

Parenting Programs

This Research to Practice Brief summarizes evidence about parenting programs that can support youth violence prevention efforts.

The main findings presented in this Brief are from the following recent, pre-appraised, high quality systematic reviews:

- Dretzke, J., Davenport, C., Frew, E., Barlow, J., Stewart-Brown, S., Bayliss, S., Taylor, R.S., Sandercock, J., & Hyde, C. (2009). The clinical effectiveness of different parenting programmes for children with conduct problems: A systematic review of randomized controlled trials. *Child and Adolescent Psychiatry and Mental Health*. 3(7).
Quality appraisal and Evidence Summary by Healthevidence.org: 10/10 (strong)
- Sanders M.R., Kirby J.N., Tellegen C.L., & Day J.J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clinical Psychology Review*, 34(4), 337-357.
Quality appraisal by Healthevidence.org: 9/10 (strong)

The evidence from these systematic reviews is supplemented with information from other sources to expand on some of the key findings.

Key Messages

- Parenting programs that aim to improve parenting skills are structured, short-term interventions and can be delivered in a group setting or individually (e.g. average of two-hour weekly sessions over 10-12 weeks either face-to-face or via telephone) (1).
- Parenting programs are directed at the parents (not the children) and use positive-parenting philosophy (e.g. address concepts of boundary setting, positive disciplinary methods and fostering affectionate relationships and strong parent-child social interactions) (1,2).
- Programs with the strongest effectiveness results share a common theoretical basis (social learning theory) and incorporate behavioural, cognitive and developmental principles and concepts (2).
- Overall, parenting programs are effective at reducing the frequency and intensity of conduct problems in children with conduct disorders (i.e. with a [targeted](#) population) (1, 2, 3).

- Both [universal](#) and [targeted](#) parenting interventions can be effective at improving the quality of parent-child social interactions (1, 2, 3).
- The relative effectiveness of different parenting programs at reducing conduct problems in children with conduct disorders is not clear and requires further research (1, 3).
 - In other words, this systematic review was not able to assess whether one approach/mode of delivery was more effective than another (3).
- The Triple P-Positive Parenting Program is one of several brands of parenting programs that has demonstrated effectiveness with both [universal](#) and [targeted](#) populations (1, 2).
 - Triple P is effective for improving children’s social, emotional, and behavioural outcomes as well as enhancing parental confidence, relationships, and practices (2).
 - Triple P has shown positive results on the parents’ adjustment across settings, familial characteristics, cultures, and countries (6).
 - The program has five levels of intervention varying in intensity ranging from broad population-wide social media messages to targeted interventions with parents of children with behavioural issues.
 - Triple P has five different delivery formats: individual face-to face sessions with a practitioner (standard format); group; self-directed plus telephone support; and online (2). All of the delivery formats demonstrated significant improvements on key outcomes targeted by Triple P (2).

Considerations for Implementation

- It important to stay consistent with the original program design, sometimes referred to as program [fidelity](#), in order to ensure favourable results (4).
- Common modes of delivery of parenting programs are: group-based (face-to-face), individual-based (face-to-face or via telephone), or self-administered (using video or print materials) (1,3).
- It is beneficial to consider the cultural appropriateness of a program for the parent/group of parents (4).

- Staff delivering the program needs to appear credible to the parents. Credibility is established mainly through the educators' skills and characteristics (e.g. empathy, humour, communication, personal experience with children and openness) and also being of similar demographic background to the parent participants (5).
- Parenting programs can be conducted in many settings including hospitals, through community-based organizations and centres, a clinic or at home (1).
- A range of trained professionals can deliver parenting programs such as psychologists, therapists, counsellors, social or community workers or parent educators (1).

Evidence-Based Programs

The [Canadian Best Practices Portal](#) highlights the following parenting programs that have been evaluated and show positive results:

1. [Triple P- Positive Parenting Program](#) (6)

- **Program Design:** The program has five intervention levels of increasing strength and focused target populations:
 - Level 1* – targets the broad (i.e. universal) population through information-based strategies in a community using the media.
 - Level 2 (Selected Triple P)* – a 1 to 2 session consultation program for parents with a specific concern about their child's behaviour or development.
 - Level 3 (Primary Care Triple P)* – a 4 session brief consultation model meant for parents who have a specific concern about their child and require active skills training. It is delivered in a primary care setting (e.g. child health services or family medicine).
 - Level 4 (Intensive)* – an 8 to 10 session parenting skills program that can be delivered in a group, individually, or in self-help formats.
 - Level 5 (Enhanced Triple P)* – provides adjunctive interventions for families in which parenting concerns occur in the context of other major adult adjustment problems, such as marital conflict and depression.
- **Program Objectives:** There are three main objectives: 1) enhance the knowledge, skills, confidence, self-sufficiency and resourcefulness of parents; 2) promote nurturing, safe, engaging, non-violent and low conflict environments for children; and 3) promote children's social, emotional, language, intellectual and behavioural competencies through positive parenting practices.

- Target Audience: Parents from pre-conception through to parents of teenagers (up to age 17).
- Program Evaluation: Positive results on observed and parent-reported child behaviour problems and parenting practices.
- Delivered by: Professionals or primary care providers with Triple P training.

2. Connect Program (7)

- Program Design: A 10-session structured program including role-playing to help parents reflect on experiences.
- Program Objectives: “To significantly reducing aggression, antisocial behaviour and internalizing problems, and enhancing social functioning among pre-teens and teens with serious behaviour problems” (7).
- Target Audience: Parents of pre-teens and teens with behaviour problems.
- Program Evaluation: A decline in teen problems and enhanced social functioning; and a increase in parenting satisfaction.
- Delivered by: Mental health professionals who have completed standardized training.

3. The Incredible Years (8)

- Program Design: A series of parent-training, teacher training and child training programs using developmental theory concerning the role of multiple interacting risk and protective factors (child, family, and school) in the development of conduct problems (8).
- Program Objectives: There are two main objectives: “1) to provide cost-effective, early prevention programs that all families and teachers of young children can use to promote social, emotional, and academic competence and to prevent children from developing conduct problems, and 2) to provide comprehensive interventions for teachers and parents that are targeted at treating and reducing the early onset of conduct problems in young children (ages two to eight years)” (8).
- Target Audience: parents of infants and children (up to age 12).

- Program Evaluation: not listed on the Canadian Best Practice Portal website.
- Delivered By: does not specify the profession of the staff that deliver the training on the Canadian Best Practices Portal website.

[What Works Wisconsin](#), based out of the University of Wisconsin-Madison/Extension also has a [Directory of Evidence-Based Parenting Programs](#) that was compiled in 2009 (9).

References

1. Dretzke, J., Davenport, C., Frew, E., Barlow, J., Stewart-Brown, S., Bayliss, S., & et al. (2009). The clinical effectiveness of different parenting programmes for children with conduct problems: A systematic review of randomised controlled trials. *Child and Adolescent Psychiatry and Mental Health*, 3(7).
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3. Traynor, R., Workentine, S. & Dobbins, M. (2013). The effectiveness of parenting programs for children with conduct problems: Evidence and implications for public health. Hamilton, ON: McMaster University. Retrieved from [November 26, 2014]: http://www.healthevidence.org/documents/byid/19163/Dretzke2009_EvidenceSummary_EN.pdf.
4. O'Connor, C., Small, S. A. & Cooney, S. M. (2007). Program fidelity and adaptation: Meeting local needs without compromising program effectiveness. *What Works, Wisconsin Research to Practice Series*, 4. Madison, WI: University of Wisconsin-Madison/Extension.
5. Huser, M., Small, S.A., & Eastman, G. (2008). What research tells us about effective parenting education programs. *What Works, Wisconsin Fact Sheet*. Madison, WI: University of Wisconsin-Madison/Extension.

6. Public Health Agency of Canada. (2013). *Triple P-Positive Parenting Program*. Retrieved from [November 26, 2014] <http://cbpp-pcpe.phac-aspc.gc.ca/interventions/triple-positive-parenting-program/>.
7. Public Health Agency of Canada. (2013). *Connect program*. Retrieved from [November 26, 2014]: <http://cbpp-pcpe.phac-aspc.gc.ca/interventions/connect-program/>.
8. Public Health Agency of Canada. (2013). *The Incredible Years*. Retrieved from [December 3, 2014]: <http://cbpp-pcpe.phac-aspc.gc.ca/interventions/incredible-years/>.
9. Small, S.A., Mather, R.S. (2009). *What Works, Wisconsin Evidence-based Parenting Program Directory*. Madison, WI: University of Wisconsin-Madison/Extension.

PeelThinkShare Research to Practice Briefs

This is one in a series of Briefs prepared by the Community Health Initiatives Team, Region of Peel, Health Services in order to support community-based organizations in the Peel Region with accessing and using high quality research evidence.

The intent of these Briefs is to present the key evidence-based findings, considerations for implementation and links to more resources to support evidence-based practices and actions in the community.

These Briefs and other resources can be found at: www.peelthinkshare.ca

Is there a topic that you are interested in, that has not been covered in our *Research to Practice Series* yet? Let us know by emailing peelthinkshare@peelregion.ca.

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