up of Kierfeld (2013) (Kierfeld, Ise, Hanisch, Gortz-Dorten, & Dopfner, 2013)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> Self-Help Book <p>Comparison Group</p> <ul style="list-style-type: none"> Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=26 Comparison Group n=22 <ul style="list-style-type: none"> Age range 3-6 years <ul style="list-style-type: none"> Prevention 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods Self-Help Book (read 1 chapter each week over 11 weeks) + weekly telephone consultation. <p>Setting</p> <ul style="list-style-type: none"> Online/telephone <p>Providers</p> <ul style="list-style-type: none"> Paraprofessional "therapist" not defined 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> - FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> Yes
<p>Kierfeld (2013) (Kierfeld et al., 2013)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> Self-help book + 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=26 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods Self-Help Book (read 1 chapter each 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> ++ ALL or MOST of the checklist criteria have 	<p>Child Outcomes</p> <ul style="list-style-type: none"> Yes

Linked to Ise (2015) (Ise et al., 2015)	telephone assistance Comparison Group • Wait-list control	<ul style="list-style-type: none"> • Comparison Group n=22 • Age range 3-6 years • Targeted children with enhanced levels of externalizing problem 	week over 11 weeks) + weekly telephone consultation (20 mins) Setting • Online/telephone Providers • Psychologist/psychiatrist/social worker	been fulfilled	Parent Outcomes • Yes
Markie-Dadds (2012) (Carol Markie-Dadds & Sanders, 2012)	Name of intervention <ul style="list-style-type: none"> • 1) Self-help book self-directed: Condition (Every Parent and Every Parent's Workbook) 2) Self-help book: Enhanced Self-Directed Comparison Group <ul style="list-style-type: none"> • Wait-list control • Two interventions compared to each other as well as to a control group 	Participants <ul style="list-style-type: none"> • Intervention Group enhanced self-directed (14 families); self-directed (15 families) • Comparison Group Waitlist (12 families) • Age range 2-6 years • Targeted Families in rural and isolated areas who have children with conduct behavioural problems 	Intervention details <ul style="list-style-type: none"> • Delivery methods 2 interventions: 1) <u>Self-directed</u>: 10-unit self-directed program comprising Every Parent (Sanders, 1992) and Every Parent's Workbook (Sanders, Lynch, & Markie-Dadds, 1994; now Every Parent's Self-Help Workbook by Markie-Dadds, Sanders, & Turner, 1998). Completed over 12 weeks. 2) <u>Enhanced Self-Directed</u>: Self-Directed intervention (1) + weekly telephone contact with practitioner (max. 30min). Phone call was parent initiated. Completed over 12 weeks Setting <ul style="list-style-type: none"> • Online/telephone Providers <ul style="list-style-type: none"> • Parents self-directed • "Practitioner" not defined 	OVERALL RATING <ul style="list-style-type: none"> • - FEW or NO checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> • Yes Both intervention groups Parent Outcomes <ul style="list-style-type: none"> • Yes Both intervention groups (limited book self-directed)
Pepler (2010) (Pepler et al., 2010)	Name of intervention <ul style="list-style-type: none"> • SNAP girls 	Participants <ul style="list-style-type: none"> • Intervention Group n=45 	Intervention details <ul style="list-style-type: none"> • Delivery methods 12 weekly sessions 	OVERALL RATING <ul style="list-style-type: none"> • - FEW or NO checklist 	Child Outcomes <ul style="list-style-type: none"> • Yes

	<p>connection</p> <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<ul style="list-style-type: none"> • Comparison Group n=35 • Age range 5-11 years • Targeted Girls with referrals for behavioural problems 	<p>Delivered to groups of girls (9 sessions) and groups of parent-daughter dyads (3 sessions).</p> <p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • Not reported 	<p>criteria have been fulfilled</p>	<p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
<p>Sourander (2016) (Sourander et al., 2016)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Strongest Families Smart Website (SFSW) <p>Comparison Group</p> <ul style="list-style-type: none"> • Educational control: access to a basic website + 45 minute coaching call 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention GroupIG (allocated) n=232, (completed intervention) n=176 • Comparison Group Education control (allocated) n=232, (completed control) n=220 • Age range 4 years • Targeted Children with disruptive behavioural problems 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods 11 weekly online sessions + weekly 45min telephone coaching. Booster coaching sessions 7-10 months later. Delivered to : individuals <p>Setting</p> <ul style="list-style-type: none"> • Online/telephone <p>Providers</p> <ul style="list-style-type: none"> • Licenced health care professionals 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist <p>criteria have been fulfilled</p>	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
<p>Baker (2015) (Baker, Biringen, Meyer-Parsons, & Schneider, 2015)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Tele-intervention: Emotional Attachment and Emotional Availability (EA2) Intervention <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=8 • Comparison Group n=7 • Age range 1.5 - 5 years • Targeted Adoptive families 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Weekly Duration: 6 weeks Delivered to: Groups (6-10 families) via Skype (+ 1 individual session) <p>Setting</p> <ul style="list-style-type: none"> • Online/telephone <p>Providers</p> <ul style="list-style-type: none"> • Research staff Facilitated the intervention sessions • Psychologist/psychiatrist/social worker Licensed clinical and developmental psychologist, supervised the sessions 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

<p>Hiscock (2008) (Hiscock et al., 2008)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Three sessions targeting key modifiable parenting risk factors for childhood behavioural problems: unreasonable expectations, harsh parenting, and lack of nurturing parenting. <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=329 • Comparison Group n=404 families • Age range 8-12 months 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods 3 sessions IN TOTAL: 1) Handouts provided at 8 months 2) 2hr group session at 12 months 3) 2hr group session at 15 months <p>Setting</p> <ul style="list-style-type: none"> • Hospital or primary care setting <p>Providers</p> <ul style="list-style-type: none"> • Nurse • Paraprofessional (expert in parenting programs) 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • No <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
<p>Bayer (2010) (J. K. Bayer, Hiscock, Ukoumunne, Scalzo, & Wake, 2010)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Toddlers Without Tears: structured programme of parent anticipatory guidance <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=329 • Comparison Group n=404 families • Age range 8 - 15 months • Prevention universal 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods 15min session at 8 months (individual delivery), 2hr session at 12 months (group), 2hr session at 15 months (group) <p>Setting</p> <ul style="list-style-type: none"> • Community centre 40 primary care nursing centres (clusters) in metropolitan Melbourne, Australia <p>Providers</p> <ul style="list-style-type: none"> • Child health worker, well-child providers and a parenting expert 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • No <p>Parent Outcomes</p> <ul style="list-style-type: none"> • No
<p>Wiggins (2009) (Wiggins et al., 2009)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Triple P Parenting 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group (allocated) n=30, (received intervention) n=27 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Weekly 2hr Duration: 9 weeks 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • - FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p>

	<p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<ul style="list-style-type: none"> • Comparison Group n=30 • Age range 4-10 years • Targeted Children with parent-reported behaviour/relationship problems 	<p>Delivered to: Groups</p> <p>Setting</p> <ul style="list-style-type: none"> • Not reported <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker 		<ul style="list-style-type: none"> • Yes
<p>Sanders (2008) (Sanders Matthew et al., 2008)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Triple P Parenting – Community-wide approach 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=1,499 • Comparison Group n=1,500 • Age range 4- 7-years • Prevention 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods 1) Media 2) Seminars 3) Brochures/Fliers 4) Group sessions, 8 hours completed as one or multiple session/s. 5) professional development + briefings for teachers + school staff 6) 4x 30 minute sessions for primary care practitioners delivered over 4 to 6 weeks <p>Setting</p> <p>Local preschool, school or community facility</p> <p>Providers</p> <ul style="list-style-type: none"> • Paraprofessional <p>Range of service providers (e.g., health, education, and welfare sectors)</p>	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • - FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
<p>Bodenmann (2008) (Bodenmann et al., 2008)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Triple P Parenting Level 4 <p>Comparison Group</p> <ul style="list-style-type: none"> • 2 control groups: Usual care, & 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=50, • Comparison Group n=50 • Age range 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods <p>Level 4 Triple P: Frequency: 4 x 2.5hr group sessions + 4 x 15-30min indiv phone sessions Duration: 8 weeks</p>	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • - FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

	Couples Coping Enhancement Training (CCET)	Children aged between 2 and 12 years (mean age 6.6 years) • Prevention universal	Delivered to: Individual & group sessions. Setting • Not reported Providers • Triple P: accredited provider		
Eisner (2012) (Eisner et al., 2012)	Name of intervention • Triple P Parenting – Level 4 Comparison Group • Usual care	Participants • Intervention Group (recruited) n=819, (enrolled) n=235, (completed) n=144 • Comparison Group (allocated) n=856, (participated in study) n=672 • Age range Mean child age 7 years.	Intervention details • Delivery methods Frequency: 4 x 2.5hour group sessions + 4 x 15-30min individual phone sessions Duration: 8 weeks Delivered to: Individual & group sessions. Setting • School Providers • Triple P: accredited provider	OVERALL RATING • + SOME of the checklist criteria have been fulfilled	Child Outcomes • Yes (limited) Parent Outcomes • No
Frank (2015) (Frank Tenille et al., 2015)	Name of intervention • Triple P Parenting – Level 4 Comparison Group • Wait-list control	Participants • Intervention Group (recruited) n=23 couples, (completed intervention) n=19 couples • Comparison Group n=19 couples • Age range Children aged between 3-8 years.	Intervention details • Delivery methods Frequency: 5 x 2hr sessions + 3 x 30min individual phone sessions Duration: 8 weeks Delivered to: Groups (size 8-12) & individual phone Setting • Not stated Providers • Not stated: "facilitators"/"practitioners"	OVERALL RATING • + SOME of the checklist criteria have been fulfilled	Child Outcomes • Yes Parent Outcomes • Yes
Hahlweg (2010) (Hahlweg et al., 2010)	Name of intervention • Triple P Parenting –	Participants • Intervention Group	Intervention details • Delivery methods	OVERALL RATING • ++ ALL or MOST of the checklist criteria have	Child Outcomes • Yes

	<p>Level 4</p> <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>(recruited) n=186, (completed intervention) n=144</p> <ul style="list-style-type: none"> • Comparison Group n=94 • Age range 4.5 years (SD = 1.0) • Prevention 	<p>Frequency: 4 x 2hr group sessions + 4 x 15 individual phone sessions (optional) Duration: 8 weeks Delivered to: Individual & group sessions (6-10 families)</p> <p>Setting</p> <ul style="list-style-type: none"> • Online/telephone • Session location not reported <p>Providers</p> <ul style="list-style-type: none"> • Triple P: accredited facilitator 	<p>been fulfilled</p>	<p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
<p>Heinrichs (2014) (Heinrichs et al., 2014)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Triple P Parenting – Level 4 <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=186 families • Comparison Group n=94 families • Age range 2.6 - 6.0 years • Prevention 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods <p>Duration: 8 weeks Frequency: 4 x 2hr group sessions + 4 x weekly 15min individual phone sessions Delivered to: Groups & individual sessions</p> <p>Setting</p> <ul style="list-style-type: none"> • Community centre • Online/telephone <p>Providers</p> <ul style="list-style-type: none"> • "Licenced trainers" 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes (post only) <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
<p>Kirby (2014) (Kirby & Sanders, 2014)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Triple P Parenting – Level 4 (Grandparent version) <p>Comparison Group</p> <ul style="list-style-type: none"> • Usual care 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=28 • Comparison Group n=26 • Age range 2 to 9 years • Prevention • Targeted - Grandparents 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods <p>Duration: 8 weeks Frequency: 6 x 2hr group sessions + 3 x weekly 20-30min individual phone sessions Delivered to: groups (4-6 families including grandparents) & indiv.</p> <p>Setting</p> <ul style="list-style-type: none"> • Not stated 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

			Providers		
Sanders (2011) (Sanders et al., 2011)	Name of intervention <ul style="list-style-type: none"> • Triple P Parenting Level 4 - Workplace Comparison Group <ul style="list-style-type: none"> • Wait-list control 	Participants <ul style="list-style-type: none"> • Intervention Group n=62 • Comparison Group n=59 • Age range 1-16 years • Targeted Parents with difficulties balancing family and work 	Intervention details <ul style="list-style-type: none"> • Delivery methods Frequency: 4 x 2hr group sessions + 4 individual telephone consultations (15-30min). Duration: 8 weeks Delivered in: groups Setting <ul style="list-style-type: none"> • Telephone • Workplace Providers <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker 	OVERALL RATING <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> • Yes Parent Outcomes <ul style="list-style-type: none"> • Yes
Markie-Dadds (2006) (C. Markie-Dadds & Sanders, 2006)	Name of intervention <ul style="list-style-type: none"> • Triple P Parenting – self-directed Comparison Group <ul style="list-style-type: none"> • Wait-list control 	Participants <ul style="list-style-type: none"> • Intervention Group n=32 • Comparison Group n=31 • Age range 2-5 years • Prevention • Targeted Pre-schoolers at risk for conduct disorder 	Intervention details <ul style="list-style-type: none"> • Delivery methods Self-directed program: Duration: 17 weeks. Setting <ul style="list-style-type: none"> • Not reported Providers <ul style="list-style-type: none"> • Self-directed. 	OVERALL RATING <ul style="list-style-type: none"> • - FEW or NO checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> • Yes Parent Outcomes <ul style="list-style-type: none"> • Yes
Hahlweg (2008) (Hahlweg, Heinrichs, Kuschel, & Feldmann, 2008)	Name of intervention <ul style="list-style-type: none"> • Triple P Parenting – Level 4 self-directed, therapist assisted Comparison Group <ul style="list-style-type: none"> • Wait-list control 	Participants <ul style="list-style-type: none"> • Intervention Group n=32 • Comparison Group n=31 • Age range M=4.1 years (SD=1.0) • Prevention 	Intervention details <ul style="list-style-type: none"> • Delivery methods Frequency: weekly Duration: 10 weeks Delivered by: Self-directed (self-help book + video) + 7 phone consultations with therapist (mean time 15mins) 	OVERALL RATING <ul style="list-style-type: none"> • - FEW or NO checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> • Yes Parent Outcomes <ul style="list-style-type: none"> • Yes

			<p>Setting</p> <ul style="list-style-type: none"> • Self-directed; Online/telephone <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker 		
<p>Morawska (2006) (Alina Morawska & Sanders Matthew, 2006)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Triple P Parenting (2 versions): 1) Triple P self-directed Level 4 2) Triple P self-directed plus brief therapist telephone-assisted <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group Self-directed: n=42 Telephone-assisted self-directed: n=43 • Comparison Group n=41 • Age range 18-36 months • Prevention 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods <i>Self-directed Triple P</i> Duration: 10 weeks <i>Self-directed plus therapist telephone-assisted:</i> Duration: 10 weeks plus weekly telephone consultations with therapist (average 10min for 10 weeks). <p>Setting</p> <ul style="list-style-type: none"> • Online/telephone <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
<p>Turner (2007) (Turner, Richards, & Sanders, 2007)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Triple P parenting – modified: culturally tailored version (Australian Indigenous families) <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=26 • Comparison Group n=25 • Age range 1-13 years • Prevention • Targeted Indigenous families concerned about child behaviour problems/development/parenting skills 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Frequency: Weekly Duration: 8 weeks Delivered to: 6 sessions in groups of 10-12 parents lasting 1.5-2.5hrs, + 2 home based consultations (30-40 min) <p>Setting</p> <ul style="list-style-type: none"> • Home • Community centre <p>Providers</p> <ul style="list-style-type: none"> • Facilitated by trained Project Officer. Co-facilitated by Child Health Nurse + Indigenous Health Worker. 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • -FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes- <i>limited</i>

<p>Sanders (2012) (Sanders, Baker, & Turner, 2012)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Triple P Parenting - Online <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=60 • Comparison Group n=56 • Age range 2-9 years • Targeted Children with disruptive behavioural difficulties 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods Duration: 3 months Delivered: Online, with ~11min phone contact for reminders and technical support <p>Setting</p> <ul style="list-style-type: none"> • Online/telephone internet <p>Providers</p> <ul style="list-style-type: none"> • Not reported 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes
<p>Schappin (2014) (Schappin et al., 2014)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Triple P Parenting - Primary Care <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=34 • Comparison Group n=33 • Age range 2-5 years • Targeted Preterm children with behavioural problems (gestational age <32 weeks and/or birthweight <1500g or perinatal asphyxia) 	<p>Intervention details</p> <ul style="list-style-type: none"> • Delivery methods 3 weekly sessions, then a 4th 3 weeks later (format not specified) <p>Setting</p> <ul style="list-style-type: none"> • Hospital or primary care setting <p>Providers</p> <ul style="list-style-type: none"> • Psychologist/psychiatrist/social worker 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • No <p>Parent Outcomes</p> <ul style="list-style-type: none"> • No
<p>Turner (2006) (Turner Karen & Sanders Matthew, 2006)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> • Triple P Parenting – Primary Care <p>Comparison Group</p> <ul style="list-style-type: none"> • Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=16 • Comparison Group n=9 • Age range 2-6 years • Targeted Children with (undiagnosed) behavioural 	<p>Participants</p> <ul style="list-style-type: none"> • Intervention Group n=16 • Comparison Group n=9 • Age range 2-6 years • Targeted Children with (undiagnosed) behavioural problems in low income areas 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> • -FEW or NO checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> • Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> • Yes

		problems in low income areas			
Havighurst (2010) (Havighurst et al., 2010)	Name of intervention <ul style="list-style-type: none"> Tuning into kids Comparison Group <ul style="list-style-type: none"> Wait-list control 	Participants <ul style="list-style-type: none"> Intervention Group (recruited) n=106, (completed intervention) n=101 Comparison Group n=110 Age range 46 - 68 months Prevention 	Intervention details <ul style="list-style-type: none"> Delivery methods Frequency: 6 weekly 2hr sessions + 2 two-monthly booster sessions Delivered to: Groups Setting <ul style="list-style-type: none"> Not reported Providers <ul style="list-style-type: none"> Two facilitators 	OVERALL RATING <ul style="list-style-type: none"> ++ ALL or MOST of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> Yes Parent Outcomes <ul style="list-style-type: none"> Yes
Havighurst (2013) (Havighurst Sophie et al., 2013)	Name of intervention <ul style="list-style-type: none"> Tuning into kids Comparison Group <ul style="list-style-type: none"> Wait-list control 	Participants <ul style="list-style-type: none"> Intervention Group n=31 Comparison Group n=23 Age range 4-5 years Targeted Preschool aged children with externalising behaviour difficulties 	Intervention details <ul style="list-style-type: none"> Delivery methods Frequency: 6 weekly 2hr sessions + 2 two-monthly booster sessions Delivered to: groups Setting <ul style="list-style-type: none"> Other "a community setting" Providers <ul style="list-style-type: none"> Research staff 	OVERALL RATING <ul style="list-style-type: none"> + SOME of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> Yes Parent Outcomes <ul style="list-style-type: none"> Yes
Wilson, (2012) (Wilson et al., 2012)	Name of intervention <ul style="list-style-type: none"> Tuning into kids Comparison Group <ul style="list-style-type: none"> Wait-list control 	Participants <ul style="list-style-type: none"> Intervention Group n=62 parents Comparison Group n=66 parents Age range 4.0 - 5.11 years Prevention 	Intervention details <ul style="list-style-type: none"> Delivery methods Frequency: 6 weekly 2hr sessions + 2 two-monthly booster sessions Delivered to: Groups Setting <ul style="list-style-type: none"> Community centre Providers <ul style="list-style-type: none"> Paraprofessional Community practitioners 	OVERALL RATING <ul style="list-style-type: none"> ++ ALL or MOST of the checklist criteria have been fulfilled 	Child Outcomes <ul style="list-style-type: none"> Yes-Limited Parent Outcomes <ul style="list-style-type: none"> Yes

<p>Chronis-Tuscano (2015) (Chronis-Tuscano et al., 2015)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> Turtle program (proposed parent-child treatment for inhibited children) <p>Comparison Group</p> <ul style="list-style-type: none"> Wait-list control 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=18 Comparison Group n=22 Age range 42–60 months Targeted Behavioural Inhibition Questionnaire (BIQ) score \geq 132 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods Frequency: Weekly 90 min Duration: 8 weeks Delivered to: groups of parents and children <p>Setting</p> <ul style="list-style-type: none"> Hospital or primary care setting <p>Providers</p> <ul style="list-style-type: none"> "Coach"/"therapist" 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> Yes
<p>Van Zeijl (2006) (Van et al., 2006)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD) <p>Comparison Group</p> <ul style="list-style-type: none"> Received telephone calls, with no substantive advice 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group n=120 Comparison Group n=117 Age range 1-3 years Prevention Targeted Children with high scores on externalising behaviour. 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods 6 x 1.5hr home visits (using feedback on videotaped interactions) Monthly for the first 4 sessions, then every 2 months <p>Setting</p> <ul style="list-style-type: none"> Home <p>Providers</p> <ul style="list-style-type: none"> Paraprofessional University degree in education and child studies or in psychology Student Psychology master's students 	<p>OVERALL RATING</p> <ul style="list-style-type: none"> ++ ALL or MOST of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> Yes <p>Parent Outcomes</p> <ul style="list-style-type: none"> Yes
<p>Velderman (2006) (Velderman Mariska et al., 2006)</p>	<p>Name of intervention</p> <ul style="list-style-type: none"> 1) <u>VIPP</u> (Video-Feedback Intervention to Promote Positive Parenting) - focused on enhancing mothers' sensitive responsiveness 	<p>Participants</p> <ul style="list-style-type: none"> Intervention Group <u>VIPP</u> n=28 <u>VIPP-R</u> n=26 Comparison Group n=27 	<p>Intervention details</p> <ul style="list-style-type: none"> Delivery methods <u>VIPP</u> Frequency: Every 3-4 weeks Duration: 4 sessions (12-16 weeks) Delivered to: individual mothers in the home, using feedback on videotaped interactions <p><u>VIPP-R</u></p>	<p>OVERALL RATING</p> <ul style="list-style-type: none"> + SOME of the checklist criteria have been fulfilled 	<p>Child Outcomes</p> <ul style="list-style-type: none"> Yes only post-test not at 3year follow up <p>Parent Outcomes</p> <ul style="list-style-type: none"> Yes only post-test not at 3year follow up

	<p>2) <u>VIPP-R</u> (VIPPP with a Representational focus) - additional aim of affecting the mother's representation of attachment</p> <p>Comparison Group</p> <ul style="list-style-type: none"> Filming of mother-child interactions and reporting behaviour in baby diary, but no feedback or further intervention. 	<ul style="list-style-type: none"> Age range 7-10 months Prevention Targeted First-time mothers of children with maternal insecure attachment, low maternal sensitivity, and/or high child attachment insecurity 	<p>Frequency: Every 3-4 weeks Duration: 4 sessions (12-16 weeks) Delivered to: individual mothers in the home, using feedback on videotaped interactions + representation/attachment discussions.</p> <p>Setting</p> <ul style="list-style-type: none"> Home <p>Providers</p> <ul style="list-style-type: none"> Paraprofessional University degree in education and child studies 		
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Appendix F: Overview of studies by program attributes

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Supported										
Family Check Up (Dishion Thomas et al., 2014; Gardner et al., 2007; Reuben Julia et al., 2015; Shaw Daniel et al., 2006)	4	17 months to 2 years 11 months	3 sessions	Home	Parent consultant (PhD or Masters) psychologist/psychiatrist/social worker	1-2.5 hour individual family sessions 1 hour individual family sessions in person or 20-30min phone sessions	Child: 5.5 years Parent: 1 year	4	2	4
Incredible Years (Axberg & Broberg, 2012; Bywater et al., 2011; Edwards et al., 2007; Hutchings et al., 2007; E. Kim et al., 2008;	13	2.5 – 12 years	12 – 14 weeks (Standard)	3 Community Centre 2 “Intervention Centre” 1 Convenient for participant 1 Hospital or primary care setting 1 School	Paraprofessional IY facilitator Psychologist/psychiatrist/social worker Research Staff Paediatrician Nurse/nurse practitioner	Weekly 2 hour group sessions (6-8 parents) (x12-14) (<i>standard-10 studies</i>) Standard IY + weekly phone (2 studies) Weekly 1 hour group sessions	Child: 2 years Parent: 2 years	10	11	9

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Larsson et al., 2009; Lavigne et al., 2008; S. McGilloway et al., 2012; Sinead McGilloway et al., 2014; O'Connor et al., 2013; Scott & O'Connor, 2012; Stattin et al., 2015; C. Webster-Stratton et al., 2013; C. H. Webster-Stratton et al., 2011)						(x12) OR 2 hour sessions (x6) (1 study)				
Parent-Child Interaction Therapy (Bagner Daniel et al., 2016; Bagner et al.,	4	15 months – 7 years	5-7 weeks	3 Community Centre 1 Home	Paraprofessional Students (clinical psych. Doctorate) Psychologist/psychiatrist/social worker	1 hour weekly indiv. sessions (x5-7)	Child: 6 months Parent: 6 months	3	3	3

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
2010; Leung, Tsang, Sin Tammy, et al., 2015; McCabe et al., 2012)										
Parent Management Training - Oregon Model (DeGarmo & Forgatch, 2007; Hagen et al., 2011; Ogden & Hagen, 2008; Sigmarsdottir et al., 2013; Sigmarsdóttir et al., 2015)	5 (3 cohorts in total)	Kindergarten to 12 years	6-38 sessions (mean 22-27)	Community centre	Psychologist/psychiatrist/social worker	Weekly indiv. family sessions (x6-38)	Child: 1 year Parent: 1 year	Same cohorts 2/2 1/2 (post-test only) Study unrelated to other cohorts 1	Same cohorts 1/2 1/2 (post-test only) Study unrelated to other cohorts 1	Same cohorts 2/2 2/2 Study unrelated to other cohorts 1
Triple P – Level 4	8	2-16 years	8-9 weeks	School	6 Triple P accredited facilitator	2-2.5 hour group sessions	Child: 1 years	8	7	6

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
(Bodenmann et al., 2008; Eisner et al., 2012; Frank Tenille et al., 2015; Hahlweg et al., 2010; Heinrichs et al., 2014; Kirby & Sanders, 2014; Sanders et al., 2011; Wiggins et al., 2009)				Community centre Workplace 5 Not reported	2 Not reported	(x4) + indiv phone sessions (x4) (5 studies) 2-2.5 hour group sessions (x5) + indiv phone sessions (x3) 2-2.5 hour group sessions (x6) + indiv phone sessions (x3) 2-2.5 hour group sessions (x9)	Parent: 4 years			
Tuning into Kids (Havighurst Sophie et al., 2013; Havighurst et al., 2010; Wilson et al., 2012)	3	4 – 6 years	6 weeks	Community Centre	Research Staff Community practitioners Facilitators	2 hour weekly group sessions (x6) + 2 two-monthly booster sessions	Child: 6 months Parent: 6 months	3	3	3

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Promising										
1-2-3 Magic parenting program (Porzig-Drummond et al., 2014; Sayal et al., 2016)	2	2-12 years	3 weeks	Not reported	Psychologist/psychiatrist/social worker Research staff trained in program delivery	3 weekly x 2hr group sessions watching 1-2-3 Magic DVDs + written summaries	Child: 2 year Parent: 2 year	1	2	1
1-2-3 Magic Emotion Coaching parenting program (Porzig-Drummond et al., 2014)	1	2-12 years	4 weeks	Not reported	Psychologist/psychiatrist/social worker	3 x 2hr group sessions including PowerPoint presentation, DVD, 52 page workbook, and 75min of emotion-coaching	Child: 2 year Parent: 2 year	1	1	1
Behavioural Parent Training (van den et al., 2007)	1	4-12 years	12 weeks	Hospital or primary care setting	Psychologist/psychiatrist/social worker	2 hour weekly parent group sessions (x12)	Child: 3 months Parent: 3 months	1 (internalising)	0	1
Being Brave – modified from Coping Cat program	1	4-7 years	14 weeks	Not reported	Psychologist/psychiatrist/social worker	20 sessions: 7 parent-only + 13 parent-child	Child: 1 year Parent: N/A	1	0	1

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
(Hirshfeld-Becker et al., 2010)						sessions (indiv families)				
BRAVE-ONLINE for Children (CBT) (Donovan & March, 2014)	1	3-6 years	3 months	Home (online)	Paraprofessional	1 hour weekly sessions (x6) – online (indiv) + 2 booster sessions	Child: 6 months Parent: N/A	1	0	1
CBT & educational program (Rushton et al., 2010)	1	3-8 years	10 weeks	Not reported	Psychologist/psychiatrist/social worker	10 weekly sessions delivered to groups of adopters +	Child: N/A Parent: 6 months	0	1	1
Chicago Parenting Program (Breitenstein Susan et al., 2012)	1	2 – 5 years	12 weeks	Community Centre	Trained group leaders	2 hour weekly group sessions (x12)	Child: 1 year Parent: post-test only	1	1	1
Child FIRST (Lowell Darcy et al., 2011)	1	6-36 months	22 weeks	Home	Psychologist/psychiatrist/social worker Paraprofessional	45-90 min weekly home visits (x22)	Child: 12 months Parent: 12 months	1	1	1

