

Appendix 10. Programs rated as Promising in the REA (data extracted from papers and program rating checklists)

Promising programs were rated as follows on the evidence of effectiveness checklist:

Evidence of effectiveness criteria		Well Supported	Supported	Promising	Emerging	No Effect	Concerning Practice
1.	No evidence of risk or harm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	If there have been multiple studies, the overall evidence supports the benefit of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
3.	Clear <u>baseline</u> and <u>post</u> measurement of outcomes for both conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
4.	At least two RCTs have found the program to be significantly more effective than comparison group. Effect was maintained for at least one study at 1 year follow-up.	<input type="checkbox"/>					
5.	At least one RCT has found the program to be significantly more effective than comparison group. Effect was maintained at 6 month follow-up.		<input type="checkbox"/>				
6.	At least one study using some form of contemporary comparison group demonstrated some improvement outcomes for the intervention but not the comparison group			<input checked="" type="checkbox"/>			

Evidence of effectiveness criteria		Well Supported	Supported	Promising	Emerging	No Effect	Concerning Practice
7.	There is insufficient evidence demonstrating the program's effect on outcomes because: a) the designs are not sufficiently rigorous (criteria 1-6) OR b) the results of rigorous studies are not yet available				<input type="checkbox"/>		
8.	Two or more RCTs have found no effect compared to usual care OR the overall weight of the evidence does not support the benefit of the program					<input type="checkbox"/>	
9.	There is evidence of harm or risk to participants OR the overall weight of the evidence suggests a negative effect on participants						<input type="checkbox"/>

1-2-3 Magic									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Bailey, Phelan and Brooks (2012)	To target , manage and reduce undesirable behaviour in children aged 2-12 years	Child behaviour, parent-child relationship	Randomised controlled trial Contemporary waitlist control Pre-post measures	Unclear	Unclear	Number of sessions – 2 Duration of sessions – 3 hours Frequency of sessions – held over 2 days Total duration of program – 2 days	<p><u>Parents</u> (n = 5)</p> <p>Demographics are for entire group</p> <p>Sex - F = 100%</p> <p>Age – mean = 38.6 years</p> <p><u>Children</u> (n = 9)</p> <p>Description – behaviour is currently of concern to parents but has not a had previous formal diagnosis of a behavioural disorder</p> <p>Sex – F n = 5</p> <p>Age – M = 7.5 years, range = 6-12 years</p>	<p><u>Parents</u> (n = 4)</p> <p>Demographics are for entire group</p> <p>Sex - F = 100%</p> <p>Age – mean = 38.6 years</p> <p><u>Children</u> (n = 4)</p> <p>Description – behaviour is currently of concern to parents but has not a had previous formal diagnosis of a behavioural disorder</p> <p>Sex – F: n = 5</p> <p>Age – M = 7.5 years, range = 6-12 years</p>	<p><u>Statistically significant</u> – Within-group comparisons suggest that the improvements observed in the behaviour of target children in the intervention group were significant (on both the Intensity and Problem scale) and that the improvement in scores on the Efficacy Scale made by parents in the intervention group reached significant levels.</p> <p><u>Non-significant</u> – Parents reported both a greater level of satisfaction and globally a more positive attitude toward the parenting role at follow-up however the change was not of a significant magnitude.</p> <p><u>Descriptive</u> – Primary caregivers reported that target children engaged less intensively and in fewer disruptive behaviors following intervention. Behavioural scores on Intensity and Problem scales improved from clinical to non-clinical range.</p>

1-2-3 Magic

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Flahery, (2008), Flaherty and Cooper (2010),	To educate carers to better manage unwanted behaviour, encourage wanted behaviour and strengthen the relationship between parent and child	Child behaviour, parent-child relationship	Randomised controlled trial Contemporary waitlist control Pre-post measures	Groups of parents	Community health centre	Number of sessions – 3 Duration of sessions – 2 hours Frequency of sessions – unclear Total duration of program – 6 weeks	<p><u>Parents</u> (n = 19)</p> <p>Description – parents/carers of children who had experienced moderate to severe child abuse</p> <p>Sex – not indicated</p> <p>Age – mean = 43 years</p> <p>Children’s demographics are for entire group</p> <p><u>Children</u> (n = 99)</p> <p>Description – children had been subject of moderate to severe child abuse</p> <p>Sex – not indicated</p> <p>Age – range = 2-16 years</p>	<p><u>Parents</u> (n = 16)</p> <p>Description – parents/carers of children who had experienced moderate to severe child abuse</p> <p>Sex – not indicated</p> <p>Age – mean = 36 years</p> <p>Children’s demographics are for entire group</p> <p><u>Children</u> (n = 99)</p> <p>Description – children had been subject of moderate to severe child abuse</p> <p>Sex – not indicated</p> <p>Age – range = 2-16 years</p>	<p><u>Statistically significant</u> – A significant increase in self-reported parenting satisfaction for the intervention group.</p> <p>A significant difference was found for the amount of problem behaviours and intensity of problem behaviours.</p> <p><u>Descriptive</u> – The level of parenting satisfaction more than doubled in the intervention group from 20% prior to 42% post intervention.</p> <p>Parent/carer severity ratings, as a group, changed pre to post intervention from moderate to normal for depression, remained normal for anxiety, and reduced from moderate to normal for stress.</p> <p>The intervention group showed a reduction in depression, anxiety, stress and unwanted child behaviour.</p>

ABCD Parenting Young Adolescents Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Burke, Brennan, & Cann (2012)	To provide parents with information and skills for developing and maintaining trusting, positive and accepting relationships with their young adolescents which, in turn, encourages them to test their independence within safe boundaries and make the transition to adolescence	Child behaviour Parent-child relationship Child development	Randomised controlled trial Waitlist Pre-post measures	Group of parents	Community settings (e.g., schools, community health centers)	Number of sessions – 6 Duration of sessions – 2 hours Frequency of sessions – weekly Total duration of program – 6 weeks	<u>Parents</u> (n = 90) Demographics are for the entire sample Description – custodial or non-custodial parents with regular access to their adolescent aged 10-14 years. Sex – F = 90% Age – not indicated <u>Children</u> (n = 90) Sex – M = 54% Age – mean = 11.9 years	<u>Parents</u> (n = 90) Demographics are for the entire sample Description – custodial or non-custodial parents with regular access to their adolescent aged 10-14 years. Sex – F = 90% Age – not indicated <u>Children</u> (n = 90) Sex – M = 54% Age – mean = 11.9 years	<u>Statistically significant</u> – Parents in the intervention reported significantly higher adolescent prosocial behaviours, lower conduct problems and total difficulties. Intervention parents also reported lower stress associated with adolescent moodiness, parent-life restriction, adult-relations, social isolation, incompetence/guilt, lower stress in the parenting domain and lower overall stress relative to the control condition following the intervention period. <u>Descriptive</u> – Participants reported high satisfaction with all elements of the ABCD program.

