What makes parenting programs effective? An overview of recent research

NSW Department of Community Services

Introduction

A Research to Practice Note titled *Parenting Programs: What makes them effective?* was published in November 2005. Over the past three years research on parenting programs has flourished. The purpose of this Research to Practice Note is to update the information on effective parenting programs to assist staff in referring clients to evidence-based parenting programs and selecting effective parenting programs for implementation.

It will also answer five main questions:

- What are the aims of parenting programs?
- Which parenting programs are effective?
- What is the evidence for effective parenting programs in the child welfare context?
- Which families are they effective for?
- What are the key components that make parenting programs effective?

What are the aims of parenting programs?

The term 'parenting program' is often used interchangeably with other terms such as 'parent education' and 'parent training'. Parenting programs target the evidence-based risk and protective factors that are known to influence child outcomes. The strongest risk and protective factors for children's behaviour and adjustment relate to quality of parenting. Therefore, the overall goal of parenting programs is to improve child behaviour and adjustment through changing parenting practices. Parenting programs generally aim to:

- increase parental warmth and responsive parenting
- increase discipline consistency
- increase levels of monitoring and supervision
- decrease harsh, coercive parenting

Parenting programs may also target other family risk and protective factors in order to improve child outcomes and the parent-child relationship. For this reason parenting programs may aim to enhance parental mental health; self-esteem; parenting confidence and competence; beliefs about causes of child behaviour; problem solving; coping skills; and communication skills, in addition to parenting skills and behaviours.

Parenting programs may or may not directly include the child in the intervention depending on the child's developmental level and the goals of the program. Parenting programs for parents of younger children often include in-session practice with the child (also called 'invivo' training). This involves the parent practising the newly learnt skills with the child during parent training sessions to gain practitioner feedback.

Levels of parenting programs

Like other forms of early intervention, there are three levels of parenting programs that are delivered to different populations:

- Universal parenting programs are delivered to all parents in a population with the aim of strengthening protective factors and preventing problems. For example, the NSW Department of Community Services (DoCS) is rolling out *Triple P* (Positive Parenting Program) as a universal parenting program to parents of children aged 3 to 8 years through the Families NSW Strategy.

- Selective (secondary) parenting programs are delivered to parents of children who are high risk for developing problems due to presence of risk factors, such as parental mental health issues or substance misuse. For example, Parents as Teachers is a selective parenting program that families may receive as part of the DoCS Brighter Futures early intervention program.

- Indicated (tertiary) parenting programs are delivered to parents of children who are already showing problems, such as families of children with behavioural problems or parents who have abused or neglected their child. For example, parenting programs delivered to parents prior to restoration are one type of indicated parenting program.

Theoretical orientation

Parenting programs are often categorised according to their theoretical orientation, that is, the theory on which they are based. There are a number of different theories upon which parenting programs can be based and a single parenting program can be based on several theories. Programs are usually

divided into either 'relationship' approaches or 'behavioural' approaches, but it is also possible for programs to be based on both approaches. 'Relationship' approaches describe those programs that are based on attachment theory, psychodynamic theory or family systems theory whereas 'behavioural' approaches describe programs that are based on cognitive behavioural or social learning theories.

Why is theoretical orientation important?

It is important for practitioners to understand the theoretical basis of the parenting program that they are implementing. Knowledge of the theory on which a program is based will assist in understanding how the strategies used in the program are likely to bring about change.

For example, **social learning theory** describes how children learn from observing the people around them, such as gaining parental attention through misbehaviour. Parenting programs based on social learning theory include strategies that change parental reinforcement contingencies, such as giving attention to positive behaviour and ignoring misbehaviour.

Attachment theory describes the emotional bond that exists between child and the carer. Programs based on attachment theory include strategies that increase the availability and responsiveness of the carer in order to enhance the child's sense of security.

Delivery format

Parenting programs can be delivered in different formats including individual, group or self-directed and some programs include both group and individual components. Recently, there has been increased interest in self-directed or 'media-based' programs. These include audio-based programs, computer-based programs or web-based programs or programs that rely on self-help books or DVDs. These have a number of advantages compared to traditional parenting programs such as greater convenience, fewer barriers to participation, less stigma and fewer costs.