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Circle of Security (Cassidy et al., 2017)	1	3- to 5-years	10 weeks	Community centre	Trained facilitator	90min weekly parent sessions face-to-face (x10)	Child: post-test only Parent: post-test only	0	1 (limited)	1
COMET (Communication Method): Parent Management Training - Practitioner Led (Kling et al., 2010; Stattin et al., 2015)	2	3 to 12 years	11 weeks	1 Human services units (schools, clinics, welfare agencies)	Paraprofessional	2.5 hour weekly group of 10-12 parents (x11) + 1 individual session	Child: post-test only Parent: post-test only	2	2	2
COMET (Communication Method): Parent Management Training - Self-directed (Kling et al., 2010)	1	3 to 10 years	11 weeks	Not reported	Paraprofessional	7 hour group workshop Self-directed (written material)	Child: post-test only Parent: post-test only	1	1	1

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Connect (Stattin et al., 2015)	1	3-12 years	10 weeks	Human services units (schools, clinics, welfare agencies)	Paraprofessional	1 hour weekly groups sessions of up to 12-14 parents (x10)	Child: post-test only Parent: post-test only	1	1	1
COPEing with Toddler Behaviour (Niccols, 2009)	1	12-36 months	8 weeks	Not reported	Psychologist/psychiatrist/social worker Infant development specialists	2 hour weekly group sessions of 10-25 parents (x8) + homework	Child: 1 month Parent: 1 month	1	1	1
Discussion Group + phone consultation (A. Morawska et al., 2011)	1	2-5 years	Unspecified	Discussion group (not reported) Home (phone)	Psychologist/psychiatrist/social worker	1 x 2 hour discussion group (average 6 families), + two brief phone consultations phone consultations	Child: 6 months Parent: 6 months	1	1	1
EFFEKT (Enhancing the development of families (Stemmler et al., 2007)	1	Pre-school age	5 weeks	Not reported	Psychologist/psychiatrist/social worker	1.5-2 hour weekly groups sessions of 6-15 parents (x5)	Child: no child outcome data Parent: 25 weeks	0	1 (mother-only)	1
Emotional Attachment & Emotional	1	1.5 to 5 years	6 weeks	Home	Research staff (supervised by Licensed clinical and	Groups (6-10 families) + 1 indiv. session	Child: post-test only	1	1	1

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Availability (Tele-intervention) (Baker et al., 2015)					developmental psychologist)	Via Skype	Parent: post-test only			
Empowering Parents, Empowering Communities (Day et al., 2012)	1	2-11 years	8 weeks	Community centre	Trained facilitator	2 hour weekly group sessions (7-14 parents)(x8)	Child: post-test only Parent: post-test only	1	1	1
Family Foundations (Feinberg Mark et al., 2014; Feinberg et al., 2010; Feinberg & Kan, 2008; Feinberg et al., 2009)	4 – same cohort	Prenatal	4 prenatal classes + 4 post-natal	Hospital	Child educator	Weekly groups sessions (couples)(x8)	Child: 6-7 years Parent: 2.5 years	4/4	3/4	4/4
Family Spirit (A. Barlow et al., 2013; A. Barlow et al., 2015)	2 Same cohort	Prenatal	Prenatal to 36 months postpartum	Home	Paraprofessional	Weekly (prenatal to birth), Bi-weekly (until 4months), monthly (4-12mths), bi-	Child: 1.5 years Parent: 1.5 years	2/2	2/2	2/2

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
						monthly (12-36 mths) - indiv. face-to-face (1 hour sessions)				
Healthy Start Home Visit Program (Leung, Tsang, & Heung, 2015)	1	Pre-schoolers	20 weeks	Home	Paraprofessional	20 weekly home visits to indiv.	Child: post-test only Parent: post-test only	1	1	1
Hitkashrut (Somech Lior & Elizur, 2012)	1	3-5 years	14 weeks	Home (phone) Meeting location unspecified	Psychologist/psychiatrist/social worker	2 hour weekly group sessions of 5-7 couples + telephone check-ups between sessions + 30 min individual couple session	Child: 1 year Parent: 1 year	1	1	1
Home Start (Asscher et al., 2008)	1	1.5 to 3.5 years	21 sessions Av. 3.5 times per month for 6 months	Home	Trained volunteers	Individual mothers face-to-face	Child: post-test only Parent: post-test only	0	1	1

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Home Based Intervention Program for VLBW infants (Wu et al., 2014)	1	Gestational age <37 weeks	12 months	Home	Physical therapist	In-hospital component: 5 sessions Discharge component: 8 sessions	Child: 1 year Parent: N/A	1	0	1
Incredible Years Abbreviated version 10 weeks (Perrin Ellen et al., 2014)	1	2 – 4 years	Abbreviated version – 10 weeks	Hospital or primary care setting	Paraprofessional Research Staff	2 hour parent group sessions (x10)	Child: 6 months Parent: only post-test	1	0	1
Incredible Years Short, preventative version 8 weeks (Helfenbaum-Kun & Ortiz, 2007; Hurlburt Michael et al., 2013)	2	3-5 years	Abbreviated version – 8 weeks	Not reported	Doctoral students in clinical psychology 1 Not reported	Group sessions (parents)	Child: 1 year Parent: 1 year	1	1	1

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Incredible Years High dose version (C. Webster-Stratton et al., 2013; C. H. Webster-Stratton et al., 2011)	2 (same cohort)	4-6 years	20 weeks	Not reported	M.A. or Ph.D. level, certified group leaders	2 hour weekly group sessions – parents & children separately (x20)	Child: 1 year Parent: 1 year	2/2	2/2	1/2
Incredible Years Standard + Advanced (Posthumus et al., 2012)	2	4 years	Standard IY + 7 weeks (advanced IY) + 2 booster sessions	Community Centre	Certified facilitators	2 hour weekly sessions (x18) + 2 booster sessions (3 & 6 months)	Child: 2 years Parent: 2 years	1	1	1
Incredible Years + Child Therapy (Larsson et al., 2009)	1	4 – 8 years	18 weeks	“Intervention Centre”	Paraprofessional Research Staff	2 hour weekly group sessions with 10-12 parents (x12-14) + 2 hour weekly group sessions with 6 children (x18)	Child: 1 year Parent: 1 year	1	1	1
Incredible Years	1	5 – 6 years	Classroom intervention – 2 years	School	Classroom intervention – Teachers	Classroom: 40min twice weekly	Child: post-test only	1	1	1

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
+ Classroom intervention (Dinosaur Program) (Reid et al., 2007)			Standard IY – 14 sessions x 2 years		IY – not reported	classroom sessions IY: 2-3 hour weekly group parent sessions (x12-14)	Parent: post-test only			
Incredible Years (Brotman et al., 2008) Modified to target multiple family risk factors	1	4 years	6-8 months (+3 month booster)	Community Centre + home	Not reported	2 hour group sessions (x22) of 6-8 parents + home visits (x10)	Child: 16 months Parent: 16 months	1	1	1
Intensive behaviour therapy (Wells Karen et al., 2006)	1	7 -9.9 years	14 months	Not reported	Paraprofessional	Group & indiv. parent sessions (face-to-face) + structured teacher consultations + 8 week fulltime treatment program for children + 12	Child: post-test only Parent: post-test only	0	0	0

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
						half-time aide in classroom				
Korean Parent Training Program (Eunjung Kim et al., 2014)	1	3 and 8 years	12 weeks + 3 monthly booster sessions	Community centre	Research staff Two bilingual and bicultural interventionists	3 hour weekly group sessions (x12) + 3 x monthly 3hr booster sessions	Child: 1 year Parent: 1 year	1	1	1
Mother-Infant Transaction Program (Nordhov et al., 2012)	1	Infants	7 days	Hospital or primary care setting + Home visits (after discharge)	Nurse	Before discharge from hospital: daily 1 hour sessions to indiv. (x7) Post hospital discharge: 4 home visits at 3, 14, 30 and 90 days	Child: 5 years Parent: N/A	1	0	1
New Forest Parenting (Daley & O'Brien, 2013; Thompson Margaret et al., 2009)	2	30 months to 11 years	7-8 weeks	Home	Nurse	Small group induction + self-help manual + weekly phone calls Weekly home visit, indiv. families	Child: post-test only Parent: post-test only	2	1	1

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Online Parent Management Training (Enebrink et al., 2012)	1	3-12 years	10 weeks	Home (online)	Research Staff Psychologist/psychiatrist/social worker	1.5 hour weekly indiv. online sessions (x7)	Child: 6 months Parent: post-test only	1	1 (limited)	1
Parent-Child Interaction Therapy Culturally modified version (Mexican American) (McCabe et al., 2012)	1	3-5 years	5-7 weeks	Community centre	Paraprofessional (incl. – bilingual therapist)	1 hour weekly indiv. sessions (x5-7)	Child: post-test only Parent: post-test only	1	1	1
Parenting Matters (Reid Graham et al., 2013)	1	2-5 years	6 weeks	Home (phone)	Psychologist/psychiatrist/social worker (Graduate students)	Booklet read at convenience + telephone coaching (3 sessions)	Child: 1 year Parent: N/A	1	0	1
Parenting Your Hyperactive Preschooler Program (Herbert et al., 2013)	1	34 to 76 months	14 weeks	University-based community mental health clinic	Research staff Psychologist/psychiatrist/social worker	1.5 hour weekly group sessions (x14)	Child: post-test only Parent: post-test only	1	1	1

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Pathways Home (DeGarmo David et al., 2013)	1	5 to 12 years	16 weeks	Not reported	Not reported	Weekly indiv. parents face-to-face (x16)	Child: N/A Parent: post-test only	0	1	1
Planned Activities Training (PAT) + Cellular Phone-enhanced version (CPAT) (Carta Judith et al., 2013)	1	3.5- to 5.5-year2	5 weeks	Home	Research staff	PAT:5 weekly indiv sessions CPAT: 5 weekly indiv sessions + 2 texts per day	Child: 6 months Parent: 6 months	1 PAT & CPAT	1 PAT & CPAT	1
Queen Elizabeth Centre day-stay program (Hayes et al., 2008)	1	7-10 months	1 x 6 hour session	Hospital or primary care setting	1 MCHN 2 early childhood workers	1 x 6hr session Delivered to: groups of 6 parents	Child: 6 weeks Parent: 6 weeks	1	1	1
Self-Help Book + telephone consultation (Ise et al.,	1	3-6 years	11 weeks	Home (phone)	Research staff (psychologist)	Self-directed: 1 book chapter per week (x11) + weekly	Child: 1 year Parent: 1 year	2/2	2/2	1/2 Post-test: good rating

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
2015) (Kierfeld et al., 2013)						telephone consultation				1 years f/up: poor rating
Strongest Families Smart Website (Sourander et al., 2016)	1	4 years	11 weeks + booster	Home (online + phone)	Licensed health care professionals	11 weekly online sessions + weekly 45min telephone coaching + Booster coaching sessions 7-10 months later	Child: 1 year Parent: 1 year	1	1	1
Three sessions targeting key modifiable parenting risk factors for childhood behavioural problems (Hiscock et al., 2008)	1	8-12 months	3 sessions over 15 months	Hospital or primary care setting	Nurse Paraprofessional	Handouts at 8 months + group session at 12 months & 15 months	Child: N/A Parent: 9 months	0	1	1
Toddlers without Tears	1	15 months	8 to 15 months	Primary care nursing centres	Well-child providers + parenting expert	One 15min indiv. session + 2 two hour groups sessions	Child: effects not maintained	0	1 (limited)	1

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
(J. K. Bayer et al., 2010)							Parent: 3 years			
Triple P – Online (Sanders et al., 2012)	1	2-9 years	12 weeks	Online	Not reported	Online with phone contact for reminders and technical support	Child: 6 months Parent: 6 months	1	1	1
Triple P – Level 4 Self-directed (C. Markie-Dadds & Sanders, 2006; Alina Morawska & Sanders Matthew, 2006)	2	2-5 years	17 weeks 10 weeks		Self-directed	17 weeks 10 weeks	Child: 6 months Parent: 6 months	2	2	1
Triple P – Level 4 Self-directed, therapist assisted (Hahlweg et al., 2008; Alina Morawska &	2	1.5 to 5 years	10 weeks	Self-directed; therapist assisted online/phone	Therapist (unspecified) Therapist (psychologist)	Weekly self-directed sessions (x10) + phone consultations with therapist (x7) Weekly self-directed	Child: 1 years Parent: 1 year	2	2	1

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Sanders Matthew, 2006)						sessions (x10) + phone consultations with therapist (x10)				
Turtle Program (Chronis-Tuscano et al., 2015)	1	42–60 months	8 weeks	Hospital or primary care setting	"Coach"/therapist"	90min weekly group (parent + child) sessions (x8)	Child: post-test only Parent: post-test only	1	1	1
VIPP (Velderman Mariska et al., 2006)	1	7-10 months	12-16 weeks	Home	Research staff Paraprofessional	4 indiv. sessions using video feedback	Child: 1 month Parent: 1 month	only post-test not at 3year f/up	only post-test not at 3year f/up	1
Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPPSD) (Van et al., 2006)	1	1-3 years	8 months	Home	Paraprofessional	6 x 1.5hr home visits (using feedback on videotaped interactions). Monthly for the first 4 sessions, then every 2 months.	Child: N/A Parent: post-test only	0	1	1
VIPP-R (VIPPSD with a Representative	1	7-10 months	12-16 weeks	Home	Research staff Paraprofessional	4 indiv. sessions using video feedback +	Child: N/A	0	1	1

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
onal focus) (Velderman Mariska et al., 2006)						representation/ attachment discussions	Parent: post-test only			
Evidence fails to demonstrate effect										
Clinic Based Intervention Program for VLBW infants (Wu et al., 2014)	1	Gestational age <37 weeks	12 months	Hospital or primary care setting	Physical therapist	In-hospital component: 5 sessions Discharge component: 8 sessions	Child: 1 year Parent: N/A	0	0	1
Unknown										
Brief parent-implemented language intervention (Brassart & Schelstraete, 2015)	1	37-72 months	8 weeks	Community centre	Certified speech– language pathologist & psychology student	1.5 hour weekly group sessions (x8)	Child: 6 months Parent: post-test only	1	1 (limited)	0
Group Parent Curriculum based on the book: Parenting the Strong-Willed Child	1	3 to 6 years	6 weeks	Not reported	Psychologist/psychiatrist/social worker	Group Curriculum: 6 x weekly 2hr sessions	Child: 2 months Parent: 2 months	1	1	0

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
(Forehand et al., 2011)										
Incredible Years Abbreviated version 6 weeks (Reedtz et al., 2011)	1	2 – 8 years	Abbreviated version – 6 weeks	Hospital or primary care setting	Nurse	2-2.5 hour group sessions (x6) of 6-8 parents	Child: only post-test Parent: 1 year	0	1	0
Lou & Us (I. Roskam, Brassart, Loop, Mouton, & Schelstraete, 2015)	1	4-7 years	3 weeks	Home	Paraprofessional - trained Master's students	CD-rom: 1 indiv. parent session 1 dyadic (both parents) 1 triadic (parents & child)	Child: post-test only Parent: post-test only	0	1	0
Making Choices and Strong Families program (Conner Natalie & Fraser Mark, 2011)	1	3 to 4 years	14 weeks	Not reported	Psychologist/psychiatrist/social worker Bi-lingual teacher Student (Masters)	20 min twice weekly group sessions with 4+ children (x14) + 45 min weekly group sessions with parents (x14)	Child: post-test only Parent: post-test only	1	1	0
Parent-Child Interaction Therapy	1	3-7 years	12 weeks	Not reported	Therapists (Master's and Doctoral level clinicians)	14 individual sessions in 12 weeks	Child: post-test only	1	1	0

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Modified version: PCIT-Emotion Development (Luby et al., 2012)							Parent: post-test only			
ParentCorps (Brotman et al., 2011)	1	4 years	13 weeks	Community centre	Psychologist/psychiatrist/social worker Teachers, educational assistants and family workers	2 hour weekly group sessions (x13)	Child: post-test only Parent: post-test only	1	1	0
Preparing For Life Program (Doyle et al., 2016)	1	Pregnancy to school start	5 years	Home	Trained facilitator	1 hour twice monthly individual sessions	Child: 2 years Parent: no parent outcome data	0	0	0
Primary Care - Triple P (Schappin et al., 2014; Turner Karen & Sanders Matthew, 2006)	2	2-6 years	4 weeks	Primary care setting	Psychologist, psychiatrist, social worker Nurse	3 weekly sessions, a 4 th session held 3 weeks later (format not specified) 30min weekly individual family sessions (x2-4)	Child: 6 months Parent: 6 months	1	1	0

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
Self-directed program (Every Parent's Self-Help Workbook) (Carol Markie-Dadds & Sanders, 2012)	1	2-6 years	12 weeks	Home	Self-directed	10 units (book)	Child: 6 months Parent: post-test only	1	1	0
Self-directed program + Practitioner (Every Parent's Self-Help workbook) (Carol Markie-Dadds & Sanders, 2012)	1	2-6 years	12 weeks	Home (phone)	Self-directed + Practitioner	10 units (book) + weekly phone call	Child: 6 months Parent: post-test only	1	1	0
SNAP girls connection (Pepler et al., 2010)	1	5-11 years	12 weeks	Not reported	Not reported	Groups of girls (9 sessions) + groups of parent-daughter	Child: 6 months Parent: 6 months	1	1	0

Program	No. of studies	Age of intervention	Intervention length	Site	Providers	Format	Maintenance (latest time point)	No. of effective programs (child outcomes)	No. of effective programs (parent outcomes)	No. of effective programs with low bias
						dyads (3 sessions)				
Specific nurse home visitation (Cheng et al., 2007)	1	5 to 9 months	5 months	Home	Nurse	1 hour monthly indiv. face-to-face sessions	Child: N/A Parent: N/A	0	0	0
Triple P – community-wide approach (Sanders Matthew et al., 2008)	1	4-7 years		Local preschool, school or community facility	Range of service providers (e.g., health, education, and welfare sectors)	Community-wide approach (media, intensive program, professional development, specific training for professionals)	Child: Post-test Parent: Post-test	1	1	0
Triple P - Modified Culturally tailored version (Australian Indigenous families) (Turner et al., 2007)	1	1-13 years	8 weeks	Home + community centre	Child Health Nurse Indigenous Health Worker	1.5-2.5 weekly group sessions (10-12 parents)(x6) + 30min home consultations (x2)	Child: 6 months Parent: 6 months	1	1	0

Appendix G: Detailed overview of individual study outcomes - immediate and maintained effects

Program name & author	Outcomes:	Outcomes:
Supported		
<p>1) Incredible Years 2) Comet 3) Community Parent Education Program (COPE) behavioural program 4) Connect</p> <p>Stattin (2015)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> Intensity: $d=0.44$, $d=0.42$, $p<.001$ Problem: $d=0.27$, $p<.05$ <p>SNAP:</p> <ul style="list-style-type: none"> Inattention: $d=0.08$, $p<.05$ Hyperactivity: Cope $d=0.19$, $p<.01$ ODD: $d=0.26$, $p<.01$ <p>NULL</p> <p>None.</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Parents' Sense of Competence measure: $d=0.47$, $p<.01$</p> <p>Centre for Epidemiological Studies Depression Scale (depression): $d=0.36$, $p<.001$</p> <p>NULL</p> <p>Angry Outbursts Scale:</p> <ul style="list-style-type: none"> Angry outbursts Harsh Treatment <p>Caregiver Strain Questionnaire (stress):</p>	
<p>Family Check-Up</p> <p>Dishion (2008) Follow-up Dishion (2014) Same cohort</p>	<p><u>POST-TEST</u> (Dishion, 2008)</p> <ul style="list-style-type: none"> Positive effect on problem behaviour growth among children who scored higher in the elevated problem scale Positive effect on child problem behaviour (CBCL) with growth in problem behaviour within the control group. 	<p><u>3 YEAR FOLLOW-UP</u> (Dishion, 2014)</p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>CBCL:</p> <ul style="list-style-type: none"> Oppositional behaviour:

	<ul style="list-style-type: none"> • Significant improvement in observed parent positive behaviour support from children aged 2 to 3 years. • The intervention increased parent positive behaviour support (observed) which reduced growth in problem behaviour. <p>* Shelleby (2012) examined the impact of emotion regulation and behavioural control on child behaviour problem growth.</p>	<ul style="list-style-type: none"> • Teacher-report: $d=0.26, p<.05$ • Parent-report: $d=0.30, p<.01$ <p>• Parent outcomes None.</p>
<p>Family Check-Up Gardner (2007)</p>	<p><u>1 YEAR FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE CBCL:</p> <ul style="list-style-type: none"> • Destructive subscale only: $p=.004$ <p>NULL None.</p> <p>• Parent outcomes POSITIVE Observed parenting:</p> <ul style="list-style-type: none"> • Proactive: $p=0.037$ <p>NULL: Observed parenting Negative Parenting</p>	
<p>Family Check-Up Reuben (2015)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes None reported, only parent outcomes measured at this time point.</p> <p>• Parent outcomes POSITIVE Centre for Epidemiological Studies Depression Scale</p> <ul style="list-style-type: none"> • Maternal Depression Symptoms: $p<.05$ 	<p><u>4.5-5.5 YEAR FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE Child depression/withdrawal</p> <ul style="list-style-type: none"> • Teacher-report: $p<.01$ • Parent A-report: $p<.01$ • Parent B-report: $p<.01$ <p>NULL CBCL: Child Depressed/Withdrawn symptoms</p>

	<p>NULL None.</p>	<p>• Parent outcomes None reported, only child outcomes measured at this time point.</p>
<p>Family Check-Up Shaw (2006)</p>	<p><u>1 YEAR FOLLOW-UP</u> Study focus was on mediating effect of maternal characteristics</p> <p>• Child outcomes POSITIVE CBCL: <ul style="list-style-type: none"> • Destructive d=0.64, p<.05 NULL CBCL: <ul style="list-style-type: none"> • Aggression </p> <p>• Parent outcomes POSTIVE None.</p> <p>NULL HOME Maternal Involvement</p>	<p><u>2 YEAR FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE CBCL: <ul style="list-style-type: none"> • Destructive: d=0.45 (no p value) NULL CBCL: <ul style="list-style-type: none"> • Aggression </p> <p>• Parent outcomes POSITIVE HOME Maternal Involvement</p> <p>NULL None.</p>
<p>Incredible Years Axberg (2012)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes POSITIVE ECBI (Parent-report): <ul style="list-style-type: none"> • Intensity: d=1.17, p=.001 • Problem: d=1.26, p=.003 ECBI (Teacher-report): <ul style="list-style-type: none"> • Problem: d= 0.55, p= 0.07 NULL SESBI: <ul style="list-style-type: none"> • Intensity • Problem SDQ: <ul style="list-style-type: none"> • Emotional (other subscales not measured) (parent-report + teacher-report) </p>	<p><u>PRE-TEST TO 1 YEAR FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE Kiddie–Schedule for Affective Disorders and Schizophrenia (K-SADS) for School-Aged Children: d=1.69, p< 0.001</p> <p>Problem behaviour: d= 2.32, p<.001</p> <p>SESBI: <ul style="list-style-type: none"> • Intensity: d=0.31, p=.05 • Problem: d= 0.43, p=.05 ECBI (maintained): <ul style="list-style-type: none"> • Intensity • Problem </p>

	<ul style="list-style-type: none"> • Parent outcomes POSITIVE Perceived parental alliance: $d=0.65$, $p=.035$ NULL Psychological Symptoms Parent Locus of Control 	<ul style="list-style-type: none"> • Parent outcomes POSITIVE Psychological Symptoms: $p=.01$ Perceived parental alliance NULL Parent Locus of Control
<p>Incredible Years Bywater (2011)</p>	<p><u>6 MONTH FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child outcomes POSITIVE (time effect): ECBI: <ul style="list-style-type: none"> • Intensity: $d=0.67$, $p<.01$ SDQ: <ul style="list-style-type: none"> • Total: $d=0.56$, $p<.05$ • Hyperactive: $d=0.50$, $p<.05$ NULL None reported. • Parent outcomes (parent=foster carer) POSITIVE (time effect) BDI: $d=0.46$, $p<.05$ NULL Arnold Parenting Scale 	
<p>Incredible Years Edwards (2007)</p>	<p><u>6 MONTH FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child outcomes POSITIVE ECBI: <ul style="list-style-type: none"> • Intensity: $p<0.001$ • Problem: $p<0.001$ • Parent outcomes None reported. 	