AusParenting in Schools Transition to Primary School Parent Program

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Giallo, Treyvaud, Matthews & Kienhuis (2010)	To enhance parents' knowledge and confidence in their ability to help this child make a smooth transition and manage any difficulties that may arise at this time	Child development Child behaviour	Cluster Randomised controlled trial Contemporary usual care Pre-post measures	Groups of parents	School	Number of sessions – 4 Duration of sessions – 1.5-2 hours Frequency of sessions – not indicated Total duration of program – 4 months	<u>Parents</u> (n = 286) Description – parents of children about to start school Sex – F = 85% Age – mean (SD) = 35.29 (6.08)	<u>Parents</u> (n = 290) Description – parents of children about to start school Sex – F = 83.8% Age – mean (SD) = 36.18 (5.11)	<p><u>Statistically significant</u> – Significantly greater pre to post transition to school self efficacy in intervention but not control parents. Significant pre to post effect for parental involvement in children's learning at home and school for intervention but not control parents.</p> <p><u>Non-significant</u> – No significant differences between groups in pre to post Worry scores. No significant differences between groups in pre to post overall parenting self efficacy. No significant differences between intervention and control group parents or teacher ratings of child happiness to go to school, academic or social adjustment or school readiness.</p> <p><u>Descriptive</u> – Parents ratings of satisfaction with all aspects of the program were high.</p>

Bustos, Jaaniste, Salmon & Champion (2008)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Bustos, Jaaniste, Salmon & Champion (2008)	To teach parents to engage in behaviours likely to result in favourable infant pain outcomes	Child development	Randomised controlled trial Contemporary usual care control group Pre-post measures	Unclear	Home	Parents received an information sheet prior to their child's immunisation . They were contacted 1-2 days prior to their appointment and encouraged to review the information.	<p><u>Parents</u> (n = 25) Parent demographics are for both groups</p> <p>Sex - infants were accompanied to immunisations by (mother = 40%, father = 6%, both parents = 14%) Age – not indicated</p> <p><u>Children</u> (n = 25) Sex – F (n = 13) Age – range = 5-7 months</p>	<p><u>Parents</u> (n = 25) Parent demographics are for both groups</p> <p>Sex - infants were accompanied to immunisations by (mother = 40%, father = 6%, both parents = 14%) Age – not indicated</p> <p><u>Children</u> (n = 25) Sex – F n = 13 Age – range = 5-7 months</p>	<p><u>Statistically significant</u> – Parents in the intervention condition made significantly more coping-promoting statements in the 30 seconds prior to immunisation than parents in the control conditions.</p> <p>Infants in the control condition cried significantly longer than infants in the intervention condition.</p> <p>Child temperament had a significant effect on infant facial pain response where infants with a more difficult temperament displayed greater facial pain response.</p> <p>Infants rated by their parents as having a more difficult temperament cried for longer than infants who had been rated as having a more easy temperament.</p> <p>For infants with more difficult temperaments, the difference in cry duration and parental coping-promoting behaviour was significant.</p> <p><u>Non-significant</u> – Infants in the control group had slightly higher scores on the measure of facial pain response however the difference was not significant.</p>

Bustos, Jaaniste, Salmon & Champion (2008)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>Infants who were rated as having a more difficult temperament tended to benefit more from the intervention than infants with an easier temperament, although this difference was non-significant.</p> <p>For infants with easy temperament, there was no significant difference between conditions in cry duration or parental coping-promoting.</p> <p><u>Descriptive</u> – Infants in the control group cried for longer than those in the intervention group.</p> <p>Coping-promoting and distress promoting statements did not differ in terms of affective quality.</p>

Cottage Community Care Pilot Project (CCCPP)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Kelleher, & Johnson (2004)	The CCCPP was designed to directly address factors in first-time families that are associated with child maltreatment: lack of parenting skills, little or no knowledge about child development, the isolation many new families experience due to loss or absence of extended family support, single parent status and the inability or reluctance of some new families to access available community supports and resources	<p>Safety and physical wellbeing</p> <p>Child development</p> <p>Family relationships</p> <p>Parent-child relationship</p>	<p>Non-randomised controlled trial</p> <p>Contemporary comparison group</p> <p>Pre-post measures</p>	Individual parents	Home	<p>Number of sessions – 24 (maximum 108 visits)</p> <p>Duration of sessions – 2 hours</p> <p>Frequency of sessions – weekly or fortnightly</p>	<p><u>Parents</u> (n = 25)</p> <p>Description – vulnerable parents as determined by a screening instrument</p> <p>Sex – F = 100%</p> <p>Age – not indicated</p> <p><u>Children</u></p> <p>Age – <6 weeks of age</p>	<p><u>Parents</u> (n = 24)</p> <p>Description – vulnerable parents as determined by a screening instrument</p> <p>Sex – F = 100%</p> <p>Age – not indicated</p> <p><u>Children</u></p> <p>Age – <6 weeks of age</p>	<p><u>Statistically significant</u> – Statistically significant differences between intervention and control groups were found in aspects of family functioning: the existence and adequacy of social supports and the degree of age appropriate and flexible expectations of infants.</p> <p><u>Non-significant</u> – Compared to the control group the intervention group demonstrated a greater improvement in the mean difference between entry and exit mother-child relationship scores. However this differences was not significant.</p> <p><u>Descriptive</u> – After 1 year, while families in both groups changed, intervention group families showed marked improvement as demonstrated by a greater degree of change in all items.</p>
				Groups of parents	Community settings	<p>Number of sessions – not indicated</p> <p>Duration of sessions – not indicated</p> <p>Frequency of sessions – weekly</p> <p>Total duration of program – 8 months (maximum 18 months)</p>			

Grillo, Ng, Gassner, Marshman, Dunn, Hudson, & Ng (2006)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Grillo, Ng, Gassner, Marshman, Dunn, Hudson & Ng (2006)	To educate parents and paediatric patients about atopic eczema (AE)	Safety and physical wellbeing	Randomised controlled trial Contemporary waitlist control Pre-post-follow-up measures	Not clear	Hospital	Number of sessions – 2 Duration of sessions – 1 Frequency of sessions – once Total duration of program – 2 hours	<u>Parents</u> (n = not indicated) <u>Children</u> (n = 29) Demographics are for entire group Description – children with atopic eczema Sex – M = 35, F = 26 Age – mean = 4.3 years, range = 0-16 years	<u>Parents</u> (n = not indicated) <u>Children</u> (n = 32) Demographics are for entire group Description – children with atopic eczema Sex – M = 35, F = 26 Age – mean = 4.3 years, range = 0-16 years	<u>Statistically significant</u> – Intervention group had a significant improvement in the scoring atopic dermatitis measure when compared to control at week 4 and week 12. Quality of life measures significantly improved with decreased severity of eczema in the group of children aged 5-16 years. Infant dermatology quality of life scores showed a significant improvement at week 12. <u>Non-significant</u> – Quality of life measures did not significantly improve with decreased severity of eczema except in the group of children aged 5-16 years. Dermatitis family impact scores for both groups showed a marginal but non-significant improvement at 4 and 12 weeks. Infant dermatology quality of life scores showed an improvement at week 4 however this was non-significant. The dermatitis family impact (DFI) score showed no difference between the groups.