Parenting programs are not necessarily distinct from home visiting programs since their mode of delivery may be through home visiting. However, unlike most home visiting programs which are generally longer term interventions, parenting programs are usually short-term interventions (Watson & Tully, 2008).

Which parenting programs are effective?

Programs based on 'behavioural' approaches are effective

There is now a large body of research to show that 'behavioural' parenting programs (those based on social learning theory) are effective in changing parenting attitudes and behaviours and in turn, improving children's behaviour and adjustment. There is evidence that they are effective across all levels of early intervention (as a universal, selective and indicated strategy) and their positive effects last up to five years following the intervention.

While many different parenting programs are implemented with families in practice there are only three programs that are used in Australia that have a strong evidence base supporting their efficacy and effectiveness[1]. These programs are:

- Incredible Years

- Parent Child Interaction Therapy (PCIT)

- Triple P (Positive Parenting Program)

Table 1 describes the characteristics of these programs such as country of origin; theoretical orientation; level of intervention; format, duration and intensity; age of child targeted; and populations targeted. The programs have been rated as 'well-supported' according to their evidence base[2], as rated by the California Evidence-Based Clearinghouse (CEBC)[3].

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1 Efficacy in this context refers to whether or not an intervention can work under ideal conditions, that is, in the context of a controlled study. Effectiveness, on the other hand, refers to whether an intervention can work under real-life settings, so such studies are likely to be less controlled.

2 There is no consensus in the literature about how to determine if a program is evidence-based or not. Different researchers have proposed different criteria for reviewing the evidence base of the program, and this represents just one system.

3 The California Evidence-Based Clearinghouse for Child Welfare (CEBC) provides child welfare professionals with access to information about evidence-based practices relevant to child welfare, and is located at www.cachildwelfareclearinghouse.org

Table 1: Characteristics of three parenting programs that are commonly used in Australia that have been rated as well-supported based on the scientific evidence*

Name & country of origin	Theoretical orientation	Level of intervention	Description	Format/duration/intensity	Age of child	Populations/risks targeted in research studies
Incredible Years USA	Social learning theory	Selective Targeted	Three separate curricula for parents, teachers and children which can be used separately or in combination.	*Groups:* 1. Parent (12-16 parents per group) 12-14 weeks, 2 hours per week. 2. Child (6 children per group) 18-22 weeks, 2/3 times a week 3. Teacher 4 to 5 full days	4 to 8 years	- Child behavioural problems - Children with anxiety - Children experiencing divorce - Foster carers - Parents who have abused their child
Parent Child Interaction Therapy (PCIT) USA	Social learning theory Attachment theory	Selective Targeted	'In vivo' teaching with parent and child using bug-in-the-ear device. There are two phases in PCIT: child directed and parent directed interaction.	*Individual:* 10 to 20 sessions *Group (3 or 4 families):* 90 minute sessions	3 to 6 years	- Child behavioural problems - Children with developmental disabilities - Physically abusive parents of children aged 4 to 12 years
Triple P - Positive Parenting Program Australia	Social learning theory Cognitive behavioural theory Developmental theory	Universal Selective Targeted	Five levels of intervention on a tiered continuum of increasing strength from information only (Level 1) to intensive behavioural family intervention (level 5).	*Individual:* Level 2 – 1 to 2 brief sessions Level 3 – up to 4 brief sessions Level 4 – 8 to 10 1-hour sessions Level 5 – up to 12 1-hour sessions *Group (10 to 12 parents):* Four 2-hour sessions plus four 30 minute phone sessions *Self-directed*	Birth to 16 years	- Child behavioural problems - Children at risk of abuse and neglect - Children with developmental disabilities

* Information partly obtained in part from California Evidence-Based Clearinghouse for Child Welfare (CEBC) at www.cachildwelfareclearinghouse.org

To be rated as 'well-supported' the program must have at least two Randomised controlled trials (RCTs) to show it is superior to an appropriate comparison group and has a sustained effect for at least one year.

Triple P, *PCIT* and *Incredible Years* are all 'behavioural' approaches, largely based on social learning theory. These three programs are similar in the following ways:

- they begin with a focus on strengthening the positive dimensions of parent-child relationship and using behavioural approaches to managing challenging behaviours such as structured approaches for the use of time out

- they include homework tasks, monitoring and role-plays

- they offer comprehensive training to facilitators and supervision during program delivery (Hurlburt et al., 2007).