<p>Incredible Years</p> <p>Hutchings (2007)</p>	<p><u>BASELINE TO 6 MONTH FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity: $d=1.03$, $p<.001$ • Problem: $d=0.70$ $p<.001$ <p>Conner's test: $d=0.78$, $p<.001$</p> <p>Kendall SCRS: $d=0.56$, $p=.014$</p> <p>SDQ:</p> <ul style="list-style-type: none"> • Conduct problems: $d=0.43$, $p=.022$ • Total: $d=0.37$, $p=.046$ • Hyperactive: $d=0.48$, $p=.011$ <p>NULL:</p> <p>Observed child deviance</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>PSI: $d=0.79$, $p<.001$</p> <p>BDI: $d=0.51$, $p=.006$</p> <p>Arnold Parenting Scale: $d=1.18$, $p<.001$</p> <p>Observed:</p> <ul style="list-style-type: none"> • Positive parenting: $d=0.62$, $p<.001$ • Critical parenting: $d=0.58$, $p=.002$ <p>NULL</p> <p>None</p>	
<p>Incredible Years</p> <p>Kim (2008)</p>	<p><u>POST-TEST</u> (group x time)</p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>Problem behaviour</p> <ul style="list-style-type: none"> • Intensity • Number of occurrences 	<p><u>1 YEAR FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>Problem behaviour</p> <ul style="list-style-type: none"> • Intensity • Number of occurrences

	<p>Social competence</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE Positive discipline: $d=1.13$, $p<.01$</p> <p>NULL Appropriate discipline Harsh discipline</p>	<p>Social competence</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE Positive discipline: $d=1.09$, $p<.05$</p> <p>NULL Appropriate discipline Harsh discipline</p>
<p>Incredible Years 1) Nurse-led IY 2) Psychologist-led IY (standard)</p> <p>Lavigne (2008)</p>	<p><u>Intervention 2: Clinical Psychologist-Led Incredible Years</u> <u>POST-TEST</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE None.</p> <p>NULL Command compliance ECBI:</p> <ul style="list-style-type: none"> • Intensity <p>CBCL:</p> <ul style="list-style-type: none"> • Externalising <ul style="list-style-type: none"> • Parent outcomes <p>None.</p> <p>DOSAGE POSITIVE</p> <ul style="list-style-type: none"> • ECBI intensity and CBCL: greater improvement with each additional session $p=.011$ • (Same as nurse led) ECBI intensity showed sig dosage effect ($p=.005$): There was no significant difference between attending 0, 1, 2 or 3 sessions. Treatment effect increased if 4 sessions attended but no significant difference between attending 4, 5, or 6 sessions. Significantly better outcomes on ECBI when 7 or more sessions attended. 	<p><u>Intervention 2: Clinical Psychologist-Led Incredible Years</u> <u>1 YEAR FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE None.</p> <p>NULL Command compliance ECBI:</p> <ul style="list-style-type: none"> • Intensity <p>CBCL:</p> <ul style="list-style-type: none"> • Externalising <p>ECBI and CBCL; Clinically significant improvement over time, but no different to control group change over time</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE None.</p> <p>NULL Child rearing knowledge Outside mental health service use</p>

	<p>NULL Compliance</p>	
<p>Incredible Years</p> <p>McGilloway (2012) Follow-up McGilloway (2014) Same cohort</p>	<p><u>3 MONTH FOLLOW-UP</u> (McGilloway et al., 2012)</p> <p>• Child outcomes</p> <p>ECBI:</p> <p>-Intend to treat:</p> <ul style="list-style-type: none"> • Intensity: $d=0.70$, $p<.001$ • Problem: $d=0.75$, $p<.001$ <p>-Based on complete data only:</p> <ul style="list-style-type: none"> • Intensity: $d=0.79$, $p<.001$ • Problem: $d=0.85$, $p<.001$ <p>Conner’s Hyperactivity Scale:</p> <p>-Intend to treat: $d=0.92$, $p<.001$</p> <p>-Based on complete data only: $d=1.01$, $p<.01$</p> <p>SDQ:</p> <p>-Intention to treat: $d=0.48$, $p=.008$</p> <p>-Based on complete data only: $d=0.53$, $p=.006$</p> <p>Social Competence Questionnaire:</p> <p>-Intention to treat: $d=0.83$, $p<.001$</p> <p>-Based on complete data only: $d=0.9$, $p<.001$</p> <p>Observation: Dyadic parent child interactive coding system (behaviour /30 minutes): Problem</p> <p>-Intend to treat: $d=1.07$, $p<.001$</p> <p>-Based on complete data only: $d=1.07$, $p<.001$</p> <p>NULL</p> <p>Observation: Dyadic parent child interactive coding system (behaviour /30 minutes)Positive Behaviour</p> <p>-Intent to treat</p> <p>-Based on complete data only</p>	<p><u>PRE-TEST TO 9 MONTH FOLLOW-UP</u> (McGilloway et al., 2014)</p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI (results of focus child):</p> <ul style="list-style-type: none"> • Intensity: $d=0.97$, $p<.001$ • Problem: $d=1.06$, $p<.001$ <p>ECBI (results of sibling):</p> <ul style="list-style-type: none"> • Intensity: $d=0.63$, $p<.001$ • Problem: $d=0.69$, $p<.001$ <p>SDQ:</p> <ul style="list-style-type: none"> • Total: $d=0.57$, $p<.001$ <p>Conner’s: $d=0.73$, $p<.01$</p> <p>Social competence: $d=0.88$, $p<.001$</p> <p>NULL</p> <p>observation/30 minute (Dyadic Parent-child Interactive Coding System)</p> <ul style="list-style-type: none"> • Problem Behaviour <p>• Parent outcomes</p> <p>POSITIVE:</p> <p>BDI: $d=0.37$, $p<.001$</p> <p>PSI: $d=0.69$, $p<.001$</p> <p>O’Leary-Porter Scale: $d=0.048$, $p<.001$</p> <p>Observation/30 minute (Dyadic Parent-child Interactive Coding System)</p> <ul style="list-style-type: none"> • Positive Parenting: $d=0.58$, $p<.01$ • Critical Parenting: $d=0.53$, $p=.001$

	<ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>PSI:</p> <ul style="list-style-type: none"> -Intention to treat: $d=0.69$, $p<.001$ -Based on complete data only: $d=0.75$, $p<.001$ <p>BDI:</p> <ul style="list-style-type: none"> -Intention to treat: $d=0.39$, $p=.035$ -Based on complete data only: $d=0.41$, $p=.034$ <p>Observation: Dyadic parent child interactive coding system (behaviour /30 minutes)</p> <p>Critical Parenting</p> <ul style="list-style-type: none"> -Intention to treat: $d=0.63$, $p=.015$ -Based on complete data only: $d=0.64$ $p=.016$ <p>NULL:</p> <p>Observation: Dyadic parent child interactive coding system (behaviour /30 minutes)</p> <p>Positive parenting</p> <ul style="list-style-type: none"> -Intention to treat -Based on complete data only 	
<p>Incredible Years</p> <p>O'Connor (2013)</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>Attachment (secure/insecure)</p> <ul style="list-style-type: none"> • Parent outcomes 	

	<p>POSITIVE</p> <p>Observation in the home (Manchester Child Attachment Story Task):</p> <p>Child-Centred Parenting:</p> <ul style="list-style-type: none"> • Free play: ES=0.50, p<.05 <p>Sensitive Responding:</p> <ul style="list-style-type: none"> • Free play: ES=0.27, p<.05 • Tidy up period: ES=0.31, p<.05 <p>NULL</p> <p>Observation in the home (Manchester Child Attachment Story Task):</p> <p>Child Centred-Parenting:</p> <ul style="list-style-type: none"> • Structured play • Tidy up period <p>Child Directive Parenting:</p> <ul style="list-style-type: none"> • Free play • Tidy up • Structured play <p>Sensitive Responding:</p> <ul style="list-style-type: none"> • Structured play <p>Mutuality:</p> <ul style="list-style-type: none"> • Free play • Structured play • Tidy-up period 	
<p>Incredible Years</p> <p>Scott (2012)</p>	<p><u>1 YEAR FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child Outcomes <p>None.</p>	

	<p>SUBGROUP ANALYSIS: Subgroups: 1) Emotionally dysregulated children 2) Headstrong children</p> <p>The treatment effect on child conduct behaviour was significantly stronger in the Emotionally-Dysregulated than Headstrong groups.</p> <p>• Parent outcomes POSITIVE Expressed emotion:</p> <ul style="list-style-type: none"> • Warmth: $p < .001$ • Criticism: $p < .01$ <p>Play: $p < .01$ Praise: $p < .001$ Harsh discipline: $p < .001$</p> <p>NULL None.</p> <p>SUBGROUP ANALYSIS: Subgroups: 1) Emotionally dysregulated children 2) Headstrong children</p> <p>The treatment effect on parenting did not significantly differ in the Emotionally-Dysregulated compared to Headstrong groups.</p> <p>• Child Outcomes None.</p> <p>• Parent outcomes EMOTIONALLY DYSREGULATED GROUP</p> <p>POSITIVE Parent mental health: $p < .01$ Expressed emotion:</p> <ul style="list-style-type: none"> • Warmth: $p < .01$ • Criticism: $p < .001$ 	
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	<p>Play: $p < .05$</p> <p>NULL Praise Harsh discipline</p> <p>HEADSTRONG GROUP</p> <p>POSITIVE Expressed Emotion: <ul style="list-style-type: none"> • Criticism: $p < .05$ </p> <p>NULL Parent mental health Expressed emotion: <ul style="list-style-type: none"> • Warmth </p> <p>Play Praise Harsh discipline</p>	
<p>1) Incredible Years (IY) 2) Comet 3) Community Parent Education Program (COPE) behavioural program 4) Connect</p> <p>Stattin (2015)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE ECBI: <ul style="list-style-type: none"> • Intensity: $d = 0.42, p < .001$ • Problem: $d = 0.27, p < .05$ </p> <p>SNAP: <ul style="list-style-type: none"> • Inattention: $d = 0.18, p < .05$ • Hyperactivity: $d = 0.22, p < .01$ • ODD: $d = 0.25, p < .01$ </p> <p>NULL None.</p> <p>Of the four interventions (IY, Comet, Cope, Connect) d values highest (slightly) among IY.</p>	

	<p>• Parent outcomes POSITIVE Parents' Sense of Competence measure: $d=0.32$, $p<.01$ Caregiver Strain Questionnaire (stress): $d=0.23$, $p<.05$</p> <p>NULL Angry Outbursts Scale: <ul style="list-style-type: none"> • Angry outbursts • Harsh Treatment ECDS (depression)</p>	
<p>Incredible Years</p> <p>Webster-Stratton (2011) Follow-up Webster-Stratton (2013)</p> <p>Same cohort</p>	<p><u>POST-TEST</u> (Webster-Stratton, 2011)</p> <p>• Child outcomes POSITIVE CBCL: <ul style="list-style-type: none"> • Externalising (mother-report + father-report): $p<.05$ • Aggression (mother-report): $p<.05$ • Attention (mother-report): $p<.05$ Conner's Rating Scale (CRS): <ul style="list-style-type: none"> • Oppositional (mother-report + father-report): $p<.05$ • Inattentive (mother-report + father-report): $p<.05$ • Hyperactive (mother-report + father-report): $p<.05$ ECBI: <ul style="list-style-type: none"> • Intensity (mother-report + father-report): $p<.001$ • Problem (mother-report + father-report): $p<.001$ Social Competence Scale (SCS): <ul style="list-style-type: none"> • Emotion Regulation (mother-report + father-report): $p<.001$ • Social Competence (mother-report + father-report): $p<.01$ Teacher Report Form (TRF): <ul style="list-style-type: none"> • Externalising: $p<.05$ Set Task observation: <ul style="list-style-type: none"> • Deviance: $p<.05$ School observation: <ul style="list-style-type: none"> • Social Contact: $p<.01$ </p>	<p><u>POST-TEST to 1 YEAR FOLLOW-UP</u> (Webster-Stratton, 2013) - only POSITIVE outcomes from Webster-Stratton (2011) analysed in FOLLOW-UP. Time effects only.</p> <p>• Child outcomes POSITIVE (maintained) CBCL: <ul style="list-style-type: none"> • Externalising (mother-report + father-report) • Aggression (mother-report) • Attention Problems (mother-report) • Internalising (mother-report) Conner's Rating Scale (CRS): <ul style="list-style-type: none"> • Oppositional (mother-report) • Inattentive (mother-report) • Hyperactive (mother-report) ECBI: <ul style="list-style-type: none"> • Intensity (mother-report + father-report) • Problems (mother-report + father-report) Social Competence Scale (P-COMP): <ul style="list-style-type: none"> • Emotional Regulation (mother-report + father-report) • Social Competence (mother-report + father-report) Externalising behaviour (teacher) Wally feelings: total Observation: <ul style="list-style-type: none"> • Social Contact </p>

	<p>Wally Test:</p> <ul style="list-style-type: none"> • Feelings: $p < .01$ • Problem Solving: $p < .05$ <p>NULL:</p> <p>CBCL:</p> <ul style="list-style-type: none"> • Internalising (mother-report + father-report) • Aggression (father-report) • Attention (father-report) <p>CRS (teacher-report):</p> <ul style="list-style-type: none"> • Oppositional • Inattentive • Hyperactive <p>TRF:</p> <ul style="list-style-type: none"> • Internalising <p>Free Play Observation:</p> <ul style="list-style-type: none"> • Deviance • Positives <p>Set Task observation:</p> <ul style="list-style-type: none"> • Positives <p>School observation:</p> <ul style="list-style-type: none"> • Concentration • Authority acceptance <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Observation:</p> <ul style="list-style-type: none"> • Praise: $p < .001$ (during free play) • Coaching: $p < .001$ (during free play) • Critical/negative parenting (during set task) <p>Parenting Practices Inventory (PPI):</p> <ul style="list-style-type: none"> • Appropriate Discipline (mother-report): $p < .01$ • Harsh Discipline (mother-report): $p < .01$ • Monitoring (mother-report): $p < .001$ • Physical Punishment (mother-report): $p < .01$ 	<p>NULL</p> <p>Conner's Rating Scale (CRS):</p> <ul style="list-style-type: none"> • Oppositional (father-report) • Inattentive (father-report) • Hyperactive (father-report) <p>Wally problem solving positive (child)</p> <p>• Parent outcomes</p> <p>POSITIVE:</p> <p>Parenting Practices Inventory (PPI):</p> <ul style="list-style-type: none"> • Physical Punishment • Harsh/Inconsistent Parenting <p>NULL</p> <p>Parenting Practices Inventory (PPI):</p> <ul style="list-style-type: none"> • Appropriate Discipline <p>Monitoring</p>
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	<p>NULL:</p> <ul style="list-style-type: none"> • Critical/Negative Parenting (free play) • Praise: $p < .001$ (set task) • Coaching: $p < .001$ (set task) <p>PPI: all father outcomes on PPI null</p> <ul style="list-style-type: none"> • Appropriate Discipline (father-report) • Harsh Discipline (father-report) • Monitoring (father-report) • Physical Punishment <p>Praise and Incentives (mother-report + father-report)</p>	
<p>Incredible Years 1) Nurse-led IY 2) Psychologist-led IY Lavigne (2008)</p>	<p><u>POST-TEST (group x time)</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE None.</p> <p>NULL Command compliance ECBI:</p> <ul style="list-style-type: none"> • Intensity <p>CBCL:</p> <ul style="list-style-type: none"> • Externalising <ul style="list-style-type: none"> • Parent outcomes <p>None.</p> <p>DOSAGE POSITIVE</p> <ul style="list-style-type: none"> • (Same as psychologist-led) ECBI intensity showed sig dosage effect ($p = .005$): There was no significant difference between attending 0, 1, 2 or 3 sessions. Treatment effect increased if 4 sessions attended but no significant difference between attending 4, 5, or 6 sessions. Significantly better outcomes on ECBI when 7 or more sessions attended. 	<p><u>1 YEAR FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE None.</p> <p>NULL Command compliance ECBI:</p> <ul style="list-style-type: none"> • Intensity <p>CBCL:</p> <ul style="list-style-type: none"> • Externalising <p>ECBI and CBCL; Clinically significant improvement over time, but no different to control group change over time</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE None.</p> <p>NULL Child rearing knowledge Outside mental health service use</p> <p>DOSAGE significance of higher dosage on ECBI intensity reduced</p>

	<p>NULL Compliance CBCL externalising – dosage effect random</p>	
<p>Incredible Years Abbreviated version 10 weeks Perrin (2014)</p>	<p><u>POST-TEST</u> <ul style="list-style-type: none"> • Child outcomes p value and ES not available; only Means and Confidence Intervals. <p>POSITIVE ECBI:</p> <ul style="list-style-type: none"> • Problem <p>NULL: ECBI:</p> <ul style="list-style-type: none"> • Intensity <p>Videotaped observation (Dyadic Parent Scale):</p> <ul style="list-style-type: none"> • Child disruptive behaviour <ul style="list-style-type: none"> • Parent outcomes POSITIVE Parenting Scale <p>NULL Videotaped observation (Dyadic Parent Scale):</p> <ul style="list-style-type: none"> • Negative parenting Negative parent-child interaction </p>	<p><u>6 MONTH FOLLOW-UP (observation variables not measured at this time)</u> <ul style="list-style-type: none"> • Child outcomes POSITIVE ECBI: • Intensity • Problem <p>NULL None.</p> <ul style="list-style-type: none"> • Parent outcomes POSITIVE None. <p>NULL Parenting Scale (Only variable measured at this time point)</p> <p><u>12 MONTH FOLLOW-UP</u> <ul style="list-style-type: none"> • Child outcomes POSITIVE ECBI: • Problem • Intensity <p>NULL Videotaped observation (Dyadic Parent Scale):</p> <ul style="list-style-type: none"> • Child disruptive behaviour <ul style="list-style-type: none"> • Parent outcomes POSITIVE None. </p></p>

		<p>NULL Parenting Scale Videotaped observation (Dyadic Parent Scale):</p> <ul style="list-style-type: none"> Negative parenting <p>Negative parent-child interaction</p>
<p>3) Incredible Years 4) Incredible Years + Child Therapy</p> <p>Larsson (2009)</p> <p>Compared participants on 2 different levels of intensity of Incredible Years:</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> Child outcomes <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> Intensity: $d=0.65, p<.05$ (mother-report); $d=0.80, p<.05$ (father-report) Problems (father-report): $d=0.75, p<.05$ <p>CBCL:</p> <ul style="list-style-type: none"> Aggression (mother-report): $d=0.58, p<.05$ Attention (mother-report): $d=0.53, p<.05$ Internalizing (mother-report): $d=0.57, p<.05$ <p>NULL</p> <p>ECBI:</p> <ul style="list-style-type: none"> Problem (mother-report) <p>CBCL:</p> <ul style="list-style-type: none"> Aggression (father-report) Attention (father-report) Internalizing (father-report) <ul style="list-style-type: none"> Parent outcomes <p>POSITIVE</p> <p>Parenting Practice Interview (PPI):</p> <ul style="list-style-type: none"> Harsh Discipline (mother-report): $d=0.61, p<.05$ Inconsistent Discipline (mother-report): $d=1.05, p<.05$ Positive Parenting: $d=1.44, p<.05$ (mother-report); $d=2.24, p<.05$ (father-report) <p>PSI:</p> <ul style="list-style-type: none"> Stress: $d=0.67, p<.05$ (mother-report); $d=0.86, p<.05$ (father-report) 	<p><u>1 YEAR FOLLOW-UP</u></p> <ul style="list-style-type: none"> Child outcomes <p>POSITIVE</p> <p>Outcomes maintained, slight decrease in gains made in CBCL attention and internalising. Only means and SD available</p> <p>Children with psychiatric disorders at follow up:</p> <p>POSITIVE</p> <p>ODD reduced by 70.0% (subthreshold diagnosis decreased by 2.5%)</p> <p>CD reduced by 5.0% (subthreshold diagnosis decreased by 7.5%)</p> <p>NEGATIVE</p> <p>ADHD increased by 2.54% (subthreshold diagnosis decreased by 12.5%)</p> <ul style="list-style-type: none"> Parent outcomes <p>Only means and SD available</p> <p>POSITIVE</p> <p>Parenting Practice Interview (PPI):</p> <ul style="list-style-type: none"> Harsh Discipline (mother-report) Inconsistent Discipline (mother-report) Positive Parenting (mother-report + father-report) <p>PSI:</p> <ul style="list-style-type: none"> Stress (mother-report + father-report) <p>NULL:</p> <p>PPI:</p> <ul style="list-style-type: none"> Harsh Discipline (father-report) Inconsistent Discipline (father-report)

	<p>NULL: PPI:</p> <ul style="list-style-type: none"> • Harsh Discipline (father-report) • Inconsistent Discipline (father-report) 	
<p>Incredible Years, standard + enhanced</p> <p>Posthumus (2012)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Conduct problems: p=.035 <p>NULL</p> <p>Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Compliance <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity • Problem <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Critical statements: p=.012 • Labelled praise: p=.006 <p>Parent Practices Interview:</p> <ul style="list-style-type: none"> • Appropriate discipline: p=.01 • Harsh and inconsistent discipline: p<.001 • Praise and incentive: p<.001 <p>NULL</p> <p>Parent Practices Interview:</p> <ul style="list-style-type: none"> • Positive Verbal Discipline • Physical Punishment <p>Clear Expectations</p>	<p><u>PRE-TEST TO 1 YEAR FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE (maintained)</p> <p>Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Conduct problems: p=.035 <p>NULL</p> <p>Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Compliance <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity • Problem <p>• Parent outcomes</p> <p>POSITIVE (maintained)</p> <p>Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Critical statements: p=.012 <p>Parent Practices Interview:</p> <ul style="list-style-type: none"> • Appropriate discipline: p=.01 • Harsh and inconsistent discipline: p<.001 • Praise and incentive: p<.001 <p>NULL</p> <p>Parent Practices Interview:</p> <ul style="list-style-type: none"> • Positive verbal discipline • Physical punishment • Clear expectations <p>Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Labelled praise

		<p><u>PRE-TEST TO 2 YEAR FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE (maintained) Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Conduct Problems: p=.035 <p>NULL Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Compliance <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity • Problem <p>• Parent outcomes POSITIVE (maintained) Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Critical Statements: p=.012 <p>Parent Practices Interview:</p> <ul style="list-style-type: none"> • Appropriate Discipline: p=.01 • Harsh and Inconsistent Discipline: p<.001 • Praise and Incentive: p<.001 <p>NULL Parent Practices Interview:</p> <ul style="list-style-type: none"> • Positive Verbal Discipline • Physical Punishment • Clear Expectations <p>Observation: Dyadic Parent–child Interaction Coding System Labelled Praise</p>
<p>Parent-Child Interaction Therapy</p> <p>Bagner (2010)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes POSITIVE CBCL:</p> <ul style="list-style-type: none"> • Aggressive Behaviour: d=1.6, p<.001 • Externalizing Problems: d=2.3, p<.001 	<p><u>4 MONTH FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE CBCL:</p> <ul style="list-style-type: none"> • Externalising: results maintained

	<ul style="list-style-type: none"> • Internalizing Problems: $d=1.4, p<.001$ <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity: $d=2.3, p<.001$ • Problem: $d=1.4, p<.001$ • Attention problems: $d=1.1, p=.011$ <p>Dyadic Parent-Child Coding System % Child compliance: $d=0.9, p=.039$</p> <p>NULL None.</p> <p>• Parent outcomes POSITIVE Child-Direction Interaction:</p> <ul style="list-style-type: none"> • do skills: $d=1.3, p=0.003$ • don't skills: $d=1.3, p=0.000$ <p>Parenting Stress Index:</p> <ul style="list-style-type: none"> • Difficult Child: $d=1.3, p=0.004$ <p>Parenting Scale:</p> <ul style="list-style-type: none"> • Laxness: $d=1.1, p=0.004$ • Over-reactivity: $d=0.8, p=0.029$ • Verbosity: $d=0.8, p=0.41$ <p>NULL Parenting Stress Index:</p> <ul style="list-style-type: none"> • Parental Distress <p>Parent-Child Dysfunctional Interaction</p>	<p>• Parent outcomes None.</p>
<p>Parent-Child Interaction Therapy Bagner (2016)</p>	<p><u>POST-TEST & 3 MONTH FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE (no p or d values given) Infant-Toddler Social and Emotional Assessment (ITSEA): Reduced means</p> <ul style="list-style-type: none"> • Internalising • Aggression/defiance • Activity/impulsivity 	<p><u>6 MONTH FOLLOW-UP</u></p> <p>• Child outcomes Infant-Toddler Social and Emotional Assessment (ITSEA):</p> <ul style="list-style-type: none"> • Internalising: $d=0.74$ • Aggression/defiance: $d=0.51$ <p>Observed compliance (maternal commands): $d=0.54, p<0.05$</p> <p>NULL</p>

	<p>NULL</p> <p>Infant-Toddler Social and Emotional Assessment:</p> <ul style="list-style-type: none"> • Activity/impulsivity • Clinical cut-off on the ITSEA (aggression, internalising, impulsivity) <p>• Parent outcomes</p> <p>POSITIVE (no p or d values given)</p> <p>Observed Parent Do Skills - increased</p> <p>Observed Percent Don't skills - decreased</p> <p>NULL</p> <p>Parenting Stress Index total</p>	<p>Infant-Toddler Social and Emotional Assessment:</p> <ul style="list-style-type: none"> • Activity/impulsivity • Clinical cut-off on the ITSEA (aggression, internalising, impulsivity) <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Observed Parent Do Skills: OR=5.24</p> <p>Observed Percent Don't skills: OR=5.29</p> <p>NULL</p> <p>Parenting Stress Index total</p>
<p>Parent-Child Interaction Therapy</p> <p>Leung (2015)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE:</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity p<.001 • Problem p<.001 <p>• Parent outcomes</p> <p>POSITIVE</p> <p>PSI: p<.001</p> <p>DASS: p=.001 self-reported corporal punishment p<.001</p> <p>Observation: dyadic parent-child interaction coding system: - reflective statement/labelled praise p<.001</p> <p>NULL</p> <p>Observation: dyadic parent-child interaction coding system: - command/question/negative talk</p>	<p><u>PRE-TEST TO 3 MONTH FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity p<.001 • Problem p<.001 <p>• Parent outcomes</p> <p>POSITIVE</p> <p>PSI: p<.001</p> <p>DASS p<.001</p> <p>Observation: dyadic parent-child interaction coding system: - reflective statement/labelled praise p<.001</p> <p>NULL:</p> <p>Observation: dyadic parent-child interaction coding system: - command/question/negative talk</p>
<p>1) Parent-Child Interaction Therapy – Culturally Modified (Guinando Ninos Activos)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes:</p> <p>POSITIVE</p> <p>None.</p>	

<p>2) Parent-Child Interaction Therapy</p> <p>McCabe (2012)</p>	<p>NULL</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity • Problem <p>CBCL:</p> <ul style="list-style-type: none"> • Externalising • Internalising • Total <p>ECI:</p> <ul style="list-style-type: none"> • ODD • Conduct Disorder • ADHD <p>• Parent outcomes</p> <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>P Total</p> <p>Parent Stress Index</p>	
<p>1) Parent-Child Interaction Therapy – Culturally Modified (Guinando Ninos Activos)</p> <p>2) Parent-Child Interaction Therapy</p> <p>McCabe (2012)</p>	<p><u>PCIT culturally modified: GUIANDO NINOS ACTIVOS compared with controls</u></p> <p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity d=0.81, p=.044 <p>CBCL:</p> <ul style="list-style-type: none"> • Internalising d=0.56, p=.035 • Externalising d=0.65, p=.041 • Total d=0.63, p=.040 <p>ECI:</p> <ul style="list-style-type: none"> • ADHD: d=0.52, p=.048 <p>NULL</p> <p>ECBI: Problem</p>	<p><u>PCIT culturally modified: GUIANDO NINOS ACTIVOS compared with Standard PCIT</u></p> <p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>CBCL:</p> <ul style="list-style-type: none"> • Internalising d=0.31, p=.049 <p>NULL</p> <p>ECBI: Intensity</p> <p>CBCL: Externalising, total</p> <p>ECI:</p> <ul style="list-style-type: none"> • ADHD • Oppositional Defiance Disorder • Conduct Disorder

	<p>ECl: Oppositional Defiance Disorder, Conduct Disorder</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE Parental Locus of Control: Total $d=1.24$, $p=.002$</p> <p>NULL: none.</p>	<ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE: none</p> <p>NULL Parental Locus of Control: total Parent Stress Index</p>
<p>Parent Management Training – Oregon Model</p> <p>Sigmarsdottir (2013)</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> • Child outcomes <p>None.</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE None.</p> <p>NULL. Depression Problem solving behaviour Positive involvement Good discipline Skill encouragement</p> <p>Subgroup analyses: Baseline depressive symptoms were associated with lower levels of effective parenting $p<.05$ Baseline depressive symptoms were associated with lower levels of effective parenting ($r = 0.19$, $p < 0.05$)</p>	
<p>Parent Management Training – Oregon Model</p> <p>Sigmarsdottir (2015)</p>	<ul style="list-style-type: none"> • Child outcomes <p>POSITIVE Overall child adjustment problems $d=0.54$, $p<.001$</p> <p>NULL (tested at $p<.01$) Child depression symptomology</p>	

	<p>Problem solving behaviour Parent-report social skills Teacher-report social skills</p> <p>• Parent outcomes None.</p>	
<p>Parent Management Training – Oregon Model</p> <p>DeGarmo (2007)</p>	<p><u>6 MONTH FOLLOW UP</u></p> <p>• Child outcomes None.</p> <p>• Parent outcomes POSITIVE Step-father-child interactions $d=0.54$ $p<.03$</p> <p>NULL Negative Reciprocity Negative Reinforcement</p>	<p><u>12M FOLLOW UP</u></p> <p>• Child outcomes None.</p> <p>• Parent outcomes POSITIVE Step-father-child interactions $d=0.46$ $p<.01$</p> <p>NULL Negative reciprocity Negative reinforcement</p> <p><u>2 YEAR FOLLOW UP</u></p> <p>• Child outcomes Changes Step-father-child interactions investigated as predictors of child development outcomes</p> <p>• Parent outcomes POSITIVE None.</p> <p>NULL Step-father-child interactions Negative reciprocity negative reinforcement</p>
<p>Parent Management Training – Oregon Model</p> <p>Ogden (2008)</p>	<p><u>POST (Ogden and Hagen 2008)</u></p> <p>• Child outcomes POSITIVE CBCL:</p> <ul style="list-style-type: none"> • Total $d=0.20$, $p<.05$ • Externalising $d=0.16$, $p<.05$ 	<p><u>12 MONTH FOLLOW-UP (Hagen, Ogden et al., 2011)</u></p> <p>• Child outcomes POSITIVE Observation:</p> <ul style="list-style-type: none"> • Aggressive Behaviour (2 parents present), $p<.01$

<p>Follow-up Hagen (2011)</p> <p>Same cohort</p>	<p>Social Skills Rating Scale</p> <ul style="list-style-type: none"> Teacher-report $d=0.47$, $p<.01$ <p>NULL</p> <ul style="list-style-type: none"> CBCL: Internalising Parent Daily Report: Total Teacher-report Form: Total, Externalising, Internalising Social Skills Rating Scale: Parent-report Academic performance Observed child behaviour: Compliance, Child initiated negative chains <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Observed parent behaviour:</p> <ul style="list-style-type: none"> Discipline $d=0.30$, $p<.05$ <p>NULL</p> <p>Observed parent behaviour:</p> <ul style="list-style-type: none"> Monitoring Problem Solving <p>Positive Involvement</p>	<p>NULL</p> <ul style="list-style-type: none"> CBCL: Total, Aggression, Delinquency, Internalising Parent Daily Report: Aggression, Internalising Teacher-report form: Total, Delinquency, Internalising Social Skills Rating Scale: Parent-report, Teacher-report Observation: Compliance, Aggressive Behaviour (1 parent present) <p>• Parent outcomes</p> <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>Observed parenting skills:</p> <ul style="list-style-type: none"> Skill Encouragement Effective Discipline Problem Solving Monitoring Positive Involvement
<p>Triple P – Level 4</p> <p>Bodenmann (2008)</p> <p>Compared participants in Triple P Level 4 with:</p> <ol style="list-style-type: none"> a non-treated control group, AND parents participating in a marital distress prevention program (Couples Coping 	<p><u>Triple P- Level 4 compared with controls</u> <u>BASELINE TO 12 MONTHS FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> Problems (mother-report), $p<0.05$, $d=-0.27$ Intensity (mother-report) $p<0.01$, $d=-0.40$ <p>NULL</p> <p>Dyadic Adjustment Scale (DAS) (mother-report + father-report)</p> <p>ECBI:</p> <ul style="list-style-type: none"> Problems (father-report), Intensity (father-report) 	<p><u>Triple P- Level 4 compared with Couples Coping Enhancement Training (Marital distress prevention program)</u> <u>BASELINE TO 12 MONTHS FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>Dyadic Adjustment Scale:</p> <ul style="list-style-type: none"> Total (father-report) $d=-0.39$, $p<.01$ <p>NULL</p> <p>ECBI:</p> <ul style="list-style-type: none"> Problems (mother-report + father-report) Intensity (mother-report + father-report) <p>Dyadic Adjustment Scale:</p> <ul style="list-style-type: none"> Total (mother-report)