Group Triple P (Japanese population)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Matsumoto , Sofronoff, & Sanders (2007)	Targets coercive family interactions known to contribute to the development and maintenance of children's disruptive behaviour problems	Family relationships Child behaviour Parent-child relationship Child development	Randomised controlled trial Waitlist Pre-post-follow-up (3 months) measures	Groups of families	Not indicated	Number of sessions –5 Duration of sessions – 2 hours Frequency of sessions – not indicated	<u>Parents</u> (n = 25) Description – families with Japanese parents living in Australia whose children were aged 2-10 years Age – not indicated <u>Children</u> (n = 25) Sex – M = 16	<u>Parents</u> (n = 25) Description – families with Japanese parents living in Australia whose children were aged 2-10 years Age – not indicated <u>Children</u> (n = 25) Sex – M = 11	<u>Statistically significant</u> – At post-intervention, parents in the intervention group reported significantly lower levels of child problem behaviours, higher levels of parental competence and lower levels of parental disagreements than parents in the wait-list condition. <u>Maintenance of effect</u> – Changes gained at post intervention were maintained at 3 month follow-up <u>Non-significant</u> – Significant effects were not found in levels of parental depression, anxiety or stress.
				Individual families		Home-telephone			

Having a Baby									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Svensson, Barclay and Cooke (2009)	To increase confidence and competence of women with a new baby in the early weeks and therefore enhance parenting self-efficacy	Basic child care Child development Family relationships	Randomised controlled trial Alternate, comparable contemporary treatment Pre-post-follow-up	Groups of parents	Hospital	Number of sessions – 8 Duration of sessions – 2 hours Frequency of sessions – not indicated Total duration of program – not indicated	<u>Parents</u> (n = 91) Description – pregnant women Sex – F = 100% Age – mean = 30.08 years, range = 21-41 years <u>Children</u> (n = not indicated)	<u>Parents</u> (n = 79) Description – pregnant women Sex – F = 100% Age – mean = 30.47 years, range = 19-39 years <u>Children</u> (n = not indicated)	<u>Statistically significant</u> – Significant group but time interaction for parenting self-efficacy, with greater improvement in the intervention group. Significant group by time interaction for parenting knowledge with the intervention group reporting greater parenting knowledge gains. <u>Maintenance of effect</u> – Improvements in perceived parenting knowledge were maintained at 8 weeks for the intervention group, whereas they declined in the intervention group. <u>Non-significant</u> – Worry about the baby decreased overtime for both groups and there was no significant difference between groups.

Home Interaction Program For Parents and Youngsters (HIPPY)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Liddell, Barnett, Diallo Roost and McEachran (2011)	To improve interaction between parents and their children, foster a love of learning in children, promote cognitive and social development and enhance school readiness, increase parents' confidence and skills as their child's first teacher, increase participation in kindergarten, school and community life	Family relationships, parent-child relationship, child development, child behaviour	Non-randomised controlled trial Contemporary matched control group Pre-mid-post measures	Individual parents	Home	Number of sessions – unclear Duration of sessions – 0.5-1 hour Frequency of sessions – fortnightly Total duration of program – 2 years	<u>Parents</u> (n = 197) Description – parents from disadvantaged communities Sex – F = 98% Age – mean = 33 years, range = 20-56 years <u>Children</u> (n = 197) Description – preschool children who are developmentally vulnerable due to disadvantage or social exclusion Sex – M = 53% Age – mean = 49 months, range = 30-75 months	<u>Parents</u> (n = 4983) Description – matched sample of dyads drawn from the Longitudinal Study of Australian Children (LSAC) Sex – F = 97% Age – mean = 35 years, range = 19-73 years <u>Children</u> (n = 4983) Sex – M = 51% Age – mean = 57 months, range = 51-67 months	Statistically significant – HIPPY parents felt more confident, supported and respected in their role of raising their child. A significant increase in HIPPY parents' confidence in their role as their child's first teacher between the start and end of the program was observed. HIPPY parents were 80% more likely to consider themselves a 'good' parent, and twice as likely to feel they were supported by family and friends in their role of raising their child, compared with non-HIPPY parents. HIPPY parents were 60% more likely to say that when they needed information about local services they knew where to find it, and twice as likely to report that they were able to access services when they needed them, compared with non-HIPPY parents. HIPPY parents rated their sense of 'neighbourhood belonging' more highly than did their LSAC counterparts. The parenting style of HIPPY parents was significantly less angry or hostile. HIPPY parents did significantly more in-home and out-of-home activities with their child. The gap observed in HIPPY children's early numeracy and early literacy skills at the beginning of the program, compared with the Australian norm, had closed by the end of the
				Groups of parents	Unclear	Number of sessions – not indicated Duration of sessions – not indicated Frequency of sessions – alternating fortnightly with home sessions Total duration of program – 2 years			

Home Interaction Program For Parents and Youngsters (HIPPY)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>program. HIPPY children had fewer problems with their peers. For parents who completed more of the program rather than less of the program, their child displayed higher levels of pro-social behaviour. HIPPY had significant positive impacts on the child's school readiness in terms of both the parent's contact with the school as reported by the child's first teacher and the child having fewer problems with peers as reported by the parent. HIPPY parents reported greater satisfaction with life at the end of the program than at the beginning. The difference was statistically significant but small. By the end of the program the HIPPY group's mean score on the neighbourhood belonging scale was significantly higher than that of the LSAC group.</p> <p><u>Non-significant</u> – No significant difference between the HIPPY and LSAC groups on the child's language and vocabulary skills as measured by the Peabody Picture Vocabulary Picture Test (PPVT).</p> <p>Descriptive – HIPPY parents reported that their child liked being read to for longer periods of time in any one sitting, compared with non-HIPPY parents. Teachers reported that HIPPY parents were more involved in</p>

Home Interaction Program For Parents and Youngsters (HIPPY)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>their child’s learning and development and had greater contact with the school than non-HIPPY parents. HIPPY parents were 81% more likely than LSAC parents to report that they thought their child’s maths ability was better than that of the child’s classmates. HIPPY parents were nearly 66% less likely than LSAC parents to have concerns about the way their child made speech sounds and 85% less likely to have concerns about their child’s ability to understand what they said. HIPPY children had fewer problems with peers as reported by their parents. An 18% improvement in the number of children in the total HIPPY group having low levels of socio-emotional difficulties, as reported by their parents. A larger proportion of HIPPY parents rated their children’s health as either excellent or very good—82% of HIPPY parents compared to 65% of LSAC parents. Teachers reported that on average HIPPY parents had more contact with their child’s school and were three times more likely to be involved in their child’s learning and development.</p> <p>Lower scores for the HIPPY children (on early numeracy and literacy assessment scores) had been observed at the start of the HIPPY</p>