These three programs are also similar to *Parent Management Training Oregon Model (PMTO)*, a model of parent training from the Oregon Social Learning Centre. While not included in Table 1, *PMTO* also has an extensive evidence base supporting its effectiveness, especially in relation to the treatment of child behavioural problems (Eyberg, Nelson & Boggs, 2008).

While there are similarities between *Triple P*, *PCIT* and *Incredible Years*, these programs differ in terms of their format and duration and age of child targeted. *Incredible Years* has a group based format with a version for parents, children and teachers and targets children aged 3 to 6 years; *PCIT* has individual and group formats and targets children aged 4 to 8 years; and *Triple P* has a group, individual and self-directed formats and targets children aged up to 16 years.

The group parenting program *123 Magic* is also based on social learning theory and has been rated as a 'supported' program by CEBC based on the evidence. However, it should be highlighted that this program only has one study to support its efficacy whereas programs like *Triple P* have more than two dozen studies supporting their efficacy, effectiveness and dissemination.

The program *Parents Under Pressure (PUP)* was specifically developed for parents using substances. The program is based on a number of theories including social learning theory and mindfulness and involves 10 to 12 weekly sessions in the home. While it has not yet been rated by the CEBC, there is evidence that the program improves child behaviour and parenting attitudes and practices for parents on methadone (Dawe & Harnett, 2007) and should be considered a 'supported' program.

Parents as Teachers, a home visiting program that is based on developmental theory has been rated as 'promising' by the CEBC based on the research

available. Although this program has had less research to support its evidence base than *Incredible Years*, *PCIT* and *Triple P*, *Parents as Teachers* is unique in that it is much longer in duration than most typical parenting programs and is the only program that is delivered from birth (or antenatally) until the child turns three. As the other parenting programs are unsuitable for parents of infants, *Parents as Teachers* is one of the only evidence-based programs for this age group. In *Parents as Teachers*, practitioners visit the family in their home to deliver the program on a monthly basis and there are also developmental screenings and group meetings.

Lack of evidence for 'relationship' based programs

While 'behavioural' approaches have significant evidence to support their effectiveness, 'relationship' based approaches do not yet have an extensive evidence base. While there are some attachment-based programs that have been rated as 'promising' by CEBC, such as *Systematic Training for Effective Parenting*, the evidence base is small compared with the hundreds of studies on 'behavioural' parenting programs. This is not to say that 'relationship' based approaches do not work, but simply that there is not the evidence to support their widespread implementation at this time.

What is the evidence for parenting programs in the child welfare context?

There is a lack of research on evidence-based parenting programs in the child welfare context. Much of the research on parenting programs has been done with families of children with behavioural problems since behaviour problems are stable over time, associated with poor long-term outcomes and an important indicator of problematic parenting practices. Relatively few studies have specifically focused on families in contact with child welfare, although many studies have included families who are likely to be at risk of abuse and neglect.

An important question is whether evidence-based parenting programs for child behavioural problems are likely to be relevant to, and effective for, families in the child welfare context. Families of children in this context may present with more complex vulnerabilities (eg, mental health issues, social isolation, substance misuse and domestic violence) than might be seen in most studies of parenting programs. Also, the structure of parenting programs in behavioural context may not correspond well with the methods used to deliver parent training in child welfare (Hurlburt et al., 2007).

However, the aims of parenting programs in the behavioural and child welfare contexts are similar and there is some evidence that parenting programs can improve outcomes that are associated *with* physically abusive parenting, such as parental anger and physical discipline (Barlow et al., 2006).

Three parenting programs in Table 1 have been given a high rating by the CEBC in relation to relevance to child welfare field:

• Incredible Years

• PCIT

• Triple P

All three programs have been found to be effective with families who are at risk of abuse or neglect in at least one study.