<p>Enhancement Training (CCET))</p>	<p>• Parent outcomes POSITIVE Parenting Scale: <ul style="list-style-type: none"> • Total (mother-report), $p < 0.01$, $d = -0.37$ • Over Reaction (mother-report), $p < 0.01$, $d = -0.39$ Parenting Sense of Competence: <ul style="list-style-type: none"> • Total (mother-report), $p < 0.05$, $d = 0.27$ • Satisfaction (mother-report), $p < .05$, $d = 0.29$ Parent Problem Checklist: <ul style="list-style-type: none"> • PPC burden (mother-report), $p < 0.01$, $d = -0.39$ NEGATIVE/NULL Parenting Scale: <ul style="list-style-type: none"> • PS total (father-report) • Over Reaction (father-report) • Laxness (mother-report + father-report) Parenting Sense of Competence: <ul style="list-style-type: none"> • Total (father-report) • Satisfaction (father-report) • Self-efficacy (mother-report + father-report) Parent Problem Checklist: <ul style="list-style-type: none"> • Frequencies (mother-report + father-report) Burden (father-report)</p>	<p>• Parent outcomes POSITIVE: None. NULL (all) Parenting Scale: <ul style="list-style-type: none"> • Total (mother-report + father-report) • Laxness (mother-report + father-report) • Over reaction (mother-report + father-report) Parenting Sense of Competence <ul style="list-style-type: none"> • Total (mother-report + father-report) • Satisfaction (mother-report + father-report) • Self-efficacy (mother-report + father-report) Parent Problem Checklist <ul style="list-style-type: none"> • Frequencies (mother-report + father-report) Burden (mother-report + father-report)</p>
<p>Triple P – Level 4 Eisner (2012)</p>	<p><u>POST-TEST</u> • Child outcomes: POSITIVE Social Behavior Questionnaire <ul style="list-style-type: none"> • Internalising (teacher-report) $d = 0.24$, $p < .05$ NB. Subscales Impulsivity & Internalising from the Social Behavior Questionnaire (Parent & Self-report) not measured at this time point. NULL Social Behavior Questionnaire <ul style="list-style-type: none"> • Prosocial Behaviour (parent-report, teacher-report, self-report) </p>	<p><u>BASELINE to 20 MONTHS FOLLOW-UP</u> • Child outcomes POSITIVE None. NULL Social Behavior Questionnaire: <ul style="list-style-type: none"> • Prosocial Behaviour (parent-report, teacher-report, self-report) • Impulsivity and attention deficits (teacher-report, parent-report) </p>

	<ul style="list-style-type: none"> • Impulsivity and Attention Deficits (teacher-report) • Non-aggressive Conduct Problem Behaviour (parent-report, teacher-report, self-report) • Aggressive Behaviour (parent-report, teacher-report, self-report) <p>• Parent outcomes</p> <p>POSITIVE None.</p> <p>NULL</p> <ul style="list-style-type: none"> • Involvement • Positive Parenting • Parental Supervision • Erratic Discipline • Corporal Punishment <p><u>BASELINE to 17 MONTHS FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE Social Behavior Questionnaire</p> <ul style="list-style-type: none"> • Internalising (teacher-report) $d=0.29, p<.05$ <p>NULL Social Behavior Questionnaire Prosocial Behaviour (parent-report, teacher-report, self-report)</p> <ul style="list-style-type: none"> • Impulsivity and Attention Deficits (teacher-report) • Non-aggressive Conduct Problem Behaviour (parent-report, teacher-report, self-report) • Aggressive Behaviour (parent-report, teacher-report, self-report) • Internalising (parent-report, child-report) • ADHD (parent-report, child-report) <p>• Parent outcomes</p> <p>POSITIVE</p>	<ul style="list-style-type: none"> • Non-aggressive conduct problem (parent-report, teacher-report) • Aggression (parent-report, teacher-report, self-report) • Internalising (parent-report) <p>• Parent outcomes</p> <p>POSITIVE None</p> <p>NULL</p> <ul style="list-style-type: none"> • Involvement • Positive Parenting • Parental Supervision • Erratic Discipline • Corporal Punishment <p><u>BASELINE TO 3 YEAR FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE None.</p> <p><u>NULL</u> Social Behavior Questionnaire:</p> <ul style="list-style-type: none"> • Prosocial behaviour (parent-report, teacher-report, self-report) • Impulsivity and Attention Deficits (teacher-report, parent-report) • Non-aggressive conduct problem (parent-report, teacher-report) • Aggression (parent-report, teacher-report, self-report) • Internalising (parent-report) <p>• Parent outcomes</p> <p>POSITIVE None</p>
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	<p>None.</p> <p>NULL</p> <ul style="list-style-type: none"> • Involvement • Positive Parenting • Parental Supervision • Erratic Discipline <p>Corporal Punishment</p>	<p><u>NULL</u></p> <ul style="list-style-type: none"> • Involvement • Positive Parenting • Parental Supervision • Erratic Discipline • Corporal Punishment
<p>Triple P – Level 4</p> <p>Frank (2015)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity (father-report) $d=0.60, p=.029$ • Problem (father-report) $d=1.76 p<.001$; problem (mother-report) $d=1.29 p=.002$ <p>NULL</p> <p>ECBI: Intensity (mother-report)</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Parenting Scale:</p> <ul style="list-style-type: none"> • Father-report: $d=0.50, p=.015$ • Mother-report: $d=1.29 p<.001$ • Mother reporting on partner: $d=0.61 p<.002$ <p>Parent Task Checklist:</p> <ul style="list-style-type: none"> • Behaviour (mother-report): $d=1.04, p<.001$ • Setting (father-report): $d=0.80, p=.003$ <p>Parenting Problem Checklist”</p> <ul style="list-style-type: none"> • Total (father-report): $d=0.64 p=0.44$ • Extent (mother-report): $d=0.27 p=.035$ <p>NULL:</p> <p>Parenting Scale:</p> <ul style="list-style-type: none"> • Father report on partner <p>Relationship Quality Index</p>	<p><u>6 MONTHS FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity (mother-report/father-report); • Problem (father-report) <p>NULL</p> <p>ECBI problem (mother-report)</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Parenting Scale</p> <ul style="list-style-type: none"> • Mother-report • Father-report • Father reporting on partner: <p>Parent Task Checklist:</p> <ul style="list-style-type: none"> • Setting (mother-report) • Behaviour (mother-report) <p>Parenting problem Checklist:</p> <ul style="list-style-type: none"> • Extent (mother-report) • Total (father-report)

	<ul style="list-style-type: none"> • Inter-parental relationship (mother-report + father-report) <p>Parent Task Checklist:</p> <ul style="list-style-type: none"> • Behaviour (father-report) • Setting (father-report) <p>Authoritative Parenting Style</p> <ul style="list-style-type: none"> • Mother-report, Father-report, mother reporting on partner, father reporting on partner. <p>Parent Problem Checklist</p> <ul style="list-style-type: none"> • Extent father-report <p>Total mother-report</p>	<p>NULL</p> <p>Authoritative Parenting Style:</p> <ul style="list-style-type: none"> • Mother-report • Mother report on partner • Father-report • Father report on partner <p>Parenting Scale:</p> <ul style="list-style-type: none"> • Mother report on partner <p>Parent Problem Checklist</p> <ul style="list-style-type: none"> • Total (Mother-report) • Extent (Father-report) <p>Relationship Quality Index</p> <ul style="list-style-type: none"> • Mother-report • Father-report <p>Parent Task Checklist:</p> <ul style="list-style-type: none"> • Setting (Father-report) <p>Behaviour (Father-report)</p>
<p>Triple P – Level 4</p> <p>Hahlweg (2010)</p>	<p><u>PRETEST TO 1 YEAR FOLLOW-UP (different variables to 2 YEAR FOLLOW-UP)</u></p> <p>Analyses run for two subgroups:</p> <ul style="list-style-type: none"> • 2-parent families • Single parent families <p><i>2-PARENT FAMILIES</i></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>Observation:</p> <ul style="list-style-type: none"> • Positive behaviour 	<p><u>PRETEST TO 2 YEAR FOLLOW-UP</u></p> <p>Analyses run for two subgroups:</p> <ul style="list-style-type: none"> • 2-parent families • Single parent families <p><i>2-PARENT FAMILIES</i></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>CBCL (mother-report):</p> <ul style="list-style-type: none"> • Internalising ES=0.32 p<.01 • Externalising ES=0.33 p=.03 <p>NULL</p> <p>CBCL (father-report): significant for time effects only</p>

	<ul style="list-style-type: none"> • Negative behaviour <p>Caregiver-Teacher Report Form</p> <ul style="list-style-type: none"> • Internalising • Externalising <p>• Parent outcomes</p> <p>POSITIVE None.</p> <p>NULL Observation (mother only):</p> <ul style="list-style-type: none"> • Positive parenting behaviour mother • Negative parenting behaviour mother <p><i>1-PARENT FAMILIES (mother-headed)</i></p> <p>• Child outcomes</p> <p>POSITIVE Observation:</p> <ul style="list-style-type: none"> • Negative behaviour ES=0.54, p=.011 <p>NULL Observation:</p> <ul style="list-style-type: none"> • Positive behaviour <p>Caregiver Teacher Report Form</p> <ul style="list-style-type: none"> • Internalising • Externalising <p>• Parent outcomes</p> <p>POSITIVE None.</p> <p>NULL Observation:</p>	<ul style="list-style-type: none"> • Internalising • Externalising <p>• Parent outcomes</p> <p>POSITIVE Positive Parenting Questionnaire</p> <ul style="list-style-type: none"> • Mother-report: ES=0.34 p=.02 • Father-report: p=<.001 <p>Parenting Scale</p> <ul style="list-style-type: none"> • Mother-report: ES=0.40 p<.001 • Father-report: ES=0.41 p<.001 <p>NULL None.</p> <p><i>1-PARENT FAMILIES (mother-headed)</i></p> <p>• Child outcomes</p> <p>POSITIVE None.</p> <p>NULL CBCL:</p> <ul style="list-style-type: none"> • Internalising • Externalising <p>• Parent outcomes</p> <p>POSITIVE Parenting Scale ES=0.32 (mother-report)</p> <p>NULL Positive Parenting Questionnaire (mother-report)</p>
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	<ul style="list-style-type: none"> • Positive parenting behaviour (mother-report) Negative parenting behaviour (mother-report)	
Triple P – Level 4 Heinrichs (2014)	<u>POST-TEST</u> <ul style="list-style-type: none"> • Child outcomes POSITIVE CBCL (mother-report): $p < .05$ NULL CBCL (father-report) <ul style="list-style-type: none"> • Parent outcomes POSITIVE Dysfunctional Parenting: mother-report $p < .05$, father-report $p < .01$ Positive Parenting (mother-report): $p < .01$ NULL Positive Parenting (father-report)	<u>4 YEAR FOLLOW-UP</u> <ul style="list-style-type: none"> • Child outcomes POSITIVE None. NULL CBCL (mother-report + father-report) <ul style="list-style-type: none"> • Parent outcomes POSITIVE Positive Parenting (father-report) NULL Dysfunctional Parenting (mother-report + father-report) Positive Parenting (mother-report)
Triple P – Level 4 Kirby (2014)	<u>POST-TEST</u> NB all results are based on grandparent-report unless otherwise stated. <ul style="list-style-type: none"> • Child outcomes POSITIVE ECBI: <ul style="list-style-type: none"> • Intensity $d = 0.82$, $p < .001$; • Problem $d = 0.73$, $p < .001$ • Intensity (parent-report) $d = 0.73$ $p < .01$; • Problem (parent-report) $d = 0.94$, $p < .01$ <ul style="list-style-type: none"> • Parent outcomes POSITIVE Parenting Task Checklist (PTC) <ul style="list-style-type: none"> • Behaviour $d = 0.32$, $p < .01$ Depression Anxiety Stress Scale: <ul style="list-style-type: none"> • Depression $d = 0.89$ $p < .01$ • Anxiety $d = 0.95$, $p < .01$ 	<u>6 MONTH FOLLOW-UP</u> <ul style="list-style-type: none"> • Child outcomes POSITIVE ECBI: <ul style="list-style-type: none"> • Problem $d = 0.82$ $p < .001$ • Intensity (maintained) • Intensity (parent-report-maintained) NULL ECBI: <ul style="list-style-type: none"> • Problem (parent-report) <ul style="list-style-type: none"> • Parent outcomes POSITIVE DASS <ul style="list-style-type: none"> • Depression $d = 0.41$ $p < .05$ • Stress $d = 0.53$ $p < .01$ • Anxiety (maintained)

	<ul style="list-style-type: none"> • Stress $d=0.86, p<.01$ <p>Quality Relationship Inventory: (child's parent reporting on relationship with child's grandparent):</p> <ul style="list-style-type: none"> • Support from biological child (target child's parent 1) $d=0.56, p<.01$ <p>Grandparent Communication Checklist (GCC):</p> <ul style="list-style-type: none"> • Communication with biological child (target child's parent 1) $d=0.46, p<.05$ • Communication child in-law (target child's parent 2) $d=0.57, p<.05$ <p>NULL</p> <p>Parenting Scale:</p> <ul style="list-style-type: none"> • Laxness • Verbosity • Over reactivity <p>Parenting Task Checklist (parent-report)</p> <ul style="list-style-type: none"> • Setting <p>Quality Relationship Inventory: (grandparent-report on their relationship with child's parent):</p> <ul style="list-style-type: none"> • Conflict with biological child (target child's parent 1) • conflict with child in law (target chil's parent 2) • Depth with biological child (target child's parent 1) • support from child in-law (target child's parent 2) • depth with biological child (target child's parent 1) • Depth of communication with child in-law (target chil's parent 2) <p>Quality Relationship Inventory: (child's parent reporting on relationship with child's grandparent):</p> <ul style="list-style-type: none"> • Conflict • Support • Depth 	<p>Quality Relationship Inventory (grandparent-report on their relationship with child's parent):</p> <ul style="list-style-type: none"> • Conflict with child in-law (target child's parent 2) $d=0.75, p<.05$ <p>Quality Relationship Inventory: (child's parent reporting on relationship with child's grandparent):</p> <ul style="list-style-type: none"> • Support $d=0.56 p<.05$ <p>Grandparent communication checklist:</p> <ul style="list-style-type: none"> • Communication with biological child (target child's parent 1) $d=0.58 p<.01$ <p>Parent Task Checklist</p> <ul style="list-style-type: none"> • Behaviour (maintained) <p>NULL</p> <p>Parenting Scale</p> <ul style="list-style-type: none"> • Laxness • Verbosity • Over reactivity • Parent Task Checklist (parent-report)setting <p>Depression Anxiety Stress Scale</p> <ul style="list-style-type: none"> • Anxiety <p>Quality Relationship Inventory (grandparent-report on their relationship with child's parent):</p> <ul style="list-style-type: none"> • Support from biological child (target child's parent 1) • Support from child in-law (target child's parent 2) • Conflict with biological child (target child's parent 1) • Depth with biological child (target child's parent 1) • Depth with child in-law (target child's parent 2) <p>Quality Relationship Inventory: (child's parent reporting on relationship with child's grandparent):</p> <ul style="list-style-type: none"> • Support • Conflict • Depth <p>Grandparent Communication Checklist Communication with child in-law (target child's parent 2)</p>
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<p>Triple P – Level 4</p> <p>Wiggins (2009)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>CBCL:</p> <ul style="list-style-type: none"> • Internalising p<.05 • Externalising p<.05 <p>Parent’s Attributions for Child’s Behavior:</p> <ul style="list-style-type: none"> • Blame and intentional attributions for child behaviour <.05 <p>NULL</p> <p>Parent’s Attributions for Child’s Behavior:</p> <ul style="list-style-type: none"> • Stable • Internal <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Parenting Relationship Questionnaire [PRQ]</p> <ul style="list-style-type: none"> • Attachment p<.05 • Involvement p<.05 • Parenting Confidence p<.05 <p>Parent’s Attributions for Child’s Behavior:</p> <ul style="list-style-type: none"> • Blame and Intentional attributions for child behaviour p<.05 <p>Parenting Scale [PS]</p> <ul style="list-style-type: none"> • Laxness p<.05 • Over reactivity p<.05 • Verbosity p<.05 <p>NULL</p> <p>Parenting Relationship Questionnaire</p> <ul style="list-style-type: none"> • Relational Frustration <p>Parent’s Attributions for Chil’d Behaviour</p> <ul style="list-style-type: none"> • Stable <p>Internal</p>	<p><u>3 MONTH FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>Results remained the same</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>All variables for which sig effect was recorded remained the similar</p>
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<p>Triple P – Level 4 - workplace</p> <p>Sanders (2011)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity • Problem <p>Strengths Difficulties Questionnaire [SDQ]</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Depression Anxiety Stress Scale:</p> <ul style="list-style-type: none"> • Anxiety d=0.48 p=.024 • Stress d=0.83 p<.01 • Total d=0.64 p=.002 <p>Parenting Scale:</p> <ul style="list-style-type: none"> • Laxness d=0.41 p=.06 • Over reactivity d=0.12 p=.008 • Verbosity d=0.21 p=.012 • Total d=0.40 p=.001 <p>NULL</p> <p>Depression Anxiety Stress Scale:</p> <p>Depression</p>	<p><u>1 YEAR FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity d=0.46 p<.001 • Problem d=0.66 p<.001 <p>NULL</p> <p>SDQ</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Depression Anxiety Stress Scale:</p> <ul style="list-style-type: none"> • Anxiety d=0.18 p=.09 • Depression d=0.50 p=.01 • Stress d=0.45 p=.09 • Total d=0.46 p=.002 <p>Parenting Scale:</p> <ul style="list-style-type: none"> • Laxness d=0.66 p=.001 • Over reactivity d=0.45 p=.09 • Verbosity d=0.67 p=.09 • Total d=0.70 p=.01 <p>NULL</p> <p>None.</p>
<p>Tuning into Kids</p> <p>Havighurst (2010)</p>	<p><u>6 MONTH FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI: Intensity</p> <ul style="list-style-type: none"> • (Parent-report) d=0.57 p<.001 • (Teacher-report) d=0.23 p<.05 <p>Emotion Skills Task</p> <ul style="list-style-type: none"> • Emotional Knowledge: d= 1.00 p<.05 <p>NULL</p>	

	<p>None.</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE Emotion Awareness and Regulation $d=0.29$ $p<.01$ Emotion Dismissing $d=0.86$ $p<.001$ Emotion Coaching $d=0.64$ $p<.001$ Empathy/Connection $d=1.08$ $p<.001$ Observation (story-telling tasks):</p> <ul style="list-style-type: none"> • Emotion labels $d=0.57$ $p<.001$ • Emotion exploration $d=0.66$ $p<.001$ <p>NULL None.</p>	
<p>Tuning into Kids Havighurst (2013)</p>	<p><u>POST-TEST (3 MONTHS)</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE None.</p> <p>NULL ECBI (parent-report):</p> <ul style="list-style-type: none"> • Intensity $d=1.20$ • Problem $d=1.05$ <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE Empathy $d=0.92$ $p=.009$</p> <p>NULL Emotion Regulation Emotion Dismissing Emotion Coaching</p>	<p><u>6 MONTH FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE ECBI (parent-report):</p> <ul style="list-style-type: none"> • Intensity $d=0.74$ $p=.009$ <p>ECBI (teacher-report) only at 6 months follow-up:</p> <ul style="list-style-type: none"> • Intensity $d=0.56$ $p=.015$ • Problem $d=0.46$ $p=.015$ <p>Emotion Skills Task</p> <ul style="list-style-type: none"> • Emotion Knowledge (only at 6 month follow-up): $d=1.28$ $p=.015$ <p>NULL ECBI:</p> <ul style="list-style-type: none"> • Problem <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE Emotion Dismissing $d=1.08$ $p=.008$ Emotion Coaching $d=0.29$ $p<.001$ Empathy $d=0.65$ $p<.001$</p>

		<p>Observation (story-telling tasks) (assessed pre to 6 month follow-up only):</p> <ul style="list-style-type: none"> • Emotion Exploration $d=0.19$ $p=.031$ • Emotional Labels $d=0.53$ $p=.025$ <p>NULL Emotional Regulation</p>
<p>Tuning Into Kids</p> <p>Wilson (2012)</p>	<p><u>4 MONTHS POST</u></p> <p>• Child outcomes</p> <p>POSITIVE None.</p> <p>NULL ECBI:</p> <ul style="list-style-type: none"> • Intensity • Problem <p>Devereux Early Childhood Assessment:</p> <ul style="list-style-type: none"> • Total <p>Social Competence and Behavior Evaluation Short Form (teacher reported)</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Maternal Emotion Style Questionnaire:</p> <ul style="list-style-type: none"> • Dismissing Beliefs $p<.001$ $d=0.74$ <p>Coping with Children’s Negative Emotions</p> <ul style="list-style-type: none"> • Coaching Practices $p=.004$, $d=0.39$ • Dismissing Practices $p=.022$ $d=0.42$ <p>Alabama Parenting Questionnaire:</p> <ul style="list-style-type: none"> • Positive Involvement $p=.036$, $d=0.30$ <p>NULL</p> <p>Alabama Parenting Questionnaire:</p> <ul style="list-style-type: none"> • Inconsistent Discipline <p>Maternal Emotion Style Questionnaire:</p> <ul style="list-style-type: none"> • Coaching Beliefs 	

Promising		
<p>1) 1-2-3 Magic Emotion Coaching parenting program</p> <p>2) 1-2-3 Magic parenting program</p> <p>Porzig-Drummond (2014)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity $p < .001$ • Problem $p < .001$ <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Parenting Stress measure PSI-SF</p> <ul style="list-style-type: none"> • Total Distress $p < .001$ • Parental Distress $p = .001$ • Parent Child Dysfunctional Interaction $p = .012$ • Difficult Child $p < .001$ <p>DASS</p> <ul style="list-style-type: none"> • Depression $p = .03$ • Stress $p = .007$ <p>Parenting Style measure ERPS-ST</p> <ul style="list-style-type: none"> • Emotion Dismissing $p = .003$ <p>NULL</p> <p>DASS: Anxiety</p> <p>ERPS-SR: Emotion Coaching</p>	<p><u>3 MONTHS FOLLOW-UP</u> (time effect only) (BASELINE TO <u>FOLLOW-UP</u>)</p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity $p < .05$ • Problem $p < .05$ <p>NULL</p> <p>None.</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>PSI-SF</p> <ul style="list-style-type: none"> • Total stress $p < .001$ • Parental distress $p < .001$ • Parent-child dysfunctional interaction $p = .022$ • Difficult child $p < .001$ <p>DASS</p> <ul style="list-style-type: none"> • Depression $p = .004$ • Anxiety $p = .011$ (did not decrease pre to post but decreased post to FOLLOW-UP). • Stress $p = .002$ <p>ERPS-SR</p> <ul style="list-style-type: none"> • Emotion Dismissing <p>NULL</p> <p>ERPS-SR</p> <ul style="list-style-type: none"> • Emotion Coaching <p><u>2 YEAR FOLLOW-UP</u> (BASELINE TO <u>FOLLOW-UP</u>) (time effect only)</p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity $p < .05$

		<ul style="list-style-type: none"> • Problem $p < .05$ <p>NULL None.</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE PSI-SF</p> <ul style="list-style-type: none"> • Total Stress $p = .001$ • Parental Distress $p = .004$ • Parent-Child Dysfunctional Interaction $p = .048$ • Difficult Child $p < .001$ <p>ERPS-SR</p> <ul style="list-style-type: none"> • Emotional Dismissive $p = .003$ <p>NULL</p> <p>DASS</p> <ul style="list-style-type: none"> • Depression • Anxiety • Stress <p>ERPS-SR</p> <p>Emotion Coaching</p>
<p>1) 1-2-3 Magic Emotion Coaching Parenting Program</p> <p>2) 1-2-3 Magic parenting program</p> <p>Porzig-Drummond (2014)</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> • Child outcomes <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity $p < .001$ • Problem $p < .001$ <p>NULL None.</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p>	<p><u>3 MONTHS FOLLOW-UP</u> (time effect only) (BASELINE TO <u>FOLLOW-UP</u>)</p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE ECBI:</p> <ul style="list-style-type: none"> • Intensity $p < .05$ • Problem $p < .05$ <p>NULL None.</p>

	<p>PSI</p> <ul style="list-style-type: none"> • Total distress p<.001 • Parent distress p=.001 • Parent-child dysfunctional interaction p=.003 • Difficult child p<.001 <p>DASS</p> <ul style="list-style-type: none"> • Depression p=.02 • Anxiety p=.048 • Stress p<.01 <p>NULL</p> <p>Emotion-Related Parenting Styles Self-Test:</p> <ul style="list-style-type: none"> • Emotional Coaching • Emotion Dismissing 	<p>• Parent outcomes</p> <p>POSITIVE (maintained)</p> <p>PSI-SF</p> <ul style="list-style-type: none"> • Total Stress p<.001 • Parental Distress p<.001 • Parent-Child Dysfunctional Interaction p=.001 • Difficult Child p<.001 <p>DASS</p> <ul style="list-style-type: none"> • Depression p<.001 • Anxiety p=.023 • Stress p=.004 <p>NULL</p> <p>Emotion-Related Parenting Styles Self-Test:</p> <ul style="list-style-type: none"> • Emotion Coaching • Emotion Dismissing <p><u>2 YEAR FOLLOW-UP (BASELINE TO FOLLOW-UP) (time effect only)</u></p> <p>• Child outcomes</p> <p>POSITIVE (maintained)</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity p<.05 • Problem p<.05 <p>NULL</p> <p>None.</p> <p>• Parent outcomes</p> <p>POSITIVE (maintained)</p> <p>PSI</p> <ul style="list-style-type: none"> • Total Distress p<.001 • Parent Dismissing p=.001 • Parent Child Dysfunctional Interaction p<.001 • Difficult Child p<.001 <p>DASS</p>
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		<ul style="list-style-type: none"> • Depression p=.001 • Anxiety p<.001 • Stress p=.001 <p>NULL</p> <p>Emotion-Related Parenting Styles Self-Test:</p> <ul style="list-style-type: none"> • Emotion Coaching • Emotion Dismissing
<p>1-2-3 Magic parenting program</p> <p>Sayal (2016)</p>	<p><u>6 MONTH FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE None.</p> <p>NULL</p> <p>Conner’s Teacher Rating Scale</p> <ul style="list-style-type: none"> • Oppositional • Inattention • Hyperactivity • ADHD index <p>Conner’s Parent Rating Scale</p> <ul style="list-style-type: none"> • Oppositional • Inattention • Hyperactivity • ADHD index <p>SDQ</p> <p>Health-related quality of life</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Parent Malaise Inventory (mental health) p=.009</p> <p>NULL</p> <p>None.</p>	

<p>3 sessions targeting key modifiable parenting risk factors for childhood behavioural problems</p> <p>Hiscock (2008)</p>	<p><u>3 MONTH POST</u></p> <p>• Child outcomes POSITIVE None.</p> <p>NULL Behaviour:</p> <ul style="list-style-type: none"> • Externalising • Internalising <p>• Parent outcomes POSITIVE None.</p> <p>NULL Parenting:</p> <ul style="list-style-type: none"> • Unreasonable expectations • Warmth nurturing • Harsh discipline <p>Maternal mental health</p> <ul style="list-style-type: none"> • Depression • Anxiety <p>Stress</p>	<p>•</p> <p><u>9 MONTH POST</u></p> <p>• Child outcomes POSITIVE None.</p> <p>NULL Behaviour:</p> <ul style="list-style-type: none"> • Externalising • Internalising <p>• Parent outcomes POSITIVE Parenting:</p> <ul style="list-style-type: none"> • Unreasonable expectations p=.006 • Harsh discipline p=.005 <p>NULL Parenting:</p> <ul style="list-style-type: none"> • Warmth nurturing <p>Maternal mental health</p> <ul style="list-style-type: none"> • Depression • Anxiety <p>Stress</p>
<p>Behavioural Parent Training</p> <p>van den Hoofdakker (2007)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes P values for group X time, d values for time effect only POSITIVE CBCL:</p> <ul style="list-style-type: none"> • Externalising p<.05 d=0.56 • Internalising p<.05 d=0.93 <p>Target Behaviour p=.033, d=1.04</p> <p>NULL: ADHD symptoms Parent Stress Index</p>	<p><u>(pre to) 6 MONTH FOLLOW UP</u> p values not available</p> <p>• Child outcomes CBCL:</p> <ul style="list-style-type: none"> • Internalising d=0.38 • Externalizing d=0.49 <p>Target Behaviour d=1.04 ADHD symptoms d=0.35 Parent Stress Index</p> <ul style="list-style-type: none"> • Child Domain d=0.39