Home Interaction Program For Parents and Youngsters (HIPPY)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>program, by the end of the program the gap had been closed.</p> <p>Improvement in the HIPPY group's hostile parenting scores: at the end of the program, HIPPY parents scored on average slightly better than their LSAC counterparts. At the end of the program, HIPPY parents were scoring considerably better than their LSAC counterparts on the out-of-home activity scale. HIPPY parents were 3.5 times more likely than their LSAC counterparts to report that their child liked being read to for a longer period of time in a single sitting. HIPPY parents were 61% more likely to agree that they knew where to find information about local services, with only a 12% possibility of this result occurring by chance.</p> <p>At the end of the program, HIPPY parents were two and three times more likely to report higher levels of support from 'other family' members and 'friends', respectively, than their LSAC counterparts. HIPPY parents were 82% more likely to give themselves a better rating as a parent than LSAC parents. HIPPY parents were 46% more likely than the LSAC parents to report that they were less happy in their relationship with their partner at the start of the program, but there was no difference between</p>

Home Interaction Program For Parents and Youngsters (HIPPY)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>the groups at the end of the program. HIPPY Indigenous parent reports: increased confidence to teach their child, increased confidence to talk to their child's teacher, improved parenting skills: patience and responding to difficult behaviour, better relationship between parents and child and improved quality time spent with the child, social connectedness from meeting other parents, the child becoming familiar and confident with schoolwork, more insight about school's requirements and expectations, better awareness of their child's skills, abilities and academic needs, pride for both the parent and the child in the child's learning and achievement.</p>

Home Learning Program (HLP; also referred to as Healthy and Safe)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Llewellyn, McConnell, Honey, Mayes, & Russo (2003)	Targeted to parents with intellectual disability to promote child health and home safety in the preschool years	Safety and physical wellbeing Child development	Randomised controlled trial Four groups received the program, staggered waitlist Pre-post-follow-up (3 months) measures	Individual parents	Home	Number of sessions –10 Duration of sessions – 60-90 minutes Frequency of sessions – weekly Total duration of program – 10-12 week period	Demographics are for the whole sample <u>Parents</u> Total (n = 45) Description – parents with intellectual disability and a child under 5 years Sex – mothers = 40 Age – mean = 32 years <u>Children</u> Age – mean = 2.2 years	Demographics are for the whole sample <u>Parents</u> Total (n = 45) Description – parents with intellectual disability and a child under 5 years Sex – mothers = 40 Age – mean = 32 years <u>Children</u> Age – mean = 2.2 years	<u>Statistically significant</u> – HLP resulted in significant improvement in parents’ ability to learn and also to remember and/or apply the knowledge and skills learned over a 3 month period. Parents significantly improved their understanding of health and symptoms of an illness, knowing when to call or visit the doctor, what information to provide and what questions to ask, along with knowledge of how to use medicines safely. <u>Maintenance of effect</u> – Gains were maintained over a 3month period <u>Descriptive</u> – After taking part in the HLP, parents learnt to recognize dangers to young children in the family home, to identify appropriate precautions in their own home

The Miller Early Childhood Sustained Home-Visiting (MECSH) programme

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Kemp, Harris, McMahon, Matthey, Vimpani, Anderson, Schmied, Aslam & Zapart (2011)	To improve transition to parenting, improve maternal health and wellbeing, improve child health and development, develop and promote parents aspirations for themselves and their children, improve family and social relationships and networks	Parent-child relationship Child behaviour Child development Safety and physical wellbeing	Randomised controlled trial Contemporary usual care control group Pre-post measures	Individual parents	Home	Number of sessions – mean = 16.3, range = 0-52 Duration of sessions – 60-90 minutes Frequency of sessions – monthly Total duration of program – 24 months	<p><u>Parents</u> (n = 111) Description – at-risk mothers living in a socioeconomically disadvantaged area in Sydney, booking into the local public hospital for confinement Sex – F = 100% Age – mean = 27.6 years, range = 15-45 years <u>Children</u> (n = not indicated) Age – range = 0-2 years</p>	<p><u>Parents</u> (n = 97) Sex – F = 100% Age – mean = 27.7 years, range = 17-42 years <u>Children</u> (n = not indicated) Age – range = 0-2 years</p>	<p><u>Statistically significant</u> – Children in the intervention group were breastfed for significantly longer than children in the comparison group. This difference was attributable to overseas-born mothers in the intervention group feeding for significantly longer than overseas-born mothers in the comparison group.</p> <p>Mothers of infants and toddlers in the intervention group provided a home environment that was statistically significantly more supportive of their child’s development through more verbal and emotional responsiveness, however, the effect size was small.</p> <p><u>Non-significant</u> - No significant difference in parent–child interaction between the intervention and comparison groups.</p> <p>No significant overall group differences in child mental, psychomotor or behavioural development.</p> <p>There were no significant group or subgroup differences in maternal health, social support or family outcomes.</p> <p><u>Descriptive</u> – Intervention mothers were more emotionally and verbally</p>

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Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>responsive during the first 2 years of their child's life than comparison group mothers.</p> <p>Australian born mothers in both the intervention and comparison groups breastfed for an average of 10.3 (SD 11.1) and 5.5 (SD 5.0) weeks, respectively. Both groups commenced children on solids at an average age of 5 months.</p> <p>No difference between the intervention and comparison group participants' experience of being a mother. Mothers who were psychosocially distressed antenatally, first-time mothers and mothers born overseas who received intervention were more likely to report a more positive experience of being a mother than those same subgroups of mothers in the comparison group.</p> <p>Intervention group children were breastfed longer, particularly those of overseas-born mothers and the subgroup of children of mothers who had been psychosocially distressed antenatally had clinically better mental development scores than their counterparts from the comparison group.</p> <p>Mothers assessed antenatally as having psychosocial distress showed benefit across a number of areas,</p>

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Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>including child development, their experience of being a mother, and small effects in a number of domains of the quality of the environment from a child development perspective; emotional and verbal responsiveness, organisation of the environment and provision of appropriate play materials.</p> <p>While the mental development of children of mothers who were not distressed antenatally in both the intervention and comparison groups was comparable with the general population, children's development was particularly poor in the distressed subgroup in the absence of the MECSH intervention.</p> <p>Overseas-born mothers showed benefit in the duration of breastfeeding, their experience of being a mother, and small effects for emotional and verbal responsiveness, although benefits were greater for Australian-born mothers in the provision of appropriate learning materials. Benefit accrued particularly for first-time mothers in their experience of being a mother, and in the two HOME subscales of provision of appropriate learning materials and emotional and verbal responsiveness.</p>