The best evidence for the efficacy of parenting programs for maltreating parents is for *PCIT*. Standard *PCIT* was modified to be suitable to parents who had substantiated reports of child abuse and may not have been seeking help voluntarily. A six-session motivational enhancement group was added to the 12-14 session individual program. This program resulted in significant reductions in negative parent-child interaction and lower rates of re-reports for abuse compared with a community-based parent training group (Chaffin et al., 2004). This finding is promising and suggests that a relatively short-term parenting program can impact on abusive parenting. It also highlights the need to adapt standard parenting programs to be suitable for families who have abused or neglected their child.

There is also evidence that parenting programs can *prevent* abuse and neglect. Recently, a large study in the USA of universal *Triple P* across 18 counties found that it was effective in reducing substantiated child maltreatment, child out-of-home-care placements and child maltreatment injuries when compared to services as usual (Prinz et al, 2009). This finding suggests that there is significant benefit in utilising parenting programs as a population approach to the prevention of child maltreatment.

Despite the overall lack of research in the child welfare context, there is initial evidence that parenting programs may be effective for preventing and reducing child maltreatment, although further research is urgently needed.

Foster carers

There is increasing interest in the effectiveness of parenting programs for foster carers given the high rates of emotional and behavioural problems for children in out-of-home-care (OOHC) and the associated high rates of placement disruption.

There is good evidence to support the efficacy of *Multidimensional Treatment Foster Care Program* but as this is an intensive, complex and costly program, there is also interest in examining the efficacy of short-term parenting programs.

Two evidence-based parenting programs have been adapted for foster carers, with promising findings. A version of *Incredible Years* was developed for biological and foster parents whose children were returning home and improvements were found in positive parenting and collaborative co-parenting (Linares, Montalto, Li & Oza, 2006). *PCIT* has also been used with foster carers and research suggests it improves child behaviour as well as levels of parenting distress (Timmer, Urquiza & Zebel, 2006).

A program called *Attachment and Biobehavioural Catch-Up (ABC)* was specifically developed for foster carers of infants and young children (0 to 30 months). Research on this program has found that the program resulted in fewer child behavioural problems and normal levels of cortisol (a hormone that indicates stress levels that can be measured from samples of children's saliva) (Dozier et al., 2006).

Research has shown that it is possible to predict which children will disrupt from their OOHC placement on the basis of number of behaviour problems they have (Chamberlain et al., 2006). Therefore, there is a need to target training programs to carers of children at greatest risk of placement disruption.

Economic benefits of parenting programs

There is a significant lack of research about the economic costs and benefits of parenting programs, especially in regard to preventing or reducing child maltreatment (Corso & Lutzker, 2006). In relation to universal *Triple P* to prevent child maltreatment, the cost of establishing a public health infrastructure to support the implementation of this program was estimated to be less than $12 per child (Foster, Prinz, Sanders and Shapiro, 2008). Estimates also suggest that these costs could be recovered in a single year if the program resulted in at least a 10% overall reduction in the rate of abuse and neglect. Cost-benefit analyses are critical to determine the likely economic benefits of parenting programs, especially in the context of large-scale universal implementation. A cost-benefit analysis of *Triple P* is planned for the near future (Prinz et al., 2009).

Which families are they effective for?

Who do they work for?

Parenting programs targeting families with specific vulnerabilities may be standard programs, modified programs or programs that are specifically developed for families with certain vulnerabilities. It is often the case that evidence-based programs are modified so that they are suitable for families with specific vulnerabilities. For example, *Triple P*, *Incredible Years* and *PCIT* have been modified so that they are suitable for families of children with developmental disabilities.

There are also a number of programs that have been specifically developed for target populations. For example, *Parents Under Pressure* has been developed for parents who misuse substances (Dawe & Harnett, 2007) and *Healthy Start* for parents with an intellectual disability (Llewellyn et al., 2003).

There is little information regarding the effectiveness of standard parenting programs versus those which are modified or specifically developed for families with a particular vulnerability. It would be reasonable to assume that the more targeted a program is the more effective it is likely to be. However, this is not always the case. There is some evidence that standard parenting programs can be effective for parents with additional vulnerabilities, such as parental depression, although this is likely to be dependent on the nature and severity of the vulnerability.