	<ul style="list-style-type: none"> Child Domain <ul style="list-style-type: none"> Parent outcomes <p>POSITIVE: None.</p> <p>NULL Parent Stress Index Parent Domain</p>	<ul style="list-style-type: none"> Parent outcomes <p>Parent Stress Index Parent Domain d=0.34</p>
<p>Being Brave – modified from Coping Cat program</p> <p>Hirshfeld-Becker (2010)</p>	<p><u>6 MONTHS</u></p> <ul style="list-style-type: none"> Child outcomes (based on only participants who complete treatment) <p>POSITIVE Anxiety Disorders Total # p=.02 Improvement in:</p> <ul style="list-style-type: none"> Social Anxiety p<.01 Separation Anxiety p=.045 Specific Phobia p=.037 <p>Coping Score p=.009 Number of spontaneous comments p=.038</p> <p>NULL CBCL:</p> <ul style="list-style-type: none"> Internalising <p>Improvement in:</p> <ul style="list-style-type: none"> Generalised Anxiety Disorder Agoraphobia <p>Shyness Inhibition</p> <ul style="list-style-type: none"> Parent outcomes <p>None.</p>	<p><u>Post-test to 1 YEAR FOLLOW-UP</u></p> <ul style="list-style-type: none"> Child outcomes (based on only participants who complete treatment) <p>Descriptive data, time effects only:</p> <ul style="list-style-type: none"> Overall 83% of participants who completed the treatment showed improved anxiety and mood symptoms at follow up. Of those who did not seek further treatment for anxiety for mood disorders (76% of participants), 86% showed improved anxiety of mood symptoms. 59% of participants who completed treatment were free of all anxiety diagnoses, of those who did not seek further treatment 68% were free of anxiety disorders. Before treatment participants with anxiety self-rated their coping in feared situations as 2.41/7, post treatment the same group rated their coping at 4.71/7. Of those who did not seek further treatment post intervention coping score in feared situations increased from 2.41/7 to 5.01/7. <ul style="list-style-type: none"> Parent outcomes <p>None.</p>
<p>BRAVE-ONLINE for Children (CBT)</p> <p>Donovan (2014)</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> Child outcomes <p>POSITIVE Anxiety Disorders interview schedule, p=.002</p>	<p><u>Pre to 6 MONTH FOLLOW UP</u></p> <ul style="list-style-type: none"> Child outcomes <p>POSITIVE: Number of diagnoses held by children p<.001</p>

	<p>Global Assessment Scale (functioning), p=.016 Preschool Anxiety Scale (PAS), p=.011 CBCL: <ul style="list-style-type: none"> Internalising p=.007 (nil externalising subscale) Clinical Severity rating p=.002</p> <p>NULL Free of primary diagnosis Free of any diagnosis Anxiety diagnoses</p> <p>• Parent outcomes None.</p>	<p>Anxiety diagnoses p=.002 The Children's Global Assessment Scale p<.001 Preschool Anxiety Scale p<.001* CBCL: <ul style="list-style-type: none"> Internalising p<.001 (nil externalising scale) Clinical Severity Rating p=.02</p> <p>NULL None reported</p> <p>• Parent outcomes None.</p> <p><u>POST-TEST TO 6 MONTH FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE Clinical Severity Rating Preschool Anxiety Scale CBCL: <ul style="list-style-type: none"> Internalising </p> <p>NULL Anxiety diagnoses The Children's Global Assessment Scale</p> <p>• Parent outcomes None.</p>
<p>CBT & educational program Rushton (2010)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes POSITIVE None.</p> <p>NULL Expression of Feelings Questionnaire Post Placement Problems</p>	<p><u>6 MONTH FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE None.</p> <p>NULL SDQ total Expression of Feelings Questionnaire Post Placement Problems</p>

	<p>NEGATIVE SDQ total p=.023</p> <p>• Parent outcomes</p> <p>POSITIVE None.</p> <p>NULL Expression of Feelings Questionnaire Post Placement Problems Parenting Sense of Competence Parenting Efficacy Daily Hassles: <ul style="list-style-type: none"> • Frequency • Intensity </p>	<p>Only measured at 6 month follow-up compared with control Visual Analogue Scale Emotional distress Misbehaviour Attachment</p> <p>• Parent outcomes</p> <p>POSITIVE Parenting sense of competence d=0.70, p=.007</p> <p>NULL Expression of Feelings Questionnaire Post Placement Problems Parenting Efficacy Daily Hassles: <ul style="list-style-type: none"> • Frequency • Intensity </p>
<p>Chicago Parenting Program</p> <p>Breitenstein (2012)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE ECBI: <ul style="list-style-type: none"> • Intensity p<0.05 Observation: Dyadic Parent-Child Interactive Coding System-Revised <ul style="list-style-type: none"> • Aversive behaviour p<.01 <p>NULL ECBI: <ul style="list-style-type: none"> • Problem Caregiver-Teacher Report Form <ul style="list-style-type: none"> • Externalising • Internalising <p>• Parent outcomes</p> <p>POSTIVE Parent Questionnaire:</p> </p></p>	<p>1 YEAR FOLLOW-UP</p> <p>• Child outcomes</p> <p>MAINTAINED ECBI: <ul style="list-style-type: none"> • Intensity p<0.05 Observation: Dyadic Parent-Child Interactive Coding System-Revised <ul style="list-style-type: none"> • Aversive behaviour p<.01 <p>NULL ECBI: <ul style="list-style-type: none"> • Problem Caregiver-Teacher Report Form <ul style="list-style-type: none"> • Externalising • Internalising <p>• Parent outcomes</p> <p>POSTIVE Parent Questionnaire:</p> </p></p>

	<ul style="list-style-type: none"> • Consistency of discipline $p < .05$ <p>Toddler Care Questionnaire:</p> <ul style="list-style-type: none"> • Parenting self-efficacy $p < 0.01$ <p>Observation: Dyadic Parent-Child Interactive Coding System-Revised</p> <ul style="list-style-type: none"> • Praise $p < .05$ <p>NULL</p> <p>Parent Questionnaire:</p> <ul style="list-style-type: none"> • Parent warmth • Corporal punishment <p>Observation: Dyadic Parent-Child Interactive Coding System-Revised</p> <p>Use of commands</p>	<ul style="list-style-type: none"> • Consistency of discipline $p < .05$ <p>Toddler Care Questionnaire:</p> <ul style="list-style-type: none"> • Parenting self-efficacy $p < 0.01$ <p>Observation: Dyadic Parent-Child Interactive Coding System-Revised</p> <ul style="list-style-type: none"> • Praise $p < .05$ <p>NULL</p> <p>Parent Questionnaire:</p> <ul style="list-style-type: none"> • Parent warmth • Corporal punishment <p>Observation: Dyadic Parent-Child Interactive Coding System-Revised</p> <ul style="list-style-type: none"> • Use of commands
<p>Child FIRST Lowell (2011)</p>	<p><u>6 MONTH FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>Infant-Toddler Social and Emotional Assessment;</p> <ul style="list-style-type: none"> • Externalising • Internalising • Dysregulation <p>Brief Symptom Inventory (BSI)</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>Parenting Stress Index (PSI)</p> <ul style="list-style-type: none"> • Total $p < .05$ • Difficult Child $p < .01$ • Parent Distress $p < .05$ % <p>Wanted Services Received $p < .001$</p>	<p><u>12 MONTH FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <ul style="list-style-type: none"> • Infant-Toddler Social and Emotional Assessment; Externalising $p < .05$ BSI $p < .01$ <p>NULL</p> <p>Infant-Toddler Social and Emotional Assessment;</p> <ul style="list-style-type: none"> • Internalising • Dysregulation <p>Brief Symptom Inventory (BSI)</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>Center for Epidemiological Studies Depression Scale $p < .05$ %</p> <p>Wanted Services Received $p < .05$</p> <p>NULL</p> <p>Parenting Stress Index (PSI)</p> <ul style="list-style-type: none"> • Total $p < .05$

	<p>NULL</p> <p>Center for Epidemiological Studies Depression Scale</p> <p>Parenting Stress Index:</p> <p>Parent-child dysfunction</p>	<ul style="list-style-type: none"> • Difficult Child $p < .01$ • Parent Distress $p < .05$ % <p>Parent-child dysfunction</p>
<p>Circle of Security Cassidy (2017)</p>	<p><u>0-2 months POST INTERVENTION</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>Executive Functioning</p> <ul style="list-style-type: none"> • Inhibitory Control $p = .02$, $d = 0.40$ <p>NULL</p> <p>Child attachment:</p> <ul style="list-style-type: none"> • Security • Avoidance <p>CBCL:</p> <ul style="list-style-type: none"> • Internalising • Externalising <p>Executive Functioning:</p> <ul style="list-style-type: none"> • Cognitive Flexibility <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Unsupportive response to child distress $p = .03$, $d = 0.37$</p> <p>NULL</p> <p>Supportive Response to child distress</p>	
<p>COMET (Communication METHod) self-administered</p> <p>1) Practitioner-administered</p> <p>2) Self-administered</p> <p>Kling (2010)</p> <p>2 versions of the COMET parenting program were</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE:</p> <p>Parent Daily Report $d = 0.76$ $p < .001$</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity $d = 0.79$ $p < .001$ • Problem $d = 0.91$ $p < .001$ PMTS <p>Social Competence Scale $d = 0.48$ $p < .05$</p>	<p><u>6 MONTH FOLLOW-UP</u></p> <p>Practitioner-led compared to self-directed (no control group at follow-up)</p> <p>• Child outcomes</p> <p>Small to medium effects reported all in favour of practitioner lead – none reached significance.</p> <p>POSITIVE</p> <p>None.</p> <p>NULL</p>

<p>compared with a waitlist control group</p>	<p>NULL None.</p> <p>• Parent outcomes POSITIVE Parent Practices Interview: $d=1.07$ $p<.001$</p> <p>NULL None.</p>	<p>Parent Daily Report ECBI:</p> <ul style="list-style-type: none"> • Problem • Intensity <p>Social Competence Scale</p> <p>• Parent outcomes POSITIVE None.</p> <p>NULL Parenting Practices Interview</p>
<p>COMET (COmmunication METHod) self-administered 3) Practitioner-administered 4) Self-administered</p> <p>Kling (2010)</p> <p>2 versions of the COMET parenting program were compared with a waitlist control group</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes POSITIVE Parent Daily Report $d=0.46$ $p<.001$ ECBI:</p> <ul style="list-style-type: none"> • Intensity $d=0.48$ $p<.001$ • Problem $d=0.45$ $p<.001$ <p>NULL Social Competence Scale</p> <p>• Parent outcomes POSITIVE Parenting Practices Interview $d=0.55$ $p<.01$</p> <p>NULL None.</p>	<p><u>6 MONTH FOLLOW-UP</u> Practitioner-led compared to self-directed above, no control group comparison</p>
<p>1) Incredible Years 2) COMET (COmmunication METHod) self-administered 3) Community Parent Education Program</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes POSITIVE EBCI</p> <ul style="list-style-type: none"> • Intensity $p<.001$ $d=0.63$ • Problem $p<.05$ $d=0.49$ <p>Swanson, Nolan, and Pelham Rating Scale:</p>	

<p>(COPE) behavioural program 4) Connect</p> <p>Stattin (2015)</p>	<ul style="list-style-type: none"> • Inattention $p < .05$ $d = 0.17$ • ODD $p < .01$ $d = 0.26$ <p>NULL</p> <p>Swanson, Nolan, and Pelham Rating Scale:</p> <ul style="list-style-type: none"> • Hyperactivity <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Parents' Sense of Competence measure: $p < .01$ $d = 0.69$</p> <p>Angry Outbursts Scale:</p> <ul style="list-style-type: none"> • Angry outbursts $p < .001$, $d = 0.30$ • Harsh Treatment Comet $p < .05$, $d = 0.58$ <p>Caregiver Strain Questionnaire (stress) $p < .05$ $d = 0.30$</p> <p>Center of Epidemiological Studies—Depression Scale $p < .001$ $d = 0.38$</p> <p>NULL</p> <p>None.</p>	
<p>1) Incredible Years 2) Comet 3) Community Parent Education Program (COPE) behavioural program 4) Connect</p> <p>Stattin (2015)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>EBCI</p> <ul style="list-style-type: none"> • Intensity $p < .001$ $d = 0.31$ • Problem $p < .05$ $d = 0.17$ <p>NULL</p> <p>SNAP:</p> <ul style="list-style-type: none"> • Inattention • Hyperactivity • ODD <p>• Parent outcomes</p> <p>POSITIVE</p>	

	<p>Parents' Sense of Competence measure: $p < .01$ $d = 0.35$ Caregiver Strain Questionnaire (stress) $p < .05$ $d = 0.13$ ECDS (depression) $p < .001$ $d = 0.21$</p> <p>NULL Angry Outbursts Scale: <ul style="list-style-type: none"> • Angry outbursts Harsh Treatment</p>	
<p>COPEing with Toddler Behaviour</p> <p>Niccols (2009)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes POSITIVE Observation: <ul style="list-style-type: none"> • Positive behaviour $d = 0.46$ $p < .05$ • Compliance $d = 0.41$ $p < .05$ NULL ECBI: <ul style="list-style-type: none"> • Behaviour Problems $p < .017$ Observation: <ul style="list-style-type: none"> • Negative Behaviour <p>• Parent outcomes POSITIVE Parenting Scale <ul style="list-style-type: none"> • Over Reactivity $d = 0.41$ $p < .05$ • Depression $d = 0.39$ $p < .05$ Observation: <ul style="list-style-type: none"> • Positive Parenting Behaviours $d = 0.39$ $p < .05$ NULL Parenting Scale: Laxness</p> </p>	<p><u>1 MONTH FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE ECBI: <ul style="list-style-type: none"> • Behaviour Problems $d = 0.62$ $p < .017$ Observation: <ul style="list-style-type: none"> • Positive Behaviour $d = 0.62$ $p < .017$ • Compliance $d = 0.36$ $p < .05$ NULL Observation: <ul style="list-style-type: none"> • Negative Behaviour <p>• Parent outcomes POSITIVE Observation: <ul style="list-style-type: none"> • Positive Parenting Behaviours $d = 0.45$ $p < .05$ Parenting Scale: <ul style="list-style-type: none"> • Over-reactivity $d = 0.36$ $p < .05$ • Depression $d = 0.16$ $p < .05$ NULL Parenting Scale: Laxness</p> </p>

<p>Discussion group with other families (2 hours) + two brief phone consultations.</p> <p>Morawska (2011)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity $d=1.17$, $p=.008$ • Problem $d=1.07$ $p=.008$ <p>NULL</p> <p>Perceived Attachment</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Parenting Scale:</p> <ul style="list-style-type: none"> • Laxness $d=0.51$ $p=.002$ • Over reactivity $d=0.60$ $p<.001$ • Verbosity $d=0.57$ $p<.001$ <p>Parenting Task Checklist (PTC)</p> <ul style="list-style-type: none"> • Behaviour $d=1.00$ $p<.001$ <p>Social Support $d=0.77$ $p=.008$</p> <p>Partner Support $d=0.16$ $p<.001$</p> <p>NULL</p> <p>Parenting Task Checklist (PTC):</p> <p>Setting</p> <p>Parenting experience</p>	<p><u>6 MONTH FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity $p<.001$ • Problem $p<.001$ <p>(did not measure Perceived Attachment)</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Parenting Scale</p> <ul style="list-style-type: none"> • Laxness $p<.001$ • Verbosity $p<.001$ • Over reactivity $p<.001$ <p>Parenting Task Checklist</p> <ul style="list-style-type: none"> • Setting $p<.001$ • Behaviour $p<.001$ <p>Parenting Experience $p=.001$</p> <p>Partner Support $p=.011$</p> <p>NULL</p> <p>Social Support</p>
<p>EFFEKT (Enhancing the development of families)</p> <p>Parent only training</p> <p>Stemmler (2007)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>None.</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>APQ (Mother):</p> <ul style="list-style-type: none"> • Positive Parenting: $p<.05$ (there is a small but significant effect 2-3 months after training) • Inconsistent Discipline: $p<.05$ (there is a small but significant effect 2-3 months after training) 	<p><u>25 WEEK (APPROXIMATELY 2 YEARS) FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>None.</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>APQ (Mother):</p> <ul style="list-style-type: none"> • Positive Parenting: $p<.01$, $d=.24$ • Inconsistent Discipline: $p<.05$, $d=.30$ <p>NULL</p>

	<p>NULL</p> <p>APQ (Father)</p> <ul style="list-style-type: none"> • Positive Parenting: $p > 0.05$, $d = .09$ • Inconsistent Discipline: $p > 0.05$, $d = .13$ 	<p>APQ (Father)</p> <ul style="list-style-type: none"> • Positive Parenting: $p > 0.05$, $d = .09$ • Inconsistent Discipline: $p > 0.05$, $d = .09$
<p>Tele-intervention: Emotional Attachment and Emotional Availability (EA2) Intervention</p> <p>Baker (2015)</p>	<p><u>POST-TEST (2 weeks)</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>CBCL: Total problem behaviours $d = 3.94$, $p < .001$ (large effect)</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>Observed emotional attachment (IG v DG): $p = 0.001$</p> <p>Emotional Availability Scales: All $p < 0.05$</p> <ul style="list-style-type: none"> • Sensitivity, Structuring, Non-intrusiveness, Non-hostility, Responsiveness (large effect sizes) <p>Involvement Emotional Availability (Self-report): $p < 0.05$</p> <p>Mutual Attunement</p> <p>Child Capacity to involve parent</p> <p>NULL</p> <p>Emotional Availability (Self-report):</p> <p>Affect Quality, Hostility, Intrusiveness</p>	
<p>Empowering Parents, Empowering Communities Manualised parenting program</p> <p>Day (2012)</p>	<p><u>POST-TEST</u></p> <p>Intention to treat analysis</p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE:</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity ($d = 0.38$, $p = .01$) • Problems ($d = 0.56$, $p = .001$) <p>Concerns about my child ($d = 0.77$, $p < .001$)</p> <p>SDQ:</p> <ul style="list-style-type: none"> • Hyperactivity/Inattention ($d = 0.30$, $p = .05$) <p>NULL:</p> <p>SDQ</p>	<p><u>POST-TEST</u></p> <p>Based on sample with complete data only:</p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE:</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity ($d = 0.37$, $p < .05$) • Problems ($d = 0.57$, $p = .001$) <p>Concerns about my child ($d = 0.85$, $p < .001$)</p> <p>NULL:</p> <p>SDQ:</p> <ul style="list-style-type: none"> • Total • Conduct

	<ul style="list-style-type: none"> • Total • Conduct <p>• Parent outcomes POSITIVE Parenting Scale (d=0.69, p<.001)</p> <p>NULL: Parenting Stress Index</p>	<ul style="list-style-type: none"> • Hyperactivity/Inattention <p>• Parent outcomes Parenting scale (d=0.69, p<.001)</p>
<p>Family Foundations</p> <p>Feinberg (2008) 1 year follow-up: Feinberg (2009) 2.5 year follow-up: Feinberg (2010) 6-7 year follow-up: Feinberg (2014)</p> <p>Same cohort</p>	<p><u>POST (Feinberg, 2008)</u></p> <p>• Child outcomes POSITIVE Orientation d=0.34 p<.05 Soothability (father-report) d=0.35 p<.05</p> <p>NULL Sleep Soothability (mother-report)</p> <p>• Parent outcomes POSITIVE Co parental support</p> <ul style="list-style-type: none"> • Mother-report d=0.35 p<.05 • Father-report d=0.54 p<.05 <p>Parenting-based closeness</p> <ul style="list-style-type: none"> • Father-report d=0.44 p<.05 <p>Depressive symptoms</p> <ul style="list-style-type: none"> • Mother-report d=0.56 p<.01 <p>Anxiety</p> <ul style="list-style-type: none"> • Mother-report d= 0.38 p<.05 <p>Dysfunctional child interaction</p> <ul style="list-style-type: none"> • Father-report d=0.70 p<.05 <p>NULL Co-parental undermining: Mother & father report</p>	<p><u>1 YEAR FOLLOW-UP (Feinberg, 2009)</u></p> <p>• Child outcomes POSITIVE Self-soothing d=0.46 p<.05</p> <p>NULL Sustained attention</p> <p>• Parent outcomes POSITIVE Co-parenting:</p> <ul style="list-style-type: none"> • Competition <ul style="list-style-type: none"> • Mother: d=0.51 p<.05 • Father d=0.36 p<.01 • Triangulation <ul style="list-style-type: none"> • Mother d=0.33 p<.05 • Father d=0.28 p<.05 • Warmth <ul style="list-style-type: none"> • Father d=0.10 p<.001 • Inclusion <ul style="list-style-type: none"> • Mother d=0.45 p<.05 <p>Dyadic couple behaviours:</p> <ul style="list-style-type: none"> • Negative Communication <ul style="list-style-type: none"> • Mother d=0.48 p<.05 • Warmth towards partner <ul style="list-style-type: none"> • Mother d=0.89 p<.05 <p>Parenting:</p>

	<p>Parenting-based closeness: Mother-report Depressive symptoms: Father-report Anxiety: Father-report Dysfunctional child interaction: Mother report</p>	<ul style="list-style-type: none"> • Positivity <ul style="list-style-type: none"> • Mother $d=0.34$ $p<.05$ • Father $d=0.45$ $p<.05$ • Negativity <ul style="list-style-type: none"> • Father $d=0.60$ $p<.05$ <p>NULL</p> <p>Co-parenting</p> <ul style="list-style-type: none"> • Warmth: mother • Inclusion: father • Active Co-parenting: mother & father <p>Dyadic couple behaviours</p> <ul style="list-style-type: none"> • Inclusion: father • Warmth towards partner: father <p>Parenting</p> <p>Negativity: mother</p> <p><u>2.5 YEAR FOLLOW-UP (Feinberg, 2010)</u></p> <p>P values not given, outcomes listed as “positive” based on reported significance</p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>CBCL:</p> <ul style="list-style-type: none"> • Total $d=0.81$ • Externalising $d=0.78$ • Aggression $d=0.79$ • Child Social Competence $d=0.43$ <p>NULL</p> <ul style="list-style-type: none"> • Internalising $d=0.70$ • Attention/Hyperactivity $d=0.62$ <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>Parent Stress $d=0.16$</p>
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		<p>Parental Efficacy d=0.18 Co-parenting Quality d=0.18 Over Reactivity d=0.35 Laxness d=0.30 Physical Punishment d=0.36</p> <p>NULL Relationship Satisfaction Depression d=0.72</p> <p>Moderators also investigated</p> <p><u>6 – 7YR FOLLOW-UP (Feinberg, 2014)</u></p> <p>• Child outcomes. POSITIVE CBCL (teacher-report) :</p> <ul style="list-style-type: none"> • Externalising d=0.75, p<.05 • Internalising d=0.55, p<.05 <p>NULL Learning, engagement, academic motivation SDQ:</p> <ul style="list-style-type: none"> • Conduct Problems • Emotional Problems <p>• Parent outcomes None.</p>
<p>Family Spirit: Home-visiting intervention</p> <p><i>Barlow (2013) follow-up Barlow (2015) FOLLOW-UP</i></p> <p>(same cohort)</p>	<p><u>12 MONTHS POSTPARTUM</u> (intervention delivered during pregnancy) <i>(Barlow, 2013)</i></p> <p>• Child outcomes POSITIVE Infant-Toddler Social and Emotional Assessment:</p> <ul style="list-style-type: none"> • Externalising, p=0.03, d=-0.19 • Dysregulation, p=0.07, d=-0.15 • Externalising Clinically At-Risk, p=0.09, OR=1.88 	<p><u>FOLLOW-UP 36 MONTHS POSTPARTUM</u> (intervention delivered during pregnancy) <i>(Barlow, 2015)</i></p> <p>• Child outcomes POSITIVE Socio-emotional ITSEA:</p> <ul style="list-style-type: none"> • Externalising, p=0.005, d=0.23 • Internalising, p=0.004, d=0.23

	<p>NULL:</p> <ul style="list-style-type: none"> • Infant-Toddler Social and Emotional Assessment Internalising • Competence • Clinically at risk (all but externalising) <p>SUBGROUP ANALYSIS FOR MOTHERS WITH SUBSTANCE USE AT BASELINE POSITIVE: IG v Control</p> <p>ITSEA:</p> <ul style="list-style-type: none"> • Externalising, $p=0.004$, $d=-0.26$ • Dysregulation, $p=0.01$, $d=-0.21$ • Clinically at risk externalising, $p=0.05$, $OR=2.15$ • Clinically at risk internalising, $p=0.04$, $OR=1.91$ <p>NULL</p> <ul style="list-style-type: none"> • Infant-Toddler Social and Emotional Assessment Internalising • Competence • Clinically at risk (all but externalising & internalising) <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Achenbach System of Empirically Based Assessment</p> <ul style="list-style-type: none"> • Externalising $p=.04$, $d=0.20$ <p>Parenting knowledge, $p=0.001$, $d=0.33$</p> <p>PLOC scale</p> <ul style="list-style-type: none"> • Parental Self-efficacy, $p=0.01$, $d=-0.23$ <p>Home safety measures:</p> <ul style="list-style-type: none"> • Home safety attitudes, $p=0.03$, $d=0.19$ • Home safety practices, $p=0.07$, $d=0.16$ <p>NULL</p> <p>HOME scale:</p> <p>Centre for Epidemiological studies</p> <p>Achenbach System of Empirically Based Assessment</p>	<ul style="list-style-type: none"> • Dysregulation, $p<0.001$, $d=0.27$ <p>(Among Clinically at risk mothers):</p> <ul style="list-style-type: none"> • Externalising, $p=0.03$, $OR=0.67$ • Internalising, $p=0.04$, $OR=0.64$ <p>NEGATIVE</p> <p>Socio-emotional ITSEA: Competence (among Clinically at risk mothers) dysregulation & competence</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <ul style="list-style-type: none"> • Parental Competence: • Parenting Knowledge, $p<0.001$, $d=0.42$ • Parental Locus of Control, $p=0.02$, $d=0.17$ <p>Psychosocial functioning:</p> <ul style="list-style-type: none"> • Centre for Epidemiological Studies - Depression Scale (CES-D) score, $p=0.01$, $d=0.16$ <p>Achenbach System Empirically Based Assessments:</p> <ul style="list-style-type: none"> • Externalising problems $p<.05$, $d=0.14$ <p>Marijuana use $p=.007$</p> <p>Any illegal drug $p=.01$</p> <p>NULL</p> <p>Parental Competence: Parenting Stress Index HOME scale</p> <p>Achenbach System Empirically Based Assessments</p> <ul style="list-style-type: none"> • Internalising problems • Total problems <p>Alcohol use</p>
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	<ul style="list-style-type: none"> • Internalising • Total problem <p>Problem Oriented Screening Instrument for Teenagers</p> <ul style="list-style-type: none"> • Mental health • Substance abuse <p>Substance use in past month Marijuana use Any illegal drug use Alcohol or any illegal drug use</p> <p>SUBGROUP ANALYSIS FOR MOTHERS WITH ANY LIFETIME SUBSTANCE ABUSE POSITIVE: Parenting knowledge, $p=0.002$, $d=0.28$ PLOC scale, parental self-efficacy subscale, $p=0.02$, $d=-0.21$ Home safety measures: <ul style="list-style-type: none"> • Home safety attitudes, $p=0.04$, $d=0.17$ • Home safety practices, $p=0.06$, $d=0.18$ </p> <p>NULL HOME scale</p>	
<p>Healthy Start Home Visit Program</p> <p>Leung (2015)</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE ECBI: <ul style="list-style-type: none"> • Problem $p<.001$ $d=0.58$ • Intensity $p=.002$ $d=0.77$ </p> <p>Preschool (cognitive) Development Scale $p=.008$ $d=0.34$ Oral Health Questionnaire (Brushing teeth) $p=.003$ $d=0.52$ Hong Kong Feeding Practices Questionnaire $p<.001$ $d=0.56$</p> <p>NULL Gumpel School Readiness Scale Inventory of School Motivation <ul style="list-style-type: none"> • Academic Competence • Effort Motivation </p>	

	<ul style="list-style-type: none"> • Task Motivation <p>Sedentary activities Home injuries (count) Hospital Visits (count)</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE Parenting Stress $p < .001$ $d = 0.76$ Social Support $p < .001$ $d = 0.55$ Self-efficacy $p < .001$ $d = 0.55$</p> <p>NULL None.</p>	
<p>Hitkashrut: A “common elements” co-parent training (PT) program</p> <p>Somech (2012)</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE ECBI Total: $d = 0.76$ $p < .01$ Callous/Unemotional: $d = 0.85$, $p < .01$ Effortful Control: $d = 0.47$, $p < .01$</p> <p>NULL None.</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE Negative/Inconsistent Parenting $d = 0.74$ $p < .01$ Marital Quality $d = 0.37$ $p < .01$</p> <p>NULL None.</p>	<p><u>1YR FOLLOW UP</u></p> <ul style="list-style-type: none"> • Child outcomes <p>Conduct Problems: $d = 0.63$ $p < .001$ Callous Unemotional: (maintained $p > .05$)</p> <ul style="list-style-type: none"> • Parent outcomes <p>Callous/Unemotional: (maintained $p > .05$) (Post to FOLLOW-UP)</p>
<p>Home Start</p> <p>Asscher (2008)</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE None.</p> <p>NULL</p>	