The Miller Early Childhood Sustained Home-Visiting (MECSH) programme									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>The outcomes for higher risk (two or more) compared with lower risk (one risk only) mothers showed small benefits in responsivity, organisation of the environment and provision of appropriate play materials.</p>

Mother & Baby Program (M&B)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Norman, Sherburn, Osborne & Galea (2010)	To improve the psychological health outcomes of postnatal women	Family relationships	Randomised controlled trial Contemporary alternate treatment Pre, post and follow-up (4 weeks) measures	Group of parents	Hospital	Number of sessions – 8 Duration of sessions – 1 hour Frequency of sessions – weekly	<u>Parents</u> (n = 62) Description – new mothers Sex – F = 100% Age – mean = 29.3 years <u>Children</u> (n = 62) Age – mean = 7.3 weeks	<u>Parents</u> (n = 73) Description – new mothers Sex – F = 100% Age – mean = 30.1 years <u>Children</u> (n = 73) Age – mean = 8 weeks	<u>Statistically significant</u> – There was significant improvement in wellbeing scores and depressive symptoms of the M&B group compared with the control group over the study period. <u>Maintenance of effect</u> – Significant positive effect on wellbeing scores and depressive symptoms at 8 weeks was maintained 4 weeks after completion of the program. <u>Descriptive</u> – The number of women identified as “at risk” for postnatal depression for pre-intervention was reduced by 50% by the end of the intervention.
				Groups of parents	Hospital	Number of sessions – 1 Duration of sessions – 30 minutes Frequency of sessions – once off Total duration of program – 8 weeks			

Parenting Adolescents: A Creative Experience (PACE)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Toumbourou and Gregg (2002)	To reduce adolescent risk factors implicated in youth suicide	Safety and physical wellbeing Child behaviour	Cluster non-randomised controlled trial Contemporary matched usual care comparison schools Pre-post measures	Groups of parents	Schools or community settings	Number of sessions – 7 Duration of sessions – not indicated Frequency of sessions – not indicated Total duration of program – not indicated	<u>Parents</u> (n = 305) Description – parents of 8 th grade students Sex – not indicated Age – < 40 = 44 <u>Children</u> (n = not indicated) Description – 8 th grade students Sex – not indicated Age – not indicated	<u>Parents</u> (n = 272) Description – parents of 8 th grade students Sex – not indicated Age – < 40 = 33 <u>Children</u> (n = not indicated) Description – 8 th grade students Sex – not indicated Age – not indicated	<p><u>Statistically significant</u> – After adjusting for baseline substance use, the odds of post substance use were significantly reduced for the intervention students but remained stable for the control students. Multiple substance use reduced significantly from pre to post for intervention students, whereas it increased in the control group. The odds of delinquency at post were significantly reduced for the intervention students but increased in the controls – this applies to both those reporting delinquency at pre and those not reporting delinquency at pre. After adjusting for baseline conflict, the odds of post intervention conflict were halved for the intervention group but remained stable for the controls. There was a significant pre to post increase in maternal care in the intervention group but not the control group.</p> <p><u>Non-significant</u> – Non-significant post trend for lower substance use among intervention students. Of those reporting substance use at pre, there were no significant differences between groups at post. There were no significant pre or post adolescent depressive symptom scores. There was a non-significant reduction in pre to post rates of intervention student</p>

Parenting Adolescents: A Creative Experience (PACE)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									self harm. <u>Descriptive</u> – The intervention showed no effect on substance use cessation. The odds of transition to substance use were halved in the intervention group. Rates of suicidal behaviour were stable in both groups over time. Ratings of paternal care were low and stable for both groups, at both time points.

Pathways Triple P									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Wiggins, Sofronoff & Sanders (2009)	Designed to promote positive parent-child relationships	Parent-child relationships Child development Child behaviour	Randomised controlled trial Waitlist Pre-post-follow-up (3 months) measures	Groups of parents	not indicated	Number of sessions – 9 Duration of sessions – 2 hours Frequency of sessions – weekly Total duration of program – 9 weeks	<u>Parents</u> (n = 30) Description – borderline to clinically significant relationship disturbance and child emotional and behavioural problems Sex – F = 29 Age – mother’s mean age = 38.3 years <u>Children</u> (n = 30) Sex – M = 23 Age – mean = 6.4 years	<u>Parents</u> (n = 30) Description – borderline to clinically significant relationship disturbance and child emotional and behavioural problems Sex – F = 27 Age – mother’s mean age = 35.9 years <u>Children</u> (n = 30) Sex – M = 23 Age – mean = 6 years	<u>Statistically significant</u> – Significant intervention effects for improving parent-child relationships in terms of parent-child attachment, parenting confidence, involvement, blame and intentional attributions for child disruptive behaviour, and dysfunctional discipline practices and for reducing externalising behaviour problems. <u>Maintenance of effect</u> – Gains maintained at 3-month follow-up.

Parenting Wisely									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Cefai, Smith, Pushak (2010)	To increase parental sense of competence and reduce child behaviour problems	Child behaviour	Randomised controlled trial pre-post-follow-up measures Three conditions: 1. individual intervention 2. group intervention 3. waitlist control	Individual intervention Individual parents	Individual intervention Clinic or treatment centre with CD-ROM	Individual intervention Number of sessions – between 1 and 3 Duration of sessions – not indicated Frequency of sessions – not indicated Total duration of program – average of 3.2 hours	Individual intervention <u>Parents</u> (n = 40) Demographics are for entire sample Description – not indicated Sex – F = 924 Age – mean = 40.7 years, range = 24-55 years <u>Children</u> (n = 40) Description – not indicated Sex – F = 57, M = 59 Age – mean = 11.9 years; range = 9-15 years	<u>Parents</u> (n = 46) Description – not indicated Sex – F = 924 Age – mean = 40.7 years, range = 24-55 years <u>Children</u> (n = 46) Description – not indicated Sex – F = 57; M = 59 Age – mean = 11.9 years, range = 9-15 years	<p><u>Statistically significant</u> – Significant pre- to post- improvements on parenting satisfaction and efficacy for both treatment groups but not the control group. The increase was greater in the individual format group. Significant pre to post improvements on child behaviour intensity and problem for both treatment groups but not for the control group. Parents in the individual format found the program to be significantly more enjoyable and satisfying than those in the group.</p> <p><u>Maintenance of effect</u> – Significant improvements in parenting satisfaction and efficacy were only maintained at 3 months for the individual format participants. Significant improvements in behaviour intensity and problem were maintained at 3 months for both groups.</p>
				Group intervention Groups of parents	Group intervention Setting not indicated, with facilitator	Group intervention Number of sessions – 2 Duration of sessions – 2-3 hours Frequency of	Group intervention <u>Parents</u> (n = 39) Demographics are for entire sample Description – not indicated		