Regardless of whether parenting programs are a standard, adapted or specifically developed program, there is evidence that they are effective for children and parents with the following vulnerabilities:

*   Children with behavioural/emotional problems including oppositional behaviour, conduct disorder, attention-deficit hyperactivity disorder and anxiety disorders

*   Children with developmental delays or disabilities (eg, autism or Aspergers)

*   Children with low birthweight or prematurity

*   Parents who are separated or divorced

*   Teenage parents

*   Parents with an intellectual disability

*   Parents who are misusing substances

*   Parents with mental health issues such as depression

Who are they less effective for?

Several studies have shown that parenting programs are less effective for economically disadvantaged families (eg, Reyno & McGrath, 2006; Lundahl, Risser & Lovejoy, 2006). These families are also more likely to decline participation in parenting programs and to drop out prior to completion. Because economic disadvantage is associated with other vulnerabilities such as depression, lack of social support, poor problem solving and marital conflict, it is likely to be a combination of these factors that are relevant rather than economic disadvantage in itself.

There has been some recent research about strategies for increasing participation and attendance in parenting interventions, although this research has not specifically focussed on economically disadvantaged families.

This research has found:

*   motivational enhancement strategies (providing information about importance of attending, eliciting motivational statements from parents about attendance and developing plans to overcome barriers for participation) results in greater attendance in a parenting program for parents of children with behaviour problems (Nock & Kazdin, 2005)

*   reminder calls to parents improve attendance at treatment sessions for families of children with behaviour problems (Watt, Hoyland, Best & Dadds, 2007)

*   financial incentives result in greater participation in a universal parenting program (Guyull, Spoth & Redmond, 2003; Heinrichs, 2006) and greater attendance at sessions (Heinrichs, 2006).

While these strategies for enhancing attendance and engagement could be considered for use in practice, research is also needed on strategies for enhancing the engagement of the most vulnerable families as they are less likely to participate in parenting programs and more likely to drop out.

Indigenous and culturally and linguistically diverse families

There is some evidence that standard parenting programs are effective with culturally and linguistically diverse families. For example, *Triple P* has also been shown to be effective and acceptable to parents in Hong Kong, Japan, Germany, Switzerland, Australia and New Zealand (Sanders, 2008). However, there is almost a complete lack of research on the efficacy of parenting programs that have been developed or adapted for specific cultural

groups. The one exception is a version of *Triple P* for Indigenous Australian families that has been found to be effective for reducing child problem behaviours and some dysfunctional parenting practices (Turner, Richards & Sanders, 2007).

Research has not yet examined the extent to which the efficacy of a parenting program can be enhanced by focusing on specific ethnic and cultural issues. However, given that culture is integral to parenting attitudes, beliefs and practices, this is an important question and a priority for future research.

Fathers

There is some evidence that including fathers in parenting programs can enhance the outcomes of parenting programs. Studies of programs that included fathers found more positive changes in child and parent behaviour when compared to those that did not include fathers (Lundahl, Tollefson, Risser & Lovejoy, 2008). However, compared with mothers, fathers report fewer positive changes as a result of participation in parenting programs so further research is needed about how parenting programs can better meet the needs of fathers.

Parents of children aged 8 to 14 years

Most of the research on parenting programs has been done with children under the age of 8 years and there is a lack of research on the effectiveness of parenting programs for parents of children and young people aged 8 to 14. Parenting programs that are effective for parents of younger children

will not necessarily be developmentally appropriate or effective for parents of older children and considerable adaptation may be required. While there is evidence that parenting programs are effective for parents of children and young people aged 8 to 14, particularly parents of children with behavioural problems, most early interventions for this age range involve multi-component programs that also involve the young person in the intervention (Tully, 2007).

What are the key components that make parenting programs effective?

Recent research has examined which program components are associated with more successful outcomes in parenting programs to prevent or reduce child behavioural problems (children aged 0 to 7 years). This research found four program components to be associated with large effects in parenting skills and/or child behaviour and adjustment (Kaminski, Valle, Filene & Boyle, 2008). These four components include teaching parents skills related to emotional communication, teaching parents to interact positively with the child, teaching parents to use 'time out' and to discipline consistently and invivo practice with the child. These components are described in Table 2.

The three parenting programs with the best evidence base (*Incredible Years*, *PCIT* and *Triple P*) include these four components.