	<p>Internalising Externalising Observation:</p> <ul style="list-style-type: none"> • Cooperative Behaviour • Negativity • Prosocial Behaviour <p>• Parent outcomes POSITIVE Maternal perceived competence $p < .05$ Consistency $p < .05$ Sensitivity $p < .05$</p> <p>NULL Maternal depressed mood, responsiveness, rejection, negative control, positive control, observed parenting, harsh parenting, warmth.</p>	
<p>1) Clinic-Based Intervention Program 2) Home-based Intervention Program for VLBW infants Wu (2014)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes POSITIVE None.</p> <p>NULL Reactivity. Regulation:</p> <ul style="list-style-type: none"> • Orientation to mother • Orientation to object • Scanning • Escape • Self-comforting • Gesturing • Communication with vocalisations <p>Mother-infant interaction:</p> <ul style="list-style-type: none"> • Engaged infant behaviour <p>• Parent outcomes POSITIVE None.</p>	<p><u>1YR FOLLOW UP</u></p> <p>• Child outcomes POSITIVE: CBCL:</p> <ul style="list-style-type: none"> • Sleep problems $p < .05$ • Internalising (clinic/non-clinical score) $p < .05$ <p>Regulation</p> <ul style="list-style-type: none"> • Orientation to toy $p < .05$ <p>NULL Severe neurosensory impairment</p> <ul style="list-style-type: none"> • Cerebral palsy • Blindness • Sensory deafness <p>Bayley-III</p> <ul style="list-style-type: none"> • Cognitive composite score positive • Cognitive delay • Language composite score • Language delay • Motor composite score • Motor delay

	<p>NULL Mother-child Interaction</p> <ul style="list-style-type: none"> • High-quality maternal behaviour <p>Synchronous dyadic behaviour</p>	<p>CBCL:</p> <ul style="list-style-type: none"> • Emotional reactivity • Anxious/depressed • Somatic complaints • Withdrawal • Attention problems • Aggressive behaviour • Internalising • Externalising • Externalising (clinical/non-clinical score) • Total • Total (clinical/non-clinical score) <p>• Parent outcomes None.</p>
<p>Incredible Years - Abbreviated version 10 weeks</p> <p>Perrin (2014)</p>	<p>POST</p> <ul style="list-style-type: none"> • Child outcomes <p>P value and ES not available; only Means and Confidence Intervals.</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Problem <p>NULL:</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity <p>Videotaped observation (Dyadic Parent Scale):</p> <ul style="list-style-type: none"> • Child disruptive behaviour <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>Parenting Scale</p> <p>NULL</p> <p>Videotaped observation (Dyadic Parent Scale):</p>	<p><u>6 MONTH FOLLOW-UP (observation variables not measured at this time)</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity • Problem <p>NULL</p> <p>None.</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>Parenting Scale (Only variable measured at this time point)</p> <p><u>12MONTH FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p>

	<ul style="list-style-type: none"> Negative parenting <p>Negative parent-child interaction</p>	<p>ECBI:</p> <ul style="list-style-type: none"> Problem Intensity <p>NULL</p> <p>Videotaped observation (Dyadic Parent Scale):</p> <ul style="list-style-type: none"> Child disruptive behaviour <p>• Parent outcomes</p> <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>Parenting Scale</p> <p>Videotaped observation (Dyadic Parent Scale):</p> <ul style="list-style-type: none"> Negative parenting <p>Negative parent-child interaction</p>
<p>Incredible Years - Short, preventative version 8 weeks</p> <p>Hurlburt (2013)</p>	<p><u>POST-TEST</u></p> <p>Means and SD over time only (no p values, or ES)</p> <p>• Child outcomes</p> <p>POSITIVE:</p> <p>ECBI: total</p> <p>DPICS:</p> <ul style="list-style-type: none"> Deviance Positive Affect <p>CII:</p> <ul style="list-style-type: none"> Poor Conduct <p>NULL:</p> <p>CBCL:</p> <ul style="list-style-type: none"> Externalising <p>DPICS:</p> <ul style="list-style-type: none"> Affect Valence <p>CII:</p> <ul style="list-style-type: none"> Positive Affect 	<p><u>1YR FOLLOW UP (12-18 months post BL)</u></p> <p>means and SD over time only (no p values, or ES)</p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI: total</p> <p>DPICS:</p> <ul style="list-style-type: none"> Deviance Positive Affect <p>NULL:</p> <p>CBCL:</p> <ul style="list-style-type: none"> Externalising <p>DPICS:</p> <ul style="list-style-type: none"> Affect Valence <p>CII:</p> <ul style="list-style-type: none"> Positive Affect Poor Conduct <p>• Parent outcomes</p>

	<p>• Parent outcomes</p> <p>POSITIVE:</p> <p>DPICS:</p> <ul style="list-style-type: none"> • Positive Affect • Total Critical Statements • Total Commands • Affect Valence <p>CII:</p> <ul style="list-style-type: none"> • Harsh/Critical • Discipline Competence <p>NULL:</p> <p>CII:</p> <ul style="list-style-type: none"> • Nurturing/Supportive • Harsh/Critical • Discipline Competence 	<p>POSITIVE:</p> <p>DPICS:</p> <ul style="list-style-type: none"> • Positive affect • Total critical statements • Total commands <p>CII:</p> <ul style="list-style-type: none"> • Harsh/critical • Discipline Competence <p>NULL:</p> <p>DPICS:</p> <ul style="list-style-type: none"> • Affect Valence <p>CII:</p> <ul style="list-style-type: none"> • Nurturing/Supportive • Harsh/Critical • Discipline Competence <p>SUBGROUP ANALYSIS: Families reporting child maltreatment: all child and parent outcomes significant $p < .001$</p>
<p>Incredible Years – Short, preventative version 8 weeks</p> <p>Helfenbaum-Kun (2007)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>ECBI: Mother & father-report</p> <ul style="list-style-type: none"> • Intensity <p>SESBI: Teacher-report</p> <ul style="list-style-type: none"> • Intensity 	

	<ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <ul style="list-style-type: none"> • Child Care Task Checklist: mother & father-report • Parent Scale: : mother & father-report • Parenting Alliance Measure: mother & father-report • Dyadic Adjustment Scale: mother & father-report <p>Block Child Rearing Practices Report (father-report only)</p>	
<p>Incredible Years + Advanced</p> <p>Posthumus (2012)</p>	<p><u>POST</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Conduct problems p=.035 <p>NULL</p> <p>Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Compliance <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity • Problem <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Critical statements p=.012 • Labelled praise p=.006 <p>Parent Practices Interview:</p> <ul style="list-style-type: none"> • Appropriate discipline p=.01 • Harsh and inconsistent discipline p<.001 • Praise and incentive p<.001 	<p><u>PRETEST TO 1 YEAR FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE (maintained)</p> <p>Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Conduct problems p=.035 <p>NULL</p> <p>Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Compliance <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity • Problem <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE (maintained)</p> <p>Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Critical statements p=.012 <p>Parent Practices Interview:</p> <ul style="list-style-type: none"> • Appropriate discipline p=.01 • Harsh and inconsistent discipline p<.001 • Praise and incentive p<.001

	<p>NULL: Parent Practices Interview:</p> <ul style="list-style-type: none"> • Positive Verbal Discipline • Physical Punishment <p>Clear Expectations</p>	<p>NULL: Parent Practices Interview:</p> <ul style="list-style-type: none"> • Positive verbal discipline • Physical punishment • Clear expectations <p>Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Labelled praise <p><u>PRE-TEST TO 2 YEAR FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE (maintained) Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Conduct Problems p=.035 <p>NULL Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Compliance <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity • Problem <p>• Parent outcomes POSITIVE (maintained) Observation: Dyadic Parent–child Interaction Coding System</p> <ul style="list-style-type: none"> • Critical Statements p=.012 <p>Parent Practices Interview:</p> <ul style="list-style-type: none"> • Appropriate Discipline p=.01 • Harsh and Inconsistent Discipline p<.001 • Praise and Incentive p<.001 <p>NULL: Parent Practices Interview:</p> <ul style="list-style-type: none"> • Positive Verbal Discipline
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		<ul style="list-style-type: none"> Physical Punishment Clear Expectations <p>Observation: Dyadic Parent-child Interaction Coding System Labelled Praise</p>
<p>1) Incredible Years Standard 2) Incredible Years Standard + Child Therapy</p> <p>Larsson (2009)</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> Child outcomes <p>POSITIVE CBCL:</p> <ul style="list-style-type: none"> Aggression (mother-report): $d=0.75, p<.05$ <p>NULL ECBI:</p> <ul style="list-style-type: none"> Intensity (mother-report + father-report) Problems (mother-report + father-report) <p>CBCL:</p> <ul style="list-style-type: none"> Aggression (father-report) Attention (mother-report + father-report) Internalising (mother-report + father-report) <ul style="list-style-type: none"> Parent outcomes <p>POSITIVE PPI:</p> <ul style="list-style-type: none"> Harsh Discipline (mother-report): $d=0.86, p<.05$ Inconsistent Discipline: $d=0.74, p<.05$ (mother-report); $d=0.52, p<.05$ (father-report) Positive Parenting: $d=1.41, p<.05$ (mother-report); $d=1.5, p<.05$ (father-report) <p>PSI</p> <ul style="list-style-type: none"> Stress (mother-report): $d=1.07, p<.05$ <p>NULL: PPI: Harsh discipline (father-report) Stress (father-report)</p>	<p><u>1 YEAR FOLLOW-UP</u></p> <ul style="list-style-type: none"> Child outcomes <p>Continued improvement in all child outcomes after removal of intervention Children with psychiatric disorders at follow up:</p> <p>POSITIVE Oppositional Defiance Disorder diagnosis reduced by 68.8% (subthreshold diagnosis increased by 6.3%) Conduct Disorder diagnosis reduced by 8.3% (subthreshold diagnosis decreased by 2.3%) Attention Deficit Hyperactive Disorder diagnosis reduced by 16.6% (subthreshold diagnosis decreased by 13.2%)</p> <ul style="list-style-type: none"> Parent outcomes <p>Only means and SD available</p> <p>POSITIVE Parenting Practice Interview (PPI):</p> <ul style="list-style-type: none"> Harsh discipline: mother-report & father-report (continued to improve in father-report) Inconsistent discipline: mother-report & father-report Positive parenting: mother-report & father-report <p>PSI</p> <ul style="list-style-type: none"> Stress: mother-report & father-report (continued to improve in mother-report and father-report) <p>NULL: None</p>

<p>Incredible Years + Dinosaur Social Skills classroom prevention program</p> <p>Reid (2007)</p>	<p><u>Incredible Years + Classroom based intervention (Dinosaur Program)</u></p> <p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>CBCL:</p> <ul style="list-style-type: none"> • Internalising $p < .05$ • Externalising $p < .01$ <p>Social Competence and Behaviour Evaluation (teacher):</p> <ul style="list-style-type: none"> • Externalising $p < .05$ <p>Coder Impression Inventory:</p> <ul style="list-style-type: none"> • Child bonding with parent $p < .01$ <p>NULL:</p> <p>Observation: Dyadic Parent–Child Interactive Coding System (DPCIS):</p> <ul style="list-style-type: none"> • Child Negative Behaviour <p>Social Competence and Behaviour Evaluation (teacher):</p> <ul style="list-style-type: none"> • Social Competence <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Observation: Dyadic Parent–Child Interactive Coding System (DPCIS):</p> <ul style="list-style-type: none"> • Supportive Parenting $p < .001$ <p>Coder Impression Inventory (CII):</p> <ul style="list-style-type: none"> • Responsive Parenting $p < .01$ • Critical Parenting $p < .001$ • Lax Permissive Parenting $p < .01$ <p>Parenting Practices Inventory (PPI):</p> <ul style="list-style-type: none"> • Praise $p < .001$ <p>Social Competence Scale Parent report:</p> <ul style="list-style-type: none"> • Emotional Regulation $p < .05$ <p>Teacher–Parent Involvement Questionnaire (teacher)</p> <ul style="list-style-type: none"> • Total $p < .01$ 	
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	<p>NULL</p> <p>Observation: DPCIS:</p> <ul style="list-style-type: none"> • Negative/Critical Parenting <p>Parenting Practices Inventory (PPI):</p> <ul style="list-style-type: none"> • Inconsistent Discipline <p>Social Competence and Behavior Evaluation—Preschool (teacher)</p> <ul style="list-style-type: none"> • Social Competence <p>Social Competence Scale Parent report:</p> <p>Prosocial Communication</p>	
<p>Incredible Years - Modified to target multiple family risk factors</p> <p>Brotman (2008)</p>	<p><u>8 MONTH FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child outcomes <p>None</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>Parenting practices:</p> <ul style="list-style-type: none"> • Responsive parenting p<.01 • Harsh parenting p<.01 • Stimulation for learning p<.001 	<p><u>16 MONTH FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>Observed physical aggression p<.05</p> <p>Physical aggression p<.05</p> <p>Dose effect: When the analyses were restricted to attenders only (12 of 22 sessions), the rate of observed aggression was almost 20 times higher in controls relative to intervention attenders. The rate of parent-reported aggression was also 9 times higher in controls relative to intervention attenders.</p> <p>NULL</p> <p>None.</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE (effect continued to increase)</p> <p>responsive parenting p<.001</p> <p>NULL (maintained)</p> <p>Harsh parenting (remained elevated over time)</p>
<p>Intensive behaviour therapy</p> <p>Wells (2006)</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>None.</p>	

	<p>NULL Child negativity</p> <p>• Parent outcomes POSITIVE</p> <p>NULL Constructive Parenting</p>	
<p>Mother-Infant Transaction Program</p> <p>Nordhov (2012)</p>	<p><u>5 YEAR FOLLOW-UP (child 5y.o)</u></p> <p>• Child outcomes POSITIVE: CBCL:</p> <ul style="list-style-type: none"> • Overall Total $d=0.42$ $p=.02$ (mother-report) • Internalising scale: <ul style="list-style-type: none"> ○ Withdrawn behaviour $d=0.45$ $p=.04$ (mother) ○ Social, attention and thought scale: <ul style="list-style-type: none"> ○ Social problem behaviour $d=0.38$ $p=.04$ (mother) ○ Thought problems $d=0.50$ $p=.02$ (mother) ○ Attention $d=0.56$ $p=.003$ (mother) $d=0.44$, $p=.04$ (father) • Externalising scale: <ul style="list-style-type: none"> ○ Aggressive behaviour $d=0.36$ $p=.05^*$ (mother) $d=0.64$, $p=.04$ (father) <p>SDQ parent-report</p> <ul style="list-style-type: none"> • Total $d=0.43$ $p=.04$ • Hyperactivity $d=0.52$ $p=.01$ <p>NULL: CBCL:</p> <ul style="list-style-type: none"> • Overall total (father-report) • Internalising scale: <ul style="list-style-type: none"> ○ Total (mother + father-report) ○ Somatic complaints (mother + father-report) ○ Anxious/depressed (mother + father-report) 	

	<ul style="list-style-type: none"> ○ Withdrawn behaviour (father-report), • Externalising scale: <ul style="list-style-type: none"> ○ Total (mother +father-report) ○ Delinquent behaviours (mother + father-report) • Social, attention and thought scale: <ul style="list-style-type: none"> ○ Social problem behaviour (father-report) ○ Thought problems (father-report) • Additional problem behaviours scale: <ul style="list-style-type: none"> ○ Sexualised behavioural problems (mother + father-report), <p>SDQ (parent-report):</p> <ul style="list-style-type: none"> • Emotional • Conduct • Peer • Prosocial <p>SDQ (teacher-report):</p> <ul style="list-style-type: none"> • Total • Emotional • Conduct • Hyperactivity, • Peer • Prosocial <p>• Parent outcomes None.</p>	
<p>New Forest Parenting</p> <p>Daley (2013)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes:</p> <p>POSITIVE</p> <p>Parental Account of Childhood Symptoms (ADHD): $d=0.73$ $p<.01$</p> <p>ADHD rating Scale</p> <ul style="list-style-type: none"> • Inattention $d=0.58$ $p<.01$ • Hyperactive/impulsive $d=1.61$ $p<.01$ <p>NULL</p>	

	<ul style="list-style-type: none"> Engagement child to parent interaction <p>• Parent outcomes POSITIVE Efficacy $d=1.64$ $p<.01$ Satisfaction $d=2.04$ $p<.01$</p> <p>NULL Depression Parent-child interaction</p>	
<p>New Forest Parenting Thompson (2009)</p>	<p><u>POST-TEST (9 weeks)</u></p> <p>• Child outcomes POSITIVE Werry Weiss Peters Scale (ADHD symptoms) $d=2.49$, $p=.06$</p> <p>NULL Parental account for childhood symptoms (PACS): ADHD, social problems behaviour checklist Observation (15 minute videotaped) -child interaction with mother, & direct observation of child behaviour (overactivity & inattention)</p> <p>• Parent outcomes POSITIVE Parenting: decrease in negative comment making $d=0.73$, $p=.02$</p> <p>NULL Parent diagnosis of: ADHD, depression Parenting: total, positive comment making Direct observation of mother-child interaction</p>	
<p>Online Parent Management Training (Enebrink, 2012)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes POSITIVE ECBI:</p> <ul style="list-style-type: none"> Intensity $p<.01$ Problem $p<.01$ 	<p><u>POST-TEST TO 6 MONTH FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE (overall data only) outcomes were maintained at follow up overall $d=0.27$ (slight further reduction in problem behaviours)</p>

	<p>SDQ</p> <ul style="list-style-type: none"> • Total p<.001 • Conduct p<.001 • Hyperactivity p<.001 • Prosocial behaviour p<.01 <p>NULL</p> <p>SDQ:</p> <ul style="list-style-type: none"> • Emotional problems • Peers <p>• Parent outcomes</p> <p>POSITIVE:</p> <p>PPI:</p> <ul style="list-style-type: none"> • Total p<.001 • Harsh and inconsistent discipline p<.05 <p>praise and positive incentives p<.05</p>	<p>Dosage: ECBI decreased with, in average, 37.8 points (ECBI Intensity score), and 10.6 points (ECBI Problem score) between pre- and post-measurements.</p> <p>• Parent outcomes</p> <p>None reported</p>
<p>Parenting Matters booklet + telephone calls</p> <p>Reid (2013)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Total <p>CBCL:</p> <ul style="list-style-type: none"> • Total <p>• Parent outcomes</p> <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>Parenting Scale</p> <ul style="list-style-type: none"> • Total 	<p><u>6 MONTH FOLLOW-UP</u> (only parent outcomes assessed at 6 month follow-up)</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>Family Physician visits (total)</p> <p>Family Physician visits (discipline related)</p> <p>Visits to other providers (total)</p> <p>Visits to other providers (discipline related)</p> <p><u>12 MONTH FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Total p=.033 <p>CBCL:</p> <ul style="list-style-type: none"> • Total p=.02

		<p>NULL None.</p> <p>• parent outcomes POSITIVE None.</p> <p>NULL Parenting Scale</p>
<p>Parenting Your Hyperactive Pre-schooler Program</p> <p>Herbert (2013)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>Disruptive Behaviour Rating Scale (DBRS):</p> <ul style="list-style-type: none"> • Inattention (mother-report) $d=0.87, p<.01$ • Inattention (father-report) $d=0.53 p<.01$ • Hyperactivity-Impulsivity (mother-report) $d=0.71 p<.01$ • Hyperactivity Impulsivity (father-report) $d=1.00 p<.05$ • ODD (mother-report) $d=0.44 p<.05$ <p>Behaviour Assessment System for Children Parent Rated (BASCPR):</p> <ul style="list-style-type: none"> • Externalising (mother-report) $d=0.48 p<.05$ <p>Emotion Regulation Checklist (ERC):</p> <ul style="list-style-type: none"> • Liability/Negativity (mother-report) $d=0.45 p<.05$ <p>NULL</p> <p>Behaviour Assessment System for Children Parent Rated:</p> <ul style="list-style-type: none"> • Internalising (mother + father-report) • Externalising (father-report) <p>Emotion Regulation Checklist (ERC):</p> <ul style="list-style-type: none"> • Emotion regulation (mother + father-report) • Liability/negativity (father-report) <p>Observation:</p>	

	<ul style="list-style-type: none"> • Misbehaviour (mother) • Negative affect (mother) <p>Disruptive Behaviour Rating Scale (DBRS):</p> <ul style="list-style-type: none"> • ODD (father-report) <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Parenting Scale:</p> <ul style="list-style-type: none"> • Verbosity (mother-report) $d=0.60$ $p<.05$ <p>Coping with Children's Negative Emotion Scale (CCNE):</p> <ul style="list-style-type: none"> • Unsupportive (mother-report) $d=0.56$ $p<.01$ • Unsupportive (father-report) $d=0.70$, $p=.02$ <p>Observation:</p> <ul style="list-style-type: none"> • Positive Parenting (mother) $d=0.85$ $p<.05$ • Negative Affect (mother) $d=0.59$ $p<.05$ <p>NULL</p> <p>Parenting Scale:</p> <ul style="list-style-type: none"> • Over reactivity (mother + father-report) • Laxness (mother +father-report) <p>Coping with Children's Negative Emotion Scale (CCNE):</p> <ul style="list-style-type: none"> • Supportive (mother + father-report) <p>Observation (only measured for mother):</p> <ul style="list-style-type: none"> • Command frequency • Command quality • Distress reactions • Problem focused <p>Reaction frequency</p>	
<p>Pathways Home</p> <p>DeGarmo (2013)</p>	<p><u>POST INTERVENTION</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>None.</p>	<p><u>12 MONTH FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>None.</p>

	<p>(Dosage 1% reduction in problem behaviour found in Intervention group compared with control for each week of intervention)</p> <p>NULL Problem Behaviour</p> <p>• Parent outcomes POSITIVE Encouragement p=.01</p> <p>NULL None.</p>	<p>NULL None.</p> <p>• Parent outcomes POSITIVE None.</p> <p>NULL Foster care re entry</p>
<p>1) Planned Activities Training (PAT) 2) Planned Activities Training + Cellular Phone-enhanced home visitation version (CPAT)</p> <p>Carta (2013)</p>	<p><u>POST INTERVENTION</u></p> <p>• Child outcomes Not assessed post intervention</p> <p>• Parent outcomes POSITIVE Parenting Strategy d=0.81 Parent Interaction d=0.62</p> <p>NULL Maternal Depression Stress</p>	<p><u>6 MONTH POST INTERVENTION</u></p> <p>• Child outcomes POSITIVE Positive Engagement d=0.29</p> <p>NULL Adaptive Behaviour BASC:</p> <ul style="list-style-type: none"> • Externalising • Internalising • Mature adaptive behaviour <p>• Parent outcomes POSITIVE Parenting Strategy d=0.44 Parent Interaction d=0.34</p> <p>NULL Maternal Depression</p>
<p>1) Planned Activities Training (PAT) 2) Planned Activities Training + Cellular</p>	<p><u>6 MONTHS POST INTERVENTION</u></p> <p>• Child outcomes Not assessed post intervention</p>	<p><u>6 MONTH POST INTERVENTION</u></p> <p>• Child outcomes POSITIVE Positive Engagement d=0.43</p>

<p>Phone-enhanced home visitation version (CPAT)</p> <p>Carta (2013)</p>	<p>• Parent outcomes POSITIVE Parenting Strategy d=1.13 Parent Interaction d=0.78 Stress d=0.27</p> <p>NULL Maternal Depression</p> <p><i>CPAT v. PAT</i> POSITIVE Parenting Strategy d=0.38 CPAT mothers showed the greatest use of parenting strategies taught as part of the intervention</p> <p>NULL Parent interactions, Depression, Stress</p>	<p>Adaptive Behaviour d=0.29 Mature Adaptive Behaviour d=0.29</p> <p>NULL BASC:</p> <ul style="list-style-type: none"> • Externalising • Internalising <p>• Parent outcomes POSITIVE Parenting Strategy d=0.56 Parent Interaction d=0.46 Maternal Depression d=0.31</p>
<p>Queen Elizabeth Centre day-stay program</p> <p>Hayes (2008)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes POSITIVE Difficult Behavior Assessment (DBA) p<.001 Problem behaviour:</p> <ul style="list-style-type: none"> • Frequency d=1.20 p<.001 • Severity d=1.72 p<.001 <p>Goal Achievement Scale:</p> <ul style="list-style-type: none"> • Deterioration = 9.5%, • 47.6% reported achieving 80% or more of their goals. <p>NULL None.</p> <p>• Parent outcomes POSITIVE Depression, Anxiety, Stress Scale</p> <ul style="list-style-type: none"> • Total: p=.003 • Depression d=0.61 p=.014 (time only) 	<p><u>6 WEEK FOLLOW-UP (pre-test to follow-up)</u></p> <p>• Child outcomes POSITIVE Problem behaviour:</p> <ul style="list-style-type: none"> • Frequency p<.001 d= 0.79) • Severity p<.001 d= 0.99) <p>NULL None reported</p> <p>• Parent outcomes POSITIVE DASS:</p> <ul style="list-style-type: none"> • Depression p<.001 d=0.23 • Anxiety p=.002 d=0.27 • Stress p<.001 d=0.40 • Efficacy p<.001 d=0.06 <p>NULL</p>

	<ul style="list-style-type: none"> Anxiety $d=0.95$ $p=.002$ (time only) Stress $d=0.99$ $p<.001$ (time only) <p>Mother sense of competence $p<.017$ Satisfaction $d=1.05$ $p<.001$ (time only) Efficacy $d=0.31$ $p<.001$ (time only)</p> <p>NULL None.</p>	None.
<p>Self-Help Book + telephone consultation.</p> <p>Kierfeld (2013) follow-up Ise (2015)</p> <p>Same cohort</p>	<p><u>POST-TEST (Kierfeld, 2013)</u></p> <ul style="list-style-type: none"> Child outcomes <p>POSITIVE</p> <p>CBCL:</p> <ul style="list-style-type: none"> Externalising $d=-0.02$ $p<.001$ Internalising $d=-0.13$ $p<.001$ <p>ADHD Rating Scale $d=-0.32$ $p<.001$ ODD Rating Scale $d=-0.13$ $p<.001$</p> <ul style="list-style-type: none"> Parent outcomes <p>POSITIVE</p> <p>Parenting Scale $p=.002$ Problem Setting and Behavior Checklist $p<.001$ Home Situation Questionnaire $p=.001$ Questionnaire on Judging Parental Strains Scale $p<.001$</p> <p>NULL</p> <p>Depression, Anxiety, Stress Scale Parent Problem Checklist (parental conflict) Parent Practices Scale (parent-child interaction)</p>	<p><u>1 YEAR POST-TEST (Ise, 2015)</u></p> <ul style="list-style-type: none"> Child outcomes <p>POSITIVE (maintained) slight deterioration (not significant)</p> <p>CBCL:</p> <ul style="list-style-type: none"> Externalising $p<.001$ Internalising $p<.001$ <p>ADHD rating scale $p<.001$ ODD Rating Scale $p<.001$</p> <ul style="list-style-type: none"> Parent outcomes (Parent Problem Checklist not measured at follow-up) <p>POSITIVE (maintained) slight deterioration (not significant)</p> <p>NULL</p> <p>Parenting Practices Scale (parent-child interaction)</p> <p>Depression, Anxiety, Stress Scale</p>
<p>Strongest Families Smart Website (SFSW)</p>	<p><u>6 MONTH FOLLOW-UP</u></p> <ul style="list-style-type: none"> Child outcomes <p>CBCL:</p>	<p><u>12 MONTH FOLLOW-UP (from BASELINE)</u></p> <ul style="list-style-type: none"> Child outcomes