Parenting Wisely									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
						sessions – not indicated Total duration of program – average of 4.5 hours	Sex – F = 924 Age – mean = 40.7 years, range = 24-55 years <u>Children</u> (n = 39) Description – not indicated Sex – F = 57, M = 59 Age – mean = 11.9 years., range = 9-15 years		

PremieStart Parent Sensitivity Training Program

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Milgrom, Newham, Anderson, Doyle, Gemmill, Lee, Hunt, Bear, & Inder (2010)	To reduce parent's stressful experiences	Safety and physical wellbeing Child development	Randomised controlled trial Contemporary standard care Pre-post measures	Individual parent	Neonatal Intensive Care Unit (NICU)	Number of sessions – 9 Duration of sessions – not indicated Frequency of sessions – twice a week for 2 weeks then weekly until discharge	<u>Parents</u> (n = 22) Description – women who delivered at <30 weeks gestation at the NICU Sex – F = 100% Age – mean = 32.2 years <u>Children</u> (n = 26) Sex – F = 58% Age - infants were at 30-32 weeks postmenstrual age	<u>Parents</u> (n = 23) Description – women who delivered at <30 weeks gestation at the NICU Sex – F = 100% Age – mean = 31.4 years <u>Children</u> (n = 26) Sex – F = 46% Age – infants were at 30-32 weeks postmenstrual age	<u>Statistically significant</u> – Maturation and connectivity of white matter were significantly enhanced in the intervention group. <u>Non-significant</u> – There were no significant effects on either brain volumes or on short-term medical outcomes.
				Individual parent	Home	Number of sessions – 1 Duration of sessions – not indicated Frequency of sessions – once off Total duration of program – not indicated			

Preparation for Parenthood, with additional postpartum session

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Matthey, Kavanagh, Howie, Barnett, & Charles (2004)	The aims of the additional session were to 1) increase the couple's understanding of each other's concerns, especially postpartum concerns; 2) to enable the couples to identify helpful and unhelpful behaviours if either found new parenthood stressful; 3) to provide participants with strategies other couples have found helpful when parenthood has been stressful	Family relationships	Randomised controlled trial Contemporary usual care and alternate treatment Pre-post-follow-up (6 months) measures	Groups of parents	Hospital	Number of sessions –7 Duration of sessions – not indicated Frequency of sessions – weekly	<p><u>Parents</u> (n = 89) Description – couples expecting their first baby who were attending the evening 'Preparation for Parenthood' program Sex – not indicated Age – not indicated</p>	<p><u>Parents</u> usual care (n = 101); alternate treatment (n = 78) Description – couples expecting their first baby who were attending the evening 'Preparation for Parenthood' program Sex – not indicated Age – not indicated</p>	<p><u>Statistically significant</u> – At 6 weeks postpartum women with low self-esteem who had received the intervention were significantly better adjusted on measures of mood and sense of competence than low self esteem women in either of the two control conditions.</p> <p><u>Maintenance of effect</u> – There were no main or interaction effects by 6 months postpartum.</p> <p><u>Non-significant</u> – There were no significant main or interaction effects for men at either time point, other than men with low self-esteem reporting poorer adjustment.</p>
				Individual parents	Home	Post session mail-outs Number of sessions – 2 (antenatally and postpartum) Total duration of program – 7 weeks			

Preparation for Parenthood, with additional postpartum session

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
	4) to normalise any feelings of stress, isolation or lack of confidence that may be experienced postpartum								

Queen Elizabeth Centre's Day Stay Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Hayes, Matthews, Copley and Welsh (2008)	To improve infant and toddler care and reduce parental distress	Family relationships, child behaviour	Randomised controlled trial Contemporary waitlist control group Pre-post-follow-up measures	Individual parent-child dyads and groups of parent-child dyads	Early parenting centre	Number of sessions – one Duration of session – 6 hours Frequency of session – once Total duration of program – 6 hours	<u>Parents</u> (n = 65) Sex – F = 100% Age – not indicated <u>Children</u> (n = 65) Sex – not indicated Age – not indicated	<u>Parents</u> (n = 53) Sex – F = 100% Age – not indicated <u>Children</u> (n = 53) Sex – not indicated Age – not indicated	<p><u>Statistically significant</u> – For the intervention group there were significant improvement in depression, anxiety, stress and parental confidence - parental satisfaction and efficacy.</p> <p>For the intervention group there were significant decreases in problematic child behaviour.</p> <p><u>Maintenance of effect</u> – The improvements in depression, anxiety, stress and parental confidence in intervention mothers were maintained at 6 weeks.</p> <p>The decreases in problematic child behaviour were maintained at 6 weeks.</p>

Quinlivan, Box & Evans (2003)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Quinlivan, Box and Evans (2003)	To reduce the frequency of adverse neonatal outcomes and increase knowledge of contraception, breastfeeding and vaccination schedules in teenage mothers younger than 18 years	<p>Child development</p> <p>Safety and physical wellbeing</p> <p>Basic child care</p> <p>Family relationships</p>	<p>Randomised controlled trial</p> <p>Contemporary usual care control group</p> <p>Pre-post measures</p>	Individual parents	Home	<p>Number of sessions – 5</p> <p>Duration of sessions – 1-4 hours</p> <p>Frequency of sessions – at 1 week, 2 weeks, 1 month, 2 months, 4 months, and 6 months after birth</p> <p>Total duration of program – 6 months</p>	<p><u>Parents</u> (n = 65)</p> <p>Description – teenage mothers <18 years</p> <p>Sex – F = 100%</p> <p>Age – mean = 16.4 years</p> <p><u>Children</u> (n = 65)</p> <p>Sex – M = 57%</p> <p>Age – range = 0-6 months</p>	<p><u>Parents</u> (n = 71)</p> <p>Description – teenage mothers <18 years</p> <p>Sex – F = 100%</p> <p>Age – mean = 16.6 years</p> <p><u>Children</u> (n = 71)</p> <p>Sex – M = 45%</p> <p>Age – range = 0-6 months</p>	<p><u>Statistically significant</u> – At postnatal assessment, significantly more teenage mothers in the intervention group (n = 53) than in the control group (n = 40) were reliably using contraception.</p> <p><u>Non-significant</u> – There were no significant differences in breastfeeding scores at antenatal or postnatal assessments.</p> <p>Although the median duration of breastfeeding in the intervention group was 12 weeks compared with 8 weeks in the control group, this difference was not significant.</p> <p><u>Descriptive</u> – The intervention reduced adverse neonatal events and improved contraception outcomes, but did not affect breastfeeding or infant vaccination knowledge or compliance.</p>