Table 2: Four components of parenting programs associated with large effects in parenting skills and/or child behaviour and adjustment*

Components	Description
1. Teaching parents skills related to emotional communication	- training in active listening - teaching parents to help children identify and deal with emotions - teaching parents to reduce negative communication
2. Teaching parents to interact positively with the child	- teaching parents how to demonstrate enthusiasm and positive attention for appropriate behaviour - teaching parents how to interact on the child's level during play and let the child take the lead during a play activity - teaching parents how to provide appropriate activity choices for the child.
3. Teaching parents to use 'time out' strategy and to discipline consistently	- teaching parents to respond to a behaviour every time it occurs with the same consequence
4. In vivo practice with the child during the program	- practising the skills during the session with own child to gain feedback from the practitioner to ensure parents gain mastery of the skills.

*adapted from Kaminski et al. (2008)

As a result of this finding, programs to prevent or reduce child behavioural problems should be selected on the basis of having these four components. The two components associated with *smaller* effects included teaching parents problem solving skills and teaching parents to promote children's cognitive, academic or social skills. This finding suggests that these are not essential components of parenting programs.

Parenting program with additional components

There is some evidence that providing parents with additional services as part of the parenting program (eg, communication skills training, coping skills training) for child behavioural problems may not enhance the effects of a parenting program, and in some instances, may lessen improvements in parenting skills (Chaffin et al., 2004; Kaminski et al., 2008). While the reason for this effect is not clear, it is possible that programs with additional components may distract parents from focussing on parenting skills or that parents may feel overwhelmed. Since parenting programs can improve outcomes not directly targeted by the intervention, such as parental depression, it may not be necessary to include additional components for all vulnerable families. However, there will be families with certain vulnerabilities who will not benefit from standard parenting programs and will require programs with additional components that target their needs. This is likely to be dependent on the nature of the vulnerability and the extent to which it impacts on parenting. While this issue is an important one, there is currently little research evidence on which to base practice.

Implications for policy and practice

Based on this brief review of recent literature on parenting programs, there are a number of broad implications for policy and practice.

- When aiming to enhance parenting and prevent or reduce child behavioural problems, practitioners and policy makers should select and implement parenting programs that are based on social learning theory and include the four key components that are associated with successful outcomes (teaching emotional communication, positive interaction and discipline consistency and invivo practice of parenting skills).

- Three parenting programs (*Triple P*, *PCIT* and *Incredible Years*) have been rated as 'well-supported' based on the evidence to support their effectiveness. These programs should be prioritised for implementation

where feasible and appropriate to do so.

- Evidence-based parenting programs appear to be relevant to the child welfare context. There is some evidence that they are effective in preventing maltreatment and in changing attitudes and behaviours associated with abusive and neglectful parenting practices. However, it is critical that future research focuses on the efficacy of parenting programs in preventing abuse and neglect recurrence, due to the lack of research in this area.

- Parenting programs are likely to be effective for families with differing vulnerabilities. While standard parenting programs will be effective for many families, there will be families with specific vulnerabilities (eg, parent intellectual disability, child developmental disability) who are likely to benefit from programs that are specifically developed or adapted to meet their needs.

- Parenting programs appear to be less effective for families with economic disadvantage and these families are more likely to refuse participation or drop out early. It is possible that strategies such as motivational enhancement interventions, financial incentives and reminder calls may be effective in increasing participation and attendance, but other strategies should also be explored.

- Including fathers in parenting programs may result in more successful outcomes for both parents and children so practitioners should make every effort to engage fathers.

Conclusion

This paper reviewed recent research findings about what makes parenting programs effective. There is significant evidence that parenting programs that are based on 'behavioural' approaches are effective in enhancing parenting attitudes and behaviours and in turn, improving children's behaviour and adjustment. Programs that teach emotional communication, positive interaction, discipline consistency and have opportunity for in-session practice appear to have the best effects. The three parenting programs with the best evidence base are *PCIT*, *Triple P* and the *Incredible Years*. Parenting programs appear to be effective for families with differing vulnerabilities, although there is little information about whether programs need to be specifically targeted to a vulnerability to be effective. While there is little research on parenting programs in the child welfare context there is some initial evidence that programs may be effective for preventing and reducing child maltreatment.

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The DoCS Research to Practice program aims to promote and inform evidence-based policy and practice in community services.