<p>Sourander (2016)</p>	<ul style="list-style-type: none"> Externalising, $p < 0.001$ Total, $p < 0.001$ Internalising, $p = 0.02$ <p>Symptoms:</p> <ul style="list-style-type: none"> Aggression, $p < 0.001$ Attention $p = 0.16$ Sleep, $p < 0.001$ Anxious $p = 0.02$ <p>Problems</p> <ul style="list-style-type: none"> Affective, 0.05 Anxiety, 0.001 PDD, 0.01 ODD, < 0.001 <p>NULL</p> <p>Symptoms;</p> <ul style="list-style-type: none"> Withdrawn Somatic Emotional <p>Problems:</p> <ul style="list-style-type: none"> ADHD <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Inventory of Callous-Unemotional Traits (ICU):</p> <ul style="list-style-type: none"> Total, $p = 0.04$ Callousness, $p = 0.05$ <p>Parenting Scale:</p> <ul style="list-style-type: none"> Total, < 0.001 Laxness, < 0.001 Over reactivity, < 0.001 Hostility, < 0.001 <p>NULL</p>	<p>CBCL:</p> <ul style="list-style-type: none"> Externalising, $p < 0.001$, $d = 0.34$ Total, $p < 0.001$, $d = 0.37$ Internalising, $p < 0.001$, $d = 0.35$ <p>Symptoms:</p> <ul style="list-style-type: none"> Aggression, $p < 0.001$, $d = 0.36$ Sleep, 0.02, $d = 0.24$ Withdrawn, 0.005, $d = 0.25$ Anxious, 0.03, $d = 0.26$ Emotional, 0.001, $d = 0.31$ <p>Problems (symptomology):</p> <ul style="list-style-type: none"> Affective, 0.001, $d = 0.26$ Anxiety, 0.01, $d = 0.21$ PDD, 0.003, $d = 0.28$ ODD, < 0.001, $d = 0.31$ <p>NULL</p> <p>Symptoms:</p> <ul style="list-style-type: none"> Attention Somatic <p>Problems:</p> <ul style="list-style-type: none"> ADHD <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Inventory of Callous-Unemotional Traits (ICU):</p> <ul style="list-style-type: none"> Callousness, 0.03, $d = 0.19$ <p>Parenting Scale:</p> <ul style="list-style-type: none"> Total, 0.04, $d = 0.53$ <p>NULL</p>
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	<p>ICU:</p> <ul style="list-style-type: none"> • Uncaring • Unemotional <p>DASS:</p> <ul style="list-style-type: none"> • Total • Depression • Anxiety <p>Stress</p>	<p>Inventory of Callous-Unemotional Traits (ICU):</p> <ul style="list-style-type: none"> • Total • Uncaring • Unemotional <p>Parenting Scale:</p> <ul style="list-style-type: none"> • Laxness • Over reactivity • Hostility <p>DASS</p> <ul style="list-style-type: none"> • Total • Depression • Anxiety <p>Stress</p>
<p>Korean Parent Training Program (KPTP)</p> <p>Kim (2014)</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>Paediatric Symptom Checklist</p> <ul style="list-style-type: none"> • Parent-report $d=-0.45$ • Teacher-report $d=0.10$ $p<.001$ <p>Asian American Parent Conflict Scale $d=0.93$ $p<.001$</p> <p>NEGATIVE</p> <p>Paediatric Symptom Checklist, (teacher-report) $d=0.10$ $p<.001$</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>Korean Parent Discipline Interview (KPD):</p> <ul style="list-style-type: none"> • Harsh Discipline, $d=-1.34$, $p<.001$ • Positive Discipline $d=0.48$, $p<.001$ • Appropriate Discipline $d=0.34$, $p<.01$ <p>Emotion Coaching (parenting style) $d=0.43$, $p<.001$</p> <p>Parental Acceptance Rejection Questionnaire (PARQ):</p> <ul style="list-style-type: none"> • Parental Rejection $d=-0.53$, $p<.01$ 	<p><u>3 MONTH FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>Paediatric Symptom Checklist</p> <ul style="list-style-type: none"> • Parent-report $d=-0.18$ $p<.05$ <p>NULL</p> <p>Paediatric Symptom Checklist</p> <ul style="list-style-type: none"> • Teacher-report <p>Asian American Parent Conflict Scale</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>Korean Parent Discipline Interview (KPD):</p> <ul style="list-style-type: none"> • Harsh Discipline, $d=0.58$, $p<.001$ • Positive Discipline $d=0.69$, $p<.001$ • Appropriate Discipline $d=0.56$, $p<.001$ • Parental rejection $d=0.58$, $p<.01$ <p>Emotion Coaching (parenting style) $d=0.89$, $p<.001$</p> <p>Parental Acceptance Rejection Questionnaire (PARQ):</p> <ul style="list-style-type: none"> • Parental Warmth $d=0.49$ $p<.05$

	<ul style="list-style-type: none"> • Parental Warmth $d=0.43$, $p<.001$ • Parental Self-efficacy $d=0.49$, $p<.001$ <p>Observation of mother:</p> <ul style="list-style-type: none"> • Positive Interactions $d=0.94$, $p<.001$ • Negative interactions $d=-0.38$, $p<.05$ <p>Praise (per 15 minute interval) $d=1.10$, $p<.01$</p>	<p>Parental Self efficacy $d=0.56$, $p<.05$</p> <p>Observation of mother:</p> <ul style="list-style-type: none"> • Praise (per 15 minute interval) $d=0.37$, $p<.05$ <p>NULL</p> <p>Observation of mother:</p> <ul style="list-style-type: none"> • Positive interactions • Negative interactions
<p>Toddlers Without Tears: structured programme of parent anticipatory guidance</p> <p>Bayer (2010)</p>	<p><u>3 YEARS FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>CBCL:</p> <ul style="list-style-type: none"> • Externalising • Internalising <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>Parenting:</p> <ul style="list-style-type: none"> • Unreasonable expectations, $p=0.001$ <p>NULL</p> <p>Parent Behavior Checklist</p> <ul style="list-style-type: none"> • Warm • Nurturing • Harsh Discipline <p>Depression Anxiety Stress Scale</p> <ul style="list-style-type: none"> • Depression • Anxiety <p>Stress</p>	
<p>Triple P – Online</p> <p>Sanders (2012)</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p>	<p><u>6 MONTH FOLLOW-UP</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p>

	<p>ECBI:</p> <ul style="list-style-type: none"> • Problem $d=0.71$ $p<.001$ • Intensity $d=0.89$ $p<.001$ <p>SDQ</p> <ul style="list-style-type: none"> • Conduct $d=0.58$ $p<.01$ • Emotion $d=0.44$ $p<.01$ <p>NULL</p> <p>Observation: Disruptive Behaviour</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>PS:</p> <ul style="list-style-type: none"> • Laxness $d=0.53$ $p=.015$ • Over reactivity $d=0.61$ $p<.001$ • Verbosity $d=0.57$ $p=.004$ <p>PTC</p> <ul style="list-style-type: none"> • Behaviour self-efficacy $d=0.84$ $p<.001$ • Setting self-efficacy $d=0.64$ $p=.001$ <p>PAI:</p> <ul style="list-style-type: none"> • Problem $d=0.27$ $p=.003$ • Intensity $d=0.29$ $p=.018$ <p>NULL</p> <p>DASS: depression, anxiety, stress</p> <p>PPC: problem, extent</p>	<p>ECBI:</p> <ul style="list-style-type: none"> • Problem $d=0.60$, $p<.001$ • Intensity $d=0.74$ $p<.001$ <p>Observation:</p> <p>Disruptive Behaviour $d=0.14$ $p=.039$</p> <p>NULL</p> <p>SDQ: conduct, emotion</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>PS:</p> <p>Laxness $d=0.80$, $p<.001$ –</p> <p>Over reactivity $d=0.84$ $p<.001$</p> <p>Verbosity $p<.001$ $p<.001$</p> <p>PTC:</p> <ul style="list-style-type: none"> • Behaviour self-efficacy $d=0.98$ $p<.001$ • Setting self-efficacy $d=0.76$ $p<.001$ <p>DASS:</p> <ul style="list-style-type: none"> • Stress $d=0.59$ $p<.001$ <p>PAI:</p> <ul style="list-style-type: none"> • Problem $d=0.52$ $p<.001$ • Intensity $d=0.35$ $p=.016$ <p>PPC:</p> <ul style="list-style-type: none"> • Problem $d=0.36$ $p=.002$ • Extent $d=0.33$, $p=.001$ <p>NULL</p> <p>DASS: depression, anxiety</p>
<p>Triple P – Level 4</p> <p>Self-directed</p> <p>Markie-Dadds (2006)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Problem $p<.01$ • Intensity $p<.01$ 	<p><u>6 MONTH FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>ALL OUTCOMES MAINTAINED - there was no change in any of the measures of child behaviour from post-test to follow-up.</p>

	<p>Parent Daily Report Checklist [PDRC]</p> <ul style="list-style-type: none"> • problem $p < .01$ • targeted $p < .001$ <p>NULL None.</p> <p>• Parent outcomes POSITIVE PS: over reactivity $p < .01$ Parenting Sense of Competence:</p> <ul style="list-style-type: none"> • Satisfaction $p < .001$ • Efficacy $p < .05$ <p>NULL PS: Laxness, Verbosity DASS: Depression, Anxiety, Stress Parent Problem Checklist (parental conflict): Problem, Intensity</p>	<p>• Parent outcomes MAINTAINED: Over reactivity</p> <p>NOT MAINTAINED: Parenting Sense of Competence Questionnaire: mothers reported lower levels of satisfaction and efficacy in their parenting role at follow-up than at post-intervention</p>
<p>1) Triple P – Level 4 self-directed 2) Triple P – Level 4 self-directed, therapist assisted</p> <p>Morawska (2006)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes POSITIVE ECBI:</p> <ul style="list-style-type: none"> • Intensity (mother-report) $p < .05$ ES 0.44 • Problem (mother-report) $p < .01$ ES 0.54 <p>• Parent outcomes POSITIVE Toddler Care Questionnaire (mother-report) $p < .01$ Parenting Scale (mother-report) $p < .05$</p> <p>NULL Parental Anger Inventory (mother-report)</p>	<p><u>6 MONTH FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE Effects maintained, no change in effect sizes</p> <p>• Parent outcomes POSITIVE Effects maintained, no change in effect sizes</p>
<p>Triple P – Level 4 Self-directed, therapist assisted</p>	<p><u>POST-TEST</u> Average effect for all outcomes at post-test ES: 0.60 (child and parent)</p>	<p><u>6 MONTH FOLLOW-UP</u> Average effect for all outcomes at 6 month follow-up ES: 0.54 (child and parent)</p>

<p>Hahlweg (2008)</p>	<p>• Child outcomes POSITIVE: group X time effect CBCL (mother-report):</p> <ul style="list-style-type: none"> Externalising p=.002 ES 0.78 Total p=.013 ES 0.77 <p>SDQ (mother-report)</p> <ul style="list-style-type: none"> Total p=.007 0.64 <p>NULL: CBCL (mother-report):</p> <ul style="list-style-type: none"> Internalising <p>• Parent outcomes: time X group interaction. POSITIVE (mother-report) Parenting Practices Questionnaire p=.013 ES 0.33 PS: -total p=.001 ES 1.33</p> <ul style="list-style-type: none"> Over-reactivity (mother-report) p=.001 ES 1.20 Laxness (mother-report) p=.016 ES 0.85 Verbosity (mother-report) p=.001 ES=1.28 <p>NULL (mother-report) Center for Epidemiological Studies - Depression Scale General Life Satisfaction Questionnaire Abbreviated Dyadic Adjustment Scale.</p>	<p>• Child outcomes (p values post-follow-up; ES pre-follow-up) POSITIVE (mother-report) CBCL:</p> <ul style="list-style-type: none"> Externalising p=.002 ES 0.62 Total p=.013 ES 0.75 <p>SDQ (mother-report)</p> <ul style="list-style-type: none"> Total p=.007 0.42 <p>NULL (mother-report): CBCL:</p> <ul style="list-style-type: none"> Internalising <p>• Parent outcomes POSITIVE (mother-report) Parenting Practices Questionnaire p=.013 ES 0.46 PS: -total p=.001 ES 1.25</p> <ul style="list-style-type: none"> Over reactivity (mother-report) p=.001 ES 1.00 Laxness (mother-report) p=.016 ES 0.59 Verbosity (mother-report) p=.001 ES=0.86 <p>NULL (mother-report) Center for Epidemiological Studies - Depression Scale General Life Satisfaction Questionnaire Abbreviated Dyadic Adjustment Scale.</p>
<p>1) Triple P – Level 4 self-directed 2) Triple P – Level 4 self-directed, therapist assisted</p> <p>Morawska (2006)</p> <p>Compared participants</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes POSITIVE ECBI:</p> <ul style="list-style-type: none"> Intensity (mother-report) p<.001 ES 0.68 Problem (mother-report) p<.001 ES 0.70 <p>• Parent outcomes POSITIVE Toddler Care Questionnaire (mother-report) p<.001 Parenting Scale (mother-report) p<.001 Parental Anger Inventory (mother-report) p<.01</p>	<p><u>6 MONTH FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE Effects maintained, no change in effect sizes</p> <p>• Parent outcomes POSITIVE Effects maintained, no change in effect sizes</p>

<p>on 2 different levels of intensity of Triple P:</p>		
<p>Turtle program (proposed parent-child treatment for inhibited children)</p> <p>Chronis-Tuscano (2015)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>CBCL:</p> <ul style="list-style-type: none"> • Internalising (p=.001) <p>BIQ: (p=.003)</p> <p>PAPA: Total anxiety symptoms (p=.005)</p> <p>PAPA: Social anxiety diagnosis sig reduction (p=.05)</p> <p>School Anxiety Scale (teacher):</p> <ul style="list-style-type: none"> • Total= (p=.045) • GAD= (p=.004) <p>Preschool anxiety scale (parent): sig reduction (p=.008)</p> <p>NULL:</p> <p>PAPA social anxiety symptoms; any anxiety diagnosis</p> <p>Preschool Anxiety Scale parent - total teacher- social subscale</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Observation of positive effect/sensitivity: free play (p=.024)</p> <p>NULL</p> <p>Observation of positive effect/sensitivity</p> <p>Lego play observation of negative control</p>	
<p>1) Video-Feedback Intervention to Promote Positive Parenting (VIPP)</p> <p>2) Video-Feedback Intervention to Promote Positive Parenting (VIPP)</p>	<p><u>1 MONTH POST INTERVENTION</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>CBCL (dichotomous; clinical/non-clinical score) :</p> <ul style="list-style-type: none"> • Total Problems p<.05 • Externalising p<.05 	<p><u>3 YEAR FOLLOW-UP</u></p> <p>NULL</p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>None.</p>

<p>+ representational focus (VIPP-R)</p> <p>Velderman (2006)</p>	<p>NULL</p> <p>CBCL (continuous) :</p> <ul style="list-style-type: none"> • Total Problems • Externalising <p>CBCL (continuous & dichotomous; clinical/non-clinical score) :</p> <ul style="list-style-type: none"> • Internalising • Oppositional • Withdrawn/depressed • Aggressive • Anxious • Overactive • Sleep problems <p>Attachment security</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Maternal Sensitivity d=0.46 (no p value given-stated as sig)</p> <p>NULL</p> <p>None.</p>	<p>NULL</p> <p>Attachment</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>Maternal Sensitivity</p>
<p>1) Video-Feedback Intervention to Promote Positive Parenting (VIPP)</p> <p>2) Video-Feedback Intervention to Promote Positive Parenting (VIPP) + representational focus (VIPP-R)</p> <p>Velderman (2006)</p>	<p><u>1 MONTH POST INTERVENTION</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>CBCL (continuous & dichotomous; clinical/non-clinical score) :</p> <ul style="list-style-type: none"> • Total problems • Internalising • Externalising • Oppositional • Withdrawn/depressed • Aggressive • Anxious 	<p><u>3 YEAR FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>Attachment Security</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>None.</p> <p>NULL</p>

	<ul style="list-style-type: none"> • Overactive • Sleep problems <p>Attachment security</p>	Maternal Sensitivity
<p>Video-Feedback Intervention to Promote Positive Parenting + Sensitive Discipline (VIPP-SD)</p> <p>Van Zeijl (2006)</p>	<p><u>POST</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE None.</p> <p>NULL Child temperament (over-active, oppositional, aggressive behaviour)</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE Parenting (mothers only):</p> <ul style="list-style-type: none"> • Sensitivity $p < .01$ • Sensitive Discipline $p < .05$ <p>Positive Discipline $p < .01$</p>	
<p>1) Clinic-Based Intervention Program</p> <p>2) Home-based Intervention Program for VLBW infants</p> <p>Wu (2014)</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE None.</p> <p>NULL Reactivity Regulation:</p> <ul style="list-style-type: none"> • Orientation to mother • Orientation to object • Orientation to toy • Scanning • Escape • Self-comforting • Gesturing • Communication with vocalisations <p>Mother-infant interaction:</p>	<p><u>1YR FOLLOW UP</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE: Bayley-III:</p> <ul style="list-style-type: none"> • Cognitive composite score positive, $p < .05$ • Motor delay $p < .05$ <p>NULL Severe neurosensory impairment</p> <ul style="list-style-type: none"> • Cerebral palsy • Blindness • Sensory deafness <p>CBCL:</p> <ul style="list-style-type: none"> • Emotional reactivity • Anxious/depressed • Somatic complaints • Withdrawal

	<ul style="list-style-type: none"> Engaged Infant Behaviour <p>• Parent outcomes</p> <p>POSITIVE None.</p> <p>NULL Mother-child Interaction</p> <ul style="list-style-type: none"> High-quality Maternal Behaviour <p>Synchronous Dyadic Behaviour</p>	<ul style="list-style-type: none"> Sleep problems Attention problems Aggressive behaviour Internalising Internalising (clinic/non-clinical score) Externalising Externalising (clinical/non-clinical score) Total Total (clinical/non-clinical score) <p>Bayley-III</p> <ul style="list-style-type: none"> Cognitive delay Language composite score Language delay Motor composite score <p>• Parent outcomes</p> <p>None.</p>
<p>Unknown</p>		
<p>Brief parent-implemented language intervention (unnamed)</p> <p>Brassart (2015)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE:</p> <p>Mother-Child Interaction Task (child behaviour):</p> <ul style="list-style-type: none"> Perseverance, $p < 0.05$, $d = 0.67$ Enthusiasm, $p < 0.05$, $d = 0.62$ Child behaviour $p < 0.05$, $d = 0.65$ <p>Child Communication:</p> <ul style="list-style-type: none"> Relevant message, $p < 0.05$, $d = 0.93$ <p>CBCL:</p> <ul style="list-style-type: none"> Externalising, $p < 0.05$, $d = 0.58$ <p>NULL:</p> <p>Mother-Child Interaction Task (parent behaviour)</p> <ul style="list-style-type: none"> Positive affect Irritability Non-compliance 	<p><u>6-MONTHS FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE IG T2-T3</p> <p>Child Communication:</p> <ul style="list-style-type: none"> Relevant message, $p < 0.01$, $d = 0.19$ <p>CBCL:</p> <ul style="list-style-type: none"> Externalising, $p < 0.05$, $d = 0.07$ <p>NULL</p> <p>Mother-Child Interaction Task (child behaviour)</p>

	<p>• Parent outcomes POSITIVE: Mother-Child Interaction Task (MCIT):</p> <ul style="list-style-type: none"> • Behavioural Support $d=0.65$, $p<.05$ • Parent Behaviour $d=.82$, $p<0.05$ <p>NULL: Mother-Child Interaction Therapy:</p> <ul style="list-style-type: none"> • Emotional support • Positive affect • Irritability 	<p>• Parent outcomes Mother-Child Interaction Task (parent behaviour)</p>
<p>Every Parent workbook 1) Enhanced (+telephone consultation) 2) Self-directed Markie Dadds (2012)</p>	<p><u>POST-TEST</u> • Child outcomes POSITIVE ECBI:</p> <ul style="list-style-type: none"> • Intensity $p<.001$ • Problem $p<.001$ <p>When comparing enhanced version and self-directed version: Change in child outcomes was significantly better in enhanced self-directed group when compared to self-directed only group.</p> <p>NULL None.</p> <p>• Parent outcomes POSITIVE Parent Daily Report:</p> <ul style="list-style-type: none"> • Problem $p<.001$ • Target $p<.01$ <p>Parenting Scale:</p> <ul style="list-style-type: none"> • Laxness $p<.01$ • Over reactivity $p<.05$ • Verbosity $p<.05$ 	<p><u>6 MONTH FOLLOW-UP</u> (mother-report unless specified otherwise) • Child outcomes MAINTAINED ECBI:</p> <ul style="list-style-type: none"> • Problem • Intensity <p>NULL ECBI:</p> <ul style="list-style-type: none"> • Problem (father) • Intensity (father) <p>• Parent outcomes POSITIVE None.</p> <p>NULL Parenting Competence Scale</p> <ul style="list-style-type: none"> • Satisfaction • Efficacy

	<p>Parents' Sense of Competence measure::</p> <ul style="list-style-type: none"> • Satisfaction p<.01 • Efficacy p<.001 <p>NULL</p> <p>Parent Problem Checklist:</p> <ul style="list-style-type: none"> • Problem • Intensity <p>Depression Anxiety Stress Scale:</p> <ul style="list-style-type: none"> • Depression • Anxiety • Stress 	<p>Parent Problem Checklist</p> <ul style="list-style-type: none"> • Problem • Intensity <p>Depression Anxiety Stress Scale</p> <ul style="list-style-type: none"> • Depression • Anxiety • Stress <p>Parenting Scale (verbosity not mentioned at follow up)</p> <ul style="list-style-type: none"> • Laxness • Over reactivity
<p>Every Parent workbook</p> <p>1) Enhanced (+telephone consultation)</p> <p>2) Self-directed</p> <p>Markie Dadds (2012)</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity p<.001 • Problem p<.001 <p>NULL</p> <p>None.</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>Parent Daily Report:</p> <ul style="list-style-type: none"> • Problem p<.01 <p>NULL</p> <p>Parent Daily Report:</p> <ul style="list-style-type: none"> • Target <p>Parenting Scale:</p> <ul style="list-style-type: none"> • Laxness • Over reactivity • Verbosity <p>Parents' Sense of Competence measure:</p> <ul style="list-style-type: none"> • Satisfaction 	<p><u>6 MONTH FOLLOW-UP</u> (mother-report unless otherwise specified)</p> <ul style="list-style-type: none"> • Child outcomes <p>POSITIVE</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity p<.03 • Problem p<.01 <p>NULL</p> <p>ECBI:</p> <ul style="list-style-type: none"> • Intensity (father) • Problem (father) <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>None.</p> <p>NULL</p> <p>Parenting Competence Scale</p> <ul style="list-style-type: none"> • Satisfaction • Efficacy

	<ul style="list-style-type: none"> • Efficacy Parent Problem Checklist <ul style="list-style-type: none"> • Problem • Intensity DASS <ul style="list-style-type: none"> • Depression • Anxiety • Stress 	Parent Problem Checklist <ul style="list-style-type: none"> • Problem • Intensity Depression Anxiety Stress Scale <ul style="list-style-type: none"> • Depression • Anxiety • Stress Parenting Scale (verbosity not mentioned at follow up) <ul style="list-style-type: none"> • Laxness • Over reactivity
Group Parent Curriculum based on book: Parenting the Strong-Willed Child Forehand (2011)	<u>POST-TEST</u> <ul style="list-style-type: none"> • Child outcomes POSITIVE ECBI: <ul style="list-style-type: none"> • Intensity $p < .05$ • Problem $p < .01$ Parent Recorded Behaviour (child problem behaviour) $p < .01$ NULL None. <ul style="list-style-type: none"> • Parent outcomes POSITIVE Over reactivity $p < .01$ Laxness $p < .01$ NULL Positive Parenting	<u>2 MONTH FOLLOW-UP</u> <ul style="list-style-type: none"> • Child outcomes POSITIVE (maintained) ECBI: <ul style="list-style-type: none"> • Intensity • Problem Parent Recorded Behaviour (child problem behaviour) NULL None. <ul style="list-style-type: none"> • Parent outcomes POSITIVE (maintained) Over reactivity Laxness NULL Positive Parenting
Incredible Years (Modified) - Abbreviated version 6 weeks Reedtz (2011)	<u>POST-TEST</u> <ul style="list-style-type: none"> • Child outcomes POSITIVE ECBI: <ul style="list-style-type: none"> • Total $p < .05$ 	<u>Pre to 1 YEAR FOLLOW-UP</u> <ul style="list-style-type: none"> • Child outcomes POSITIVE None. NULL

	<p>NULL None.</p> <p>• Parent outcomes POSITIVE Parenting Practices Interview (PPI):</p> <ul style="list-style-type: none"> • Harsh Discipline $p < .001$ • Positive Parenting $p < .001$ <p>Parents' Sense of Competence measure:</p> <ul style="list-style-type: none"> • Satisfaction $p < .01$ • Efficacy $p < .01$ <p>NULL None.</p>	<p>ECBI: Intensity</p> <p>• Parent outcomes POSITIVE Parenting Practices Interview (PPI)</p> <ul style="list-style-type: none"> • Harsh Discipline • Positive Parenting <p>Parents' Sense of Competence measure:</p> <ul style="list-style-type: none"> • Satisfaction <p>NULL Parents' Sense of Competence measure Efficacy</p>
<p>Lou & Us Roskam (2015)</p>	<p>Publication includes two studies. Results reported for study two only. Study one not reported due to no control group comparison.</p> <p><u>POST-TEST</u></p> <p>• Child outcomes None.</p> <p>• Parent outcomes POSITIVE Supportive Parenting:</p> <ul style="list-style-type: none"> • Father-report $p < .05$ $d = 0.32$ <p>Controlling Parenting:</p> <ul style="list-style-type: none"> • Mother-report $p < .05$ $d = 0.30$ <p>Co-Parenting</p> <ul style="list-style-type: none"> • Mother-report $p < .001$ $d = 0.55$ • Father-report $p < .05$ $d = 0.31$ <p>Self-efficacy</p> <ul style="list-style-type: none"> • Mother-report $p < .01$ $d = 0.40$ <p>NULL Supportive Parenting</p>	

	<ul style="list-style-type: none"> • Mother-report • Child-report <p>Controlling parenting</p> <ul style="list-style-type: none"> • Father-report • Child-report <p>Self-efficacy: Father-report</p>	
<p>Making Choices and Strong Families Program</p> <p>Conner (2011)</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> • Child outcomes <p>effect size available as partial eta²a and F statistic group X time effects</p> <p>POSITIVE</p> <ul style="list-style-type: none"> • Academic Competence p=.006 • Social Competence p=.003 • Peer Acceptance p=.008 • Depression/Anxiety p=.026 • Aggression Hostility p<.001 • Child Behaviour p=.001 • School Performance p<.001 • Child Relationship with Peers p<.001 • Child Relationship with Caregiver p<.001 <p>NULL None.</p> <p>AFRICAN AMERICAN SUBSAMPLE: No longer sig: depression/anxiety, all other remain significant.</p> <ul style="list-style-type: none"> • Parent outcomes <p>POSITIVE</p> <p>Parent Bonding p<.001</p> <p>Parent Supervision p=.002</p> <p>Communication with child p<.001</p> <p>Parent Development Expectation p<.001</p> <p>Parenting skills all sig among African American sub sample</p>	

	<p>NULL None.</p>	
<p>Parent-Child Interaction Therapy modified: Emotion Development</p> <p>Luby (2012)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>Preschool Feelings Checklist [PFC] ES 2.17 p<.001 Major depressive disorder severity ES 0.86 p<.001 Health and Behaviour Questionnaire (HBQ):</p> <ul style="list-style-type: none"> • Internalising ES 0.37 p<.05 • Externalising ES 0.25 p<.05 • Functional impairment self ES 0.72 p<.01 • Functional impairment family ES 0.60 p<.001 <p>Preschool Early Childhood Assessment Scale ES 0.60 p<.01 Emotion Regulation Checklist:</p> <ul style="list-style-type: none"> • Negativity/Lability ES 0.60 p<.01 • Emotion Regulation ES 0.52 p<.01 <p>Penn emotional differentiation score ES 0.44 p<.01 Behavior Rating Inventory of Executive Function:</p> <ul style="list-style-type: none"> • Inhibit and Emotional Control ES 0.37 p<.001 • Shifting Attention and Emotional Control ES 0.50 p<.001 • Working Memory and Plan and Organise ES 0.33 p<.01 <p>NULL None.</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Beck Depression Inventory ES 0.31 p <.01 Parenting Stress Index (PSI):</p> <ul style="list-style-type: none"> • Child Domain ES 1.53 p<.01 • Total Stress ES 0.54 p<.01 • Life Stress ES 0.65 p<.01 <p>NULL PSI: parent domain</p>	

<p>ParentCorps Brotman (2011)</p>	<p><u>POST-TEST</u> • Child outcomes POSITIVE Child Behaviour Problems $d=0.50$ $p<.05$ (gender NS moderator) NULL School Readiness • Parent outcomes POSITIVE Parenting Practices $d=0.56$ $p<.01$ (subgroup analysis: gender is not a statistically significant moderator) Parent involvement (culture moderating factor, no intervention effect for Latino families, large effect $d=0.57$ for African American Families)</p>	
<p>Preparing For Life Program Doyle (2016)</p>	<p><u>24-MONTH FOLLOW-UP</u> • Child outcomes POSITIVE CBCL: <ul style="list-style-type: none"> • Total (boys) ES 0.33, $p<.01$ NULL CBCL: Internalising, Externalising (overall)(boys)(girls), Total (girls) (overall) • Parent outcomes None.</p>	
<p>Primary Care - Triple P Schappin (2014)</p>	<p><u>6 MONTH FOLLOW-UP</u> • Child outcomes POSITIVE None. NULL Qualitative observation: <ul style="list-style-type: none"> • Enthusiasm </p>	<p><u>1 YEAR FOLLOW-UP</u> • Child outcomes POSITIVE Qualitative observation <ul style="list-style-type: none"> • Dyadic felt security NULL: Qualitative observation</p>

	<ul style="list-style-type: none"> • Negativity • Persistence • Affection • Dyadic felt security <p>• Parent outcomes POSITIVE Quantitative Observation:</p> <ul style="list-style-type: none"> • Ask, Say, Do: ES -0.10, p=.02 <p>NULL Qualitative Observation:</p> <ul style="list-style-type: none"> • Supportive Presence • Respects Child Autonomy • Cognitive Development • Hostility • Confidence Quantitative <p>Quantitative Observation:</p> <ul style="list-style-type: none"> • Showing Affection • Non-descriptive Praise • Incidental Teaching • Direct Discussion • Planned Ignoring <p>Clear, Calm Instructions</p>	<ul style="list-style-type: none"> • Enthusiasm • Negativity • Persistence • Affection <p>• Parent outcomes POSITIVE Qualitative Observation:</p> <ul style="list-style-type: none"> • Cognitive Development <p>NULL: Qualitative observation:</p> <ul style="list-style-type: none"> • Supportive presence • Respect child autonomy • Hostility • Confidence <p>Quantitative observation:</p> <ul style="list-style-type: none"> • Showing affection • Non-descriptive praise • Descriptive praise • Incidental teacher • Directed discussion • Planned ignoring • Clear, calm instruction • Ask, say do
<p>Primary Care - Triple P</p> <p>Turner (2006)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes POSITIVE Parent Daily Report</p> <ul style="list-style-type: none"> • Targeted Child Behaviour p=.007 <p>Home Community Problem Checklist [HCPC] p<.001</p> <p>NULL Parent Daily Report</p>	<p><u>6 MONTH FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE Parent Daily Report</p> <ul style="list-style-type: none"> • Total p=.008 • Targeted Child Behaviour p=.001 <p>Home Community Problem Checklist</p> <ul style="list-style-type: none"> • Disruptive Behaviour p=.012 <p>ECBI:</p>

	<ul style="list-style-type: none"> • Total <p>EBCI:</p> <ul style="list-style-type: none"> • Intensity • Problem <p>Observation: Home and Community Problem Checklist</p> <ul style="list-style-type: none"> • Disruptive Behaviour <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Parent Scale [PS]</p> <ul style="list-style-type: none"> • Laxness p=.036 • Over reactivity p=.012 • Verbosity p=.009 <p>Parents' Sense of Competence measure:</p> <ul style="list-style-type: none"> • Satisfaction p=.001 <p>DASS</p> <ul style="list-style-type: none"> • Anxiety p=.032, Stress p=.029 <p>NULL</p> <p>Observation:</p> <ul style="list-style-type: none"> • Parent Positive • Parent Aversive <p>Parents' Sense of Competence measure:</p> <ul style="list-style-type: none"> • Efficacy <p>DASS:</p> <p>Depression</p>	<ul style="list-style-type: none"> • Intensity p<.001 • Problem p<.001 <p>NULL:</p> <p>None.</p> <p>• Parent outcomes</p> <p>POSITIVE</p> <p>PS</p> <ul style="list-style-type: none"> • Over reactivity p<.001 • Verbosity p=.017 <p>Parents' Sense of Competence measure:</p> <ul style="list-style-type: none"> • Satisfaction p<.001 <p>NULL</p> <p>Parents' Sense of Competence measure:</p> <ul style="list-style-type: none"> • Efficacy <p>Parent Scale [PS]</p> <ul style="list-style-type: none"> • Laxness <p>DASS</p> <ul style="list-style-type: none"> • Anxiety • Depression <p>Observation:</p> <ul style="list-style-type: none"> • Parent Positive • Parent Aversive
<p>SNAP Girls Connection</p> <p>Pepler (2010)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>CBCL:</p> <ul style="list-style-type: none"> • Externalising Problem p<.001 • Rule Breaking p<.05 • External Aggression p<.05 • Attention p<.05 • Conduct Disorder Diagnosis p<.001 • ADHD Diagnosis p<.01 	<p><u>6 MONTH FOLLOW-UP</u></p> <p>• Child outcomes</p> <p>POSITIVE</p> <p>CBCL (parent-report) :</p> <ul style="list-style-type: none"> • Externalising Problem p<.001 • Rule Breaking p<.01 • External Aggression p<.001 • Attention p<.001 • Conduct Disorder Diagnosis p<.001 • ADHD Diagnosis p<.001

	<ul style="list-style-type: none"> • Social Problems $p < .01$ • Internalising Problems $p < .05$ <p>CBCL (teacher-report) :</p> <ul style="list-style-type: none"> • ADHD diagnosis $p < .05$ • Externalising problem sub scales total $d = 0.51$ • Conduct Disorder sub scales total $d = 0.46$ • Internalising Problems sub scale total $d = 0.41$ <p>NULL:</p> <p>CBCL (parent-report) :</p> <ul style="list-style-type: none"> • Indirect Aggression <p>CBCL (teacher-report):</p> <ul style="list-style-type: none"> • Rule Breaking • External Aggression • Attention • DSM Conduct Disorder • Social Problems • Internalising Problems <p>• Parent outcomes</p> <p>POSITIVE:</p> <p>Parent-report:</p> <ul style="list-style-type: none"> • Rational Parenting $p < .01$ <p>Child-report:</p> <ul style="list-style-type: none"> • Parental Rejection $p < .01$ <p>NULL:</p> <p>parent-report:</p> <ul style="list-style-type: none"> • Consistency • Ineffective Parenting • Positive Interaction <p>Child-report:</p> <ul style="list-style-type: none"> • Parental Monitoring <p>Parental Nurturance</p>	<ul style="list-style-type: none"> • Social Problems $p < .01$ • Internalising problems $p < .001$ <p>CBCL (teacher-report) :</p> <ul style="list-style-type: none"> • Externalising Aggression $p < .05$ • DSM Conduct Disorder $p < .05$ • Social Problems $p < .05$ <p>NULL</p> <p>CBCL (parent-report) :</p> <ul style="list-style-type: none"> • Indirect Aggression <p>CBCL (teacher-report) :</p> <ul style="list-style-type: none"> • Externalising Problems • Rule-Breaking • Attention • DSM ADHD • Internalising Problems <p>• Parent outcomes</p> <p>POSITIVE</p> <p>Parent-report:</p> <ul style="list-style-type: none"> • Consistency $p < .01$ • Rational Parenting $p < .01$ • Ineffective Parenting $p < .01$ <p>NULL:</p> <p>Parent-report:</p> <ul style="list-style-type: none"> • Positive interaction <p>Child-report:</p> <ul style="list-style-type: none"> • Parental Rejection • Parental Monitoring <p>Parental Nurturance</p>
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<p>Specific Nurse Home Visitation</p> <p>Cheng (2007)</p>	<p><u>5 MONTH POST INTERVENTION</u></p> <ul style="list-style-type: none"> • Child outcomes None. • Parent outcome NULL: Improved mother-infant relationship Deterioration of mother-infant relationship 	<p><u>19 MONTH FOLLOW UP (post intervention)</u></p> <ul style="list-style-type: none"> • Child outcomes The intervention had no significant impact on child behavioural problems <p>Impact of risk factors on high internalizing, externalizing and total problem scores</p> <p>LIKELIHOOD OF CHILD EXHIBITING INTERNALISING PROBLEMS Mothers with history of childhood maltreatment OR 0.5 Maternal depression at: - 4 months OR 10.0 - 10 months OR 2.6 Disturbed relationship at: - 4 months OR 1.0 - 10 months OR 3.0 received interventions OR 0.6</p> <p>LIKELIHOOD OF CHILD EXHIBITING EXTERNALISING PROBLEMS Mothers with history of childhood maltreatment OR 2.6 Maternal depression at: - 4 months OR 3.5 - 10 months OR 2.7 Disturbed relationship at: - 4 months OR 1.1 - 10 months OR 5.7 received interventions OR 0.5</p> <p>LIKELIHOOD OF CHILD EXHIBITING PROBLEM BEHAVIOURS (TOTAL) Mothers with history of childhood maltreatment OR 3.3 Maternal depression at: - 4 months OR 5.2 - 10 months OR 3.4 Disturbed relationship at: - 4 months OR 1.2 - 10 months OR 4.4 Received interventions OR 0.4</p> <ul style="list-style-type: none"> • Parent outcomes None.
<p>Community-wide Approach to Triple P principles</p> <p>Sanders (2008)</p>	<p><u>POST-TEST</u></p> <ul style="list-style-type: none"> • Child outcomes POSITIVE SDQ: <ul style="list-style-type: none"> • Emotional p=.026 • Total Difficulties p=.029 NULL: 	

	<p>SDQ: Conduct Problems, Hyperactivity, Peer Problems, Prosocial Scale, Behavioural or Emotional Problems</p> <p>• Parent outcomes POSITIVE Depression p=.006 Stress p=.03 Appropriate Parenting for Misbehaviour p=.035 Inappropriate Parenting for Misbehaviour p=.039</p> <p>NULL Social Support p=.051 Confidence Appropriate parenting for anxious/fearful behaviour Inappropriate Positive Parenting Parenting Consistency</p>	
<p>Triple P (Modified) - Culturally tailored version (Australian Indigenous families) Turner (2007)</p>	<p><u>POST-TEST</u></p> <p>• Child outcomes POSITIVE ECBI: <ul style="list-style-type: none"> • Intensity p=.013 d=0.75 • Problem p=.019 d=0.62 SDQ: <ul style="list-style-type: none"> • Difficulties p=.020 d=0.43 Dosage: Effect sizes increased for families who attended more than half of the sessions (families who attended <50% excluded form analysis): ECBI: <ul style="list-style-type: none"> • Intensity d=0.99 • Problem d=0.81 SDQ: <ul style="list-style-type: none"> • Difficulties d=1.10 </p>	<p><u>6 MONTH FOLLOW-UP</u></p> <p>• Child outcomes POSITIVE ECBI: <ul style="list-style-type: none"> • Intensity p=.025 • Problem p=.020 NULL SDQ: <ul style="list-style-type: none"> • Difficulties • Impact (of problem on child and burden on family) <p>• Parent outcomes POSITIVE Parenting Scale: <ul style="list-style-type: none"> • Laxness p=.049 Dosage:</p> </p>

	<p>NULL SDQ:</p> <ul style="list-style-type: none"> • Impact (of problem on child and burden on family) <p>• Parent outcomes</p> <p>POSITIVE Parenting Scale:</p> <ul style="list-style-type: none"> • Verbosity p<.009 <p>Dosage: Effect sizes increased for families who attended more than 50% of sessions (families who attended <50% excluded from analysis) Parenting Scale:</p> <ul style="list-style-type: none"> • Verbosity p=.014 <p>NULL Parenting Scale: Laxness, Over-reactivity DASS:</p> <ul style="list-style-type: none"> • Depression <p>Stress</p>	<p>Effect sizes increased for families who attended more than 50% of sessions (families who attended <50% excluded from analysis) parenting scale:</p> <ul style="list-style-type: none"> • Verbosity p=.01 (sig. increased). <p>NULL Parenting Scale:</p> <ul style="list-style-type: none"> • Over-reactivity • Verbosity <p>DASS:</p> <ul style="list-style-type: none"> • Depression <p>Stress</p>
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Appendix H: Overview of included studies from grey literature

Intervention	Participants	Setting & delivery
Supported		
<p>Child-Parent Psychotherapy (The California Evidence-based Clearinghouse for Child Welfare, 2017):</p> <p>Treatment for trauma-exposed children, addressing externalising/internalising symptoms of the child and negative attributions and maladaptive parenting.</p>	<p>Parents/caregivers of children ages: 0 – 5</p>	<p>Delivery methods</p> <ul style="list-style-type: none"> • Frequency: weekly 1-1.5hr sessions • Duration: 52 weeks (1 year) • Delivered to: parent-child dyad <p>Setting</p> <ul style="list-style-type: none"> • Home <p>Providers</p> <p>Master’s level training</p>
<p>Common Sense Parenting (The California Evidence-based Clearinghouse for Child Welfare, 2017):</p> <p>The program aims to improve children's behaviours through teaching positive behaviours, social skills, and methods to reduce stress in crisis situations.</p> <p>Provide parents with practical strategies for enhancing parent-child communication.</p>	<p>Parents of children aged 6-16 years.</p>	<p>Delivery methods</p> <ul style="list-style-type: none"> • Frequency: weekly 1hr sessions • Duration: 6 weeks • Delivered to: group <p>Setting</p> <ul style="list-style-type: none"> • Hospital • Community centre • School <p>Providers</p> <p>High school or Bachelor</p>
<p>Community Parent Education Program (COPE) (The California Evidence-based Clearinghouse for Child Welfare, 2017):</p> <p>COPE is designed to help all parents develop skills to strengthen their relationships with their children, increase cooperation, and solve problems.</p>	<p>Parents of children aged 3-12 years with disruptive behaviour</p>	<p>Delivery methods</p> <ul style="list-style-type: none"> • Frequency: weekly 1hr sessions • Duration: 10 weeks • Delivered to: groups of up to 25 parents <p>Setting</p> <ul style="list-style-type: none"> • School • Community centres

Intervention	Participants	Setting & delivery
		Providers Paraprofessional
Promising		
<p>Bringing Up Great Kids (Australian Childhood Foundation, 2018):</p> <p>A program that uses mindfulness and reflection to improve parent-child interaction and communication.</p>	<p>Vulnerable or at-risk parents of children aged 0-12</p>	<p>Delivery methods</p> <ul style="list-style-type: none"> • Frequency: variable as per duration method • Duration: 12 hours, designed to be delivered in 6 x 2 hour sessions but could be adapted into 4 x 3 hour, 3 x 4 hour or 2 x 6 hour sessions as required • Delivered to: groups <p>Provider Paraprofessionals trained in BUGK delivery</p>
<p>Cool Little Kids (Macquarie University, 2018):</p> <p>A program designed to prevent development of internalising disorders, especially anxiety, by using Cognitive Behaviour Therapy.</p>	<p>Parents of children aged 3-6 years at high risk of developing an anxiety disorder</p>	<p>Delivery methods</p> <ul style="list-style-type: none"> • Frequency: 6 sessions over 6 to 8 weeks • Duration: 12 hours, 2 hours/session • Delivered to: groups <p>Provider Allied health professional trained in CBT</p>
<p>Defiant Children (The California Evidence-based Clearinghouse for Child Welfare, 2017): A clinician’s manual for assessment and parent training:</p> <p>Designed to train parents in the management of defiant/oppositional defiant disorder (ODD) children.</p>	<p>For parents/caregivers of children ages: 4 – 12</p>	<p>Delivery methods</p> <ul style="list-style-type: none"> • Frequency: weekly 1hr indiv or 2hr group sessions • Duration: 10 weeks • Delivered to: indiv or group <p>Setting</p> <ul style="list-style-type: none"> • School • Community centres • Hospital <p>Provider</p>

Intervention	Participants	Setting & delivery
<p>Early Pathways Program (The California Evidence-based Clearinghouse for Child Welfare, 2017):</p> <p>A targeted intervention that focuses on increasing positive child behaviour, decreasing negative child behaviour, strengthening relationships, as well as enhancing parenting practices and communication using parent coaching and clinician feedback.</p>	<p>Parents of children age 0-6 years.</p> <p>Targeted at children with significant behavioural or emotional problems & from families living in poverty.</p>	<p>Masters or Doctorate</p> <p>Delivery methods</p> <ul style="list-style-type: none"> • Frequency: weekly 1-1.5hr sessions • Duration: 8-12 weeks + booster as needed • Delivered to: indiv <p>Setting</p> <ul style="list-style-type: none"> • Home <p>Provider</p> <p>Paraprofessional</p>
<p>Exploring Together (Hemphill & Littlefield, 2001):</p> <p>A targeted intervention that focuses on enhancing parenting practices, strengthening family relationships, reducing child problem behaviour, increasing child social skills, increasing child self-esteem, and supporting parents.</p>	<p>Parents of, and children aged 3-12 years</p> <p>Targeted at children with emotional or behavioural problems</p>	<p>Delivery methods</p> <ul style="list-style-type: none"> • Frequency: weekly • Duration: 10 weeks • Delivered to: groups <p>Setting</p> <ul style="list-style-type: none"> • Classroom or community centre <p>Provider</p> <p>Paraprofessional</p>
<p>FAST – Elementary School Level (The California Evidence-based Clearinghouse for Child Welfare, 2017):</p> <p>FAST is a prevention/early intervention program designed to build relationships within and between families, schools, and communities (particularly in low-income areas) to improve childhood outcomes.</p>	<p>For parents/caregivers of children ages: 4 – 11</p> <p>Targeted: disadvantaged communities with increased risk of neglect and abuse, disruptive behaviour at home or in school, poor academic performance, at risk for substance abuse or gang activity.</p>	<p>Delivery methods</p> <ul style="list-style-type: none"> • Frequency: weekly 2.5hr sessions • Duration: 8 weeks + monthly parent-facilitated follow-up meetings for 2 years • Delivered to: group <p>Setting</p> <ul style="list-style-type: none"> • Community centre • School

Intervention	Participants	Setting & delivery
		Provider Not specified
<p>Helping the non-compliant child (The California Evidence-based Clearinghouse for Child Welfare, 2017):</p> <p>Preventative program. Parents attend sessions with their children and trainers teach the parents core skills necessary for improving parent-child interactions and increasing their children's compliance.</p>	<p>Parents with children age 3-8 years.</p> <p>Targeted at parents of children who are noncompliant and have related disruptive behaviour/conduct problems.</p>	<p>Delivery methods</p> <ul style="list-style-type: none"> • Frequency: weekly 1-1.5hr sessions • Duration: 5-14 weeks • Delivered to: indiv. <p>Setting</p> <ul style="list-style-type: none"> • Community centre • Outpatient clinic <p>Provider psychologist/psychiatrist/social worker</p>
<p>Parent Effectiveness Training (PET) (The California Evidence-based Clearinghouse for Child Welfare, 2017):</p> <p>Purpose is to offer parents a set of skills for developing and maintaining effective relationships with their children</p>	<p>Parents of children ages 0 to 18 with communication and behaviour problems</p>	<p>Delivery methods</p> <ul style="list-style-type: none"> • Frequency: weekly 3hr sessions • Duration: 8 weeks • Delivered to: groups <p>Setting</p> <ul style="list-style-type: none"> • Community centre • School <p>Provider Trained in PET</p>
<p>Playsteps (The Queen Elizabeth Centre, 2018):</p> <p>A play based program designed to strengthen parent-child relationships and interactions, as well as increase parenting skills and support.</p>	<p>Parents and carers of children aged 0-4 years</p>	<p>Delivery methods</p> <ul style="list-style-type: none"> • Frequency: weekly • Duration: 20 hours over 10 weeks • Delivered to: groups (parent group, and separate child group, then combined group)

Intervention	Participants	Setting & delivery
		Setting <ul style="list-style-type: none"> Community centre Provider Paraprofessionals or Maternal Child Health Nurses
Practitioner Led Circle of Security – Home-visiting (The California Evidence-based Clearinghouse for Child Welfare, 2017): Focuses on increasing positive parenting (attachment & empathy) and decrease child behaviour problems	Parents/caregivers of children ages: 0 – 5	Delivery methods <ul style="list-style-type: none"> Frequency: 1 3 hr assessment; 1.5hr sessions every 2-3 weeks + 4 home visits Duration: 3 months Delivered to: parent-child dyad Setting <ul style="list-style-type: none"> Home Providers Mental health professionals - Master’s level + advanced 10-day Circle of Security training.
Unknown		
Active Parenting(The California Evidence-based Clearinghouse for Child Welfare, 2017): Video-based parenting education program aimed to decrease the amount of parent-child relationship problems, improve child behaviour, & improve child welfare	Parents of children aged 5 to 12	Delivery methods <ul style="list-style-type: none"> Frequency: weekly 2hr sessions Duration: 6 weeks Delivered to: group Setting <ul style="list-style-type: none"> Community centre Hospital School Providers Not specified (usually allied health professional)

Appendix I: Overview of included systematic reviews/meta-analyses

Intervention	Systematic Review/Meta-Analysis	Effective program (child outcomes)	Effective program (parent outcomes)	Effective program with low bias
Triple P: Level 4 (De Graaf et al., 2008)	1 14 RCTs; n=2,574 (2-12 year olds)	1 Externalising	N/A	0
Triple P: multi-level (Nowak & Heinrichs, 2008; Sanders Matthew et al., 2014)	2 62 RCTs (+6 cluster randomised, +5 quasi experimental, +24 uncontrolled), n=16,099 families (0-18 years) 29 RCTs (+ 11 quasi experimental, + 15 uncontrolled); n=11,797 families (0-15 years)	2 Social, emotional and behavioural outcomes	2 Parenting satisfaction self-efficacy Parenting practices Parental adjustment	2
Incredible Years (Menting et al., 2013)	1 41 RCTs (+8 quasi-experimental, +1 unclassified); n=4,745 (3-9.2 years)	1 Externalising	N/A	0
Parent Management Training (Michelson et al., 2013)	1 28 RCTs; n=2,239 2-12 year olds	1 Externalising	N/A	1
Group-based parenting programs (Furlong et al., 2012) (underpinned by behavioural and cognitive therapies) - Parent Management Training - Incredible Years - Triple P - Therapist-led group therapy	1 9 RCTs (+2 Quasi RCTs, +1 non-RCT, +1 unclassified); n=1,078 3-12 year olds	1 Externalising	1 Positive parenting practices Negative parenting practices Parent mental health	1
Psychosocial interventions (Epstein Richard et al., 2015) (disruptive behaviour) - Incredible Years - Parent-Child Interaction Therapy - Triple P - Multi-systemic therapy	1 66 studies - 59RCTs; n=6,305 children < 18 years	1 Externalising	N/A	1
Behavioural intervention for ADHD (Mulqueen et al., 2015) - Incredible Years - Parent-Child Interaction Therapy - Parent-based therapy - Behavioural parent training - Multi-component parent training + classroom intervention - Modified Newforest parenting program	1 8 RCTs; n=399 pre-schoolers	1 ADHD (ADHD rating scale)	N/A	1
Parenting training (M. Zwi, H. Jones, C. Thorgaard, A. York, & J. A. Dennis, 2011) (behavioural or cognitive behavioural techniques)	1 5 RCTs; n=284 families	1 Internalising	1 Parental stress Parent confidence	1
Self-directed parenting interventions (Tarver et al., 2014)	1 11 RCTs; n=612 3-12 year olds	1 Externalising	1 Parenting behaviour Parental wellbeing	1

Appendix J: Individual study attendance information for supported parenting programs

Family Check Up	
Dishion, 2014	No attendance or dose information.
Gardner, 2007	The mean number of face-to-face sessions per family was 3.26 (SD 2.3, range 2–8).
Reuben, 2015	No attendance or dose information.
Shaw, 2006	No attendance or dose information.
Parent-Child Interaction	
Bagner, 2010	No attendance or dose information.
Bagner, 2016	Average of 6 sessions (n=20). Dropout: 2 attended 1 session, 2 attended 2 sessions, 4 attended 5-6 sessions.
Leung, 2015	The mean total number of sessions attended was 15.27 (SD=4.30; range: 9–27). The mean numbers of child-directed interaction and parent-directed interaction sessions were 6.17 (SD=2.78; range: 4–14) and 5.64 (SD=2.88; range: 4–16), respectively.
McCabe, 2012	No attendance or dose information.
Incredible Years	
Axberg (2012)	No attendance or dose information.
Brotman (2008)	Average attendance was 12 of 22 (SD=8) group sessions (55%), and the mean number of home visits was 6 of 10 (SD=3) sessions (60%). 73% of families participated in at least one booster group session; the average was 4 (SD=2) sessions. For analyses that take into account intervention dose, we considered an adequate dose to be attendance at more than half (12 of 22) of the group sessions (n=25, 53% of intervention families).
Bywater (2011)	Foster carers attended a mean of nine of the twelve group sessions, with 100% attending six or more sessions.
Edwards, 2007	No attendance or dose information.
Hutchings, 2007	71(83%) attended seven or more (58%) of the 12 sessions. The overall mean attendance was 9.2 sessions (SD 3.2).
Kim, 2008	Mothers attended the parenting program an average of 8.21 classes (68%, range 3-12 classes) and completed 84% of the assigned weekly homework.
McGilloway, 2012	Approximately three quarters (76%) of the first cohort of participants attended seven or more sessions (mean attendance 10.8 sessions) compared with half (52%) of the second cohort (mean attendance 6.6 sessions). In total, 31% of participants attended three or fewer sessions.
McGilloway, 2014	As above – sample cohort as McGilloway, 2012.
O'Connor, 2013	The average number of sessions attended in the intervention group was five (SD=5.7), with a median of two and a range of 0 to 18. Dose effects explored – none found.
Scott, 2012	The median attendance at parenting groups was 15/28 sessions.
Stattin, 2015	Overall, 70% of the parents attended at least 75% of all the sessions, 18.6% attended between 50% and 75% of the sessions, 4.9% attended between 20 and 50% of the sessions, and only 6.5% attended fewer than 25% of the sessions. Attendance was Comet (78.8%), Connect (85.2%), Incredible Years (72.1%), and Cope (69.3%).
Webster-Stratton, 2011	Both mother and father attendance was high (mother M = 18.5, SD= 4.2; father M= 17.1, SD= 4.3 out of 20 sessions). Overall average was 85% of sessions (parents & children).

Webster-Stratton, 2013	As above, same cohort as Webster-Stratton, 2011.
Larsson, 2009	On average parents attended 92% of the scheduled meetings.
Lavigne, 2008	No attendance data was report. Dose effects are reported in the outcomes table.
Parent Management Training	
DeGarmo, 2007	The mean number of sessions attended was 11.71 (SD= 4.71). The average duration until termination was 27.42 weeks (SD= 16.15), more than twice as many weeks as sessions. Out of 67 intervention families, 56 attended at least one session.
Hagen, 2011	Five PMTO families and 13 regular service families did not participate or showed up only once in treatment and were therefore excluded.
Ogden, 2008	As above same cohort as Hagan 2011.
Sigmarsdottir, 2013	The mean number of PMTO therapy sessions was 22.63 (SD=6.2) ranging from 6 to 38.
Sigmarsdóttir, 2015	As above – same cohort as Sigmarsdottir, 2013.
Triple P	
Bodenmann, 2008	No attendance or dose information.
Eisner, 2012	Parents of 220 children (26.8%) attended at least one session. Parents of 153 children (18.6%) completed all four course units.
Frank, 2015	Program attendance was high for both fathers and mothers, with 89% attending at least six of the eight sessions.
Hahlweg 2010	Only n = 155 out of the n = 480 randomized Triple P-families actually attended more than two sessions of the group training leaving the majority of families unexposed to the parenting program.
Heinrichs, 2014	At least three out of four sessions were attended by 114 mothers, and at least one session was attended by 144 mothers (with 42 declining participation completely). Telephone advice was sought at least once by 101 parents. 39% of participants used the telephone session four times, 13 % three times, and 12 % twice or once, respectively. Fathers showed a pronouncedly lower participation rate with 69 % attending no session at all and only 6 % participating in at least three sessions.
Kirby, 2014	Grandparents participated on average eight sessions (M=8.65) of the intended nine-session program. Participatory grandparents were considered to be completers of the program if they attended the first six sessions, of which 50 did (92%).
Sanders, 2012	No attendance or dose information.
Wiggins, 2009	No attendance or dose information.
Tuning into Kids	
Havighurst, 2010	95% of the sample attended at least three of the six sessions, 78% of parents attended five or six, and 63% of parents attended at least one booster session.
Havighurst, 2013	The majority of intervention participants (83.9 %) attended at least half of the program; 10 mothers (32.3 %) attended every session, 11 mothers (35.5 %) attended five, and 5 mothers (16.2 %) attended three or fewer sessions. Fifteen mothers (48.4 %) attended one or more booster sessions.
Wilson, 2012	More than half of the 62 parents in the intervention condition attended all six sessions (35 parents; 56.5%), with 60 participants (97%) completing at least four sessions.

THE TEAM

Restacking the Odds is a collaboration between three organisations, each with relevant and distinctive skills and resources:

- **Murdoch Children’s Research Institute (MCRI)** brings deep knowledge and credibility in the area of health and educational research, along with a network of relevant relationships
 - **Prof Sharon Goldfeld** – Associate Director Centre for Community Child Health and Co-group leader Policy, Equity, and Translation, Royal Children’s Hospital and Murdoch Children’s Research Institute
 - **Dr Carly Molloy** – Senior Research Officer and Senior Project Manager, Murdoch Children’s Research Institute
- **Bain & Company** brings expertise in the development of effective strategies that deliver real results
 - **Chris Harrop** – a senior partner, and a member of Bain’s worldwide Board of Directors
- **Social Ventures Australia (SVA)** brings expertise in providing funding, investment and advice to support partners across sectors to increase their social impact
 - **Nick Perini** – Principal, SVA Consulting.

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