Rapee, Abbott & Lyneham (2006)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Rapee, Abbott and Lyneham (2006)	To reduce anxiety in children by using parent-delivered bibliotherapy	Child behaviour	Randomised controlled trial Contemporary control groups (waitlist or group cognitive-behavioral therapy using Cool Kids program) Pre-post-follow-up measures	Not clear	Home	Number of sessions – not clear Duration of sessions – not clear Frequency of sessions – not clear Total duration of program – 3 months	<u>Parents</u> (n = not indicated) <u>Children</u> (n = 90) Description – meeting DSM-IV criteria for an anxiety disorder Sex – M = 56.4% Age – range = 6-12 years	<u>Parents</u> (n = not indicated) Control Group 1 <u>Children</u> (n = 76) Description – meeting DSM-IV criteria for an anxiety disorder. Group cognitive-behavioral therapy using the Cool Kids program. Sex – F = 53.3% Age – range = 6-12 years Control Group 2 (Waitlist) <u>Children</u> (n = 87) Description - meeting DSM-IV criteria for an anxiety disorder. Sex – M = 70.1% Age – range = 6-12 years	<u>Statistically significant</u> – Bibliotherapy is significantly better than no treatment. Standard cognitive-behavioral group therapy group treatment with a therapist resulted in a greater change than bibliotherapy according to both clinician and parent reports. Children in all three groups reported significant and marked reduction in symptoms over time, however differences between groups were not significant. <u>Descriptive</u> – Children whose parents received bibliotherapy with no therapist contact improved somewhat more than children on waitlist after 12 weeks and these results were maintained at 3 months. Relative to waitlist, around 15% more children were free of an anxiety disorder at 12 and 24 weeks. Bibliotherapy resulted in a greater dropout from participation than did traditional group therapy. Treatment dropouts for all groups had slightly more severe symptomatology than completers.

Reach for Resilience									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Dadds and Roth (2008)	To prevent anxiety and other mental health problems in children	Child behaviour	Non-randomised cluster controlled trial Pre-post-follow-up measures	Groups of parents	Preschool	Number of sessions – 6 Duration of sessions – not indicated Frequency of sessions – fortnightly Total duration of program – 3 months	<u>Parents</u> (n = 355) Description – parents of preschool children Sex – not indicated Age – not indicated <u>Children</u> (n = 355) Description – preschool children Sex – not indicated Age – preschool age	<u>Parents</u> (n = 379) Description – parents of preschool children Sex – not indicated Age – not indicated <u>Children</u> (n = 379) Description – preschool children Sex – not indicated Age – not indicated	<u>Statistically significant</u> – Significant group by time interaction for teacher ratings of child behaviour in the areas of Anxious-Withdrawn, Angry-Aggressive and Social Competence. The comparison group were significantly more Anxious-Withdrawn and Angry-Aggressive than the intervention group. Significant pre to post decrease in reticence in intervention but not control group. <u>Maintenance of effect</u> – Comparison group remained significantly more Angry-Aggressive than intervention group at follow-up. <u>Non-significant</u> – No group by time interactions for any of the parent measures.

Salmon, Dadds, Allen & Hawes (2009)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Salmon, Dadds, Allen and Hawes (2009)	To provide parent management training (PMT) and elaborative, emotion-rich reminiscing (ER) to parents of children with oppositional behaviours	Parent-child relationship, child behaviour	Randomised controlled trial Contemporary alternate care control (parent management training with a non-language adjunct, child-directed play)	Individual parent-child dyad	Not clear	Number of sessions – 6 Duration of sessions – not indicated Frequency of sessions – weekly for 5 sessions then final session followed 2 weeks after 5 th session Total duration of program – 7 weeks	<u>Parents</u> (n = 14) Sex – F = 100% Age – 36.29 years <u>Children</u> (n = 14) Description – children exhibiting oppositional behaviour Sex – M n = 12 Age - range 3-8 years, mean = 5 years	<u>Parents</u> (n = 12) Sex – F = 100% Age – 36.58 years <u>Children</u> (n = 12) Description – children exhibiting oppositional behaviour Sex – M (n = 10) Age – range 3-8 years, mean = 4.5 years	<p><u>Non-significant</u> – There were no significant effects for low elaborative utterances.</p> <p>No significant effect on children’s elaborative and emotion utterances during a researcher-child conversation.</p> <p><u>Descriptive</u> – Pre-treatment, 70.6% of the control group and 88.2% of the ER group were diagnosed with oppositional defiant disorder. At post-treatment, these reduced to 46.7% and 33.3%, respectively.</p> <p>The number of elaborative and emotion utterances made by parents in the ER condition increased over time to a greater extent than did the number made by those in the control condition.</p>

Shelton, LeGros, Norton, Stanton-Cook, Morgan & Masterman (2007)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Shelton, LeGros, Norton, Stanton-Cook, Morgan and Masterman (2007)	To reduce body mass index (BMI), caloric consumption, reduce time engaged with sedentary electronic media, increase time in physical activity and decrease waist circumference in children with a BMI \geq 85 th percentile. Also to reduce parenting problems and improve parenting style and satisfaction.	Child development, parent-child relationship	Randomised controlled trial Contemporary waitlist control Pre-post measures	Groups of parents	Community centre	Number of sessions – 4 Duration of sessions – 2 hour Frequency of sessions – weekly Total duration of program – 4 weeks	<p><u>Parents</u> (n = not indicated)</p> <p>Sex - not indicated</p> <p>Age – not indicated</p> <p><u>Children</u> (n = 28)</p> <p>Description – children had a BMI \geq 85th percentile after adjusting for age and gender</p> <p>Sex – F (n = 14)</p> <p>Age – mean = 7.89 years, range 3-10 years</p>	<p><u>Parents</u> (n = not indicated)</p> <p>Sex - not indicated</p> <p>Age – not indicated</p> <p><u>Children</u> (n = 15)</p> <p>Description – children had a BMI \geq 85th percentile after adjusting for age and gender</p> <p>Sex – F (n = 9)</p> <p>Age – mean = 7.33 years, range 3-10 years</p>	<p><u>Statistically significant</u> – A significant reduction in child body mass index (BMI) and energy intake was found post-treatment.</p> <p><u>Descriptive</u> – Approximately 50% of the intervention group showed a clinically significant reduction in BMI.</p> <p>No differences were found for child sedentary electronic media time, physical activity and waist circumference.</p> <p>A greater reduction in caloric intake for intervention children compared with control group children.</p> <p>No differences between groups on scores of measures of parenting problems, style and satisfaction.</p> <p>No changes in BMI scores of parents or primary care givers across time for either treatment or control group.</p>

Signposts									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Hudson, Matthews, Gavidia-Payne, Cameron, Mildon, Radler & Nankervis (2003)	To help parents manage difficult behaviour of their child with an intellectual disability	Child behaviour	Non randomised controlled trial Wait list Pre-post-follow-up measures (however no follow-up data for control group) 3 modes of Delivery 1) Group 2) Telephone 3) Self-directed	Group Group of families	Group School	Group Number of sessions –6 Duration of sessions – 2 hours Frequency of sessions – fortnightly Total duration of program - 12 weeks	<u>Parents:</u> (n = 46) Sex – F = 100% <u>Children</u> Description – children with intellectual disability	<u>Parents:</u> (n = 27) Sex – F = 100% Age – not indicated <u>Children</u> Description – children with intellectual disability	<p><u>Statistically significant</u> – For disruptive behaviour and antisocial behaviour subscales there was a statistically significant difference between the pre-test and follow-up scores of the children. However no difference between groups.</p> <p>Descriptive – For measures other than the PHS Child Behaviour Subscale, the experimental groups had a more favorable outcome than the control group.</p> <p>The mothers who have had exposure to the Signposts materials were more confident in their ability as a parent, are less stressed and have fewer hassles with regard to their needs as parents. Furthermore the behaviour of their children is less disruptive and less antisocial.</p> <p>There were minimal differences among the three modes of delivery on the measures used, although families who used the self-directed mode were less likely to complete the materials.</p>
				Telephone Individual families	Telephone Home	Telephone Number of sessions – not indicated Duration of sessions – approximately 20 minutes Frequency of sessions – fortnightly Total duration of program – 12 weeks	<u>Parents:</u> (n = 13) Sex – F = 100% Age – not indicated <u>Children</u> Description – children with intellectual disability		

Signposts									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
							Self-directed <u>Parents:</u> (n = 29) Sex – F = 100% Age – not indicated <u>Children</u> Description – children with intellectual disability		
				Self-directed Individual families	Self-directed Home	Self-directed N/A Total duration of program – 12 weeks			

Signposts									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Hudson, Cameron, & Matthews (2008)	As above	As above	Non-controlled trial Pre-post-follow-up (3 months) measures Four modes of delivery: 1) Group 2) Individual 3) Telephone 4) Self-directed	Group Group of families	Community setting	As above	<u>Parents</u> (n = 2119) Sex – mothers (n = 1551) <u>Children</u> Description – children with intellectual disabilities or developmental delay Sex – M = 73% Age – 2-18 years (mean = 7.1 years)	None	<u>Statistically significant</u> – Significant improvements on all measures were reported for the group delivery mode. For individual and telephone modes significant improvements on measures of depression, stress, efficacy, satisfaction, child behaviour, parent needs, as well as disruptive and obedient behaviors were reported. <u>Descriptive</u> – Participants reported that they were less depressed, less anxious and less stressed, were more confident and satisfied with managing their child, and were less hassled by their child’s behaviour. They also reported their child exhibited fewer difficult behaviors. Effect sizes ranged from small to large, depending on mode of delivery of the program.
				Individual Individual families	Home	not indicated			
				Telephone Individual families	Home	As above			
				Self-directed Individual families	Home	As above			

Sofronoff & Farbotko (2002); Leslie & Brown (2004)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Sofronoff and Farbotko (2002)	To improve parental self-efficacy in the management of problem behaviours associated with Asperger's syndrome using Parent Management Training	Parent-child relationship, child behaviour	Non-randomised controlled trial Contemporary usual care control group Pre-post-follow-up measures Two conditions 1. Group 2. Individual	Group Intervention Group of parents	Group Intervention University	Group Intervention Number of sessions – 1 Duration of session – 1 day Frequency of session – once Total duration of program – 1 day	Group Intervention <u>Parents</u> (n = 32) Sex – F = 53% Age – not indicated <u>Children</u> (n = not indicated) Description – children meet DSM-IV criteria for Asperger's syndrome Sex – not indicated Age – mean = 8.3 years, range = 6-12 years	<u>Parents</u> (n = 20) Sex – F = 50% Age – not indicated <u>Children</u> (n = not indicated)	<p><u>Statistically significant</u> – Significant decrease in the number of problem behaviours reported by parents for both the 1 day workshop format and the individual sessions.</p> <p>Mothers showed a significant improvement in self-efficacy.</p> <p><u>Maintenance of effect</u> – A slight drop in efficacy in the workshop parents was observed at 3 months follow-up.</p> <p>Mothers significant improvement in self-efficacy was maintained at 3 months.</p> <p><u>Non-significant</u> – No significant difference in self-efficacy between the workshop format and the individual sessions.</p> <p>Fathers showed no change in self-efficacy.</p> <p><u>Descriptive</u> – Intervention parents reported fewer problem behaviours post intervention compared with control group parents.</p> <p>A reported increase in parental self-efficacy in the management of behaviours for both the workshop and individual formats. A decrease in self-efficacy reported by the control group.</p>

Sofronoff & Farbotko (2002); Leslie & Brown (2004)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
				Individual Intervention Individual parents	Unclear	Individual Intervention Number of sessions – 6 Duration of sessions – 1 hour Frequency of sessions – not indicated Total duration of program – not indicated	Individual Intervention <u>Parents</u> (n = 36) Sex – F = 50% Age – not indicated <u>Children</u> (n = not indicated) Description – children meet DSM-IV criteria for Asperger's syndrome Sex – not indicated Age – mean = 8.3 years, range = 6-12 years		

Sofronoff & Farbotko (2002); Leslie & Brown (2004)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Sofronoff, Leslie and Brown (2004)	To increase parental competence in management of problem behaviours associated with Asperger's syndrome using Parent Management Training	Child behaviour	Randomised controlled trial Contemporary waitlist control group Pre-post-follow-up measures Two conditions 1. Group 2. Individual	Group Intervention Group of parents	Group Intervention University	Group Intervention Number of sessions – 1 Duration of session – 1 day Frequency of session – once Total duration of program – 1 day	Group Intervention <u>Parents</u> (n = 18) Sex – not indicated Age – not indicated <u>Children</u> (n = 51) Description – children meet DSM-IV criteria for Asperger's syndrome Sex – not indicated Age – mean = 9.3 years, range = 6-12	<u>Parents</u> (n = 15) Sex – not indicated Age – not indicated <u>Children</u> (n = not indicated) Age – mean = 9.3 years, range = 6-12 years	<u>Statistically significant</u> – Significant improvement on parent rated number of problem behaviours, intensity of problem behaviours and ratings of social skills. Significant difference for parent ratings of intensity of problem behaviours between workshop group and individual sessions group (individual session parents reported greater improvement). <u>Non-significant</u> – No significant improvement for the control group for any of the outcome variables. No significant difference for parent ratings of intensity of problem behaviours between workshop group and waitlist control group.

Sofronoff & Farbotko (2002); Leslie & Brown (2004)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
				Individual Intervention Individual parents	Individual Intervention University clinic	Individual Intervention Number of sessions – 6 Duration of sessions – 1 hour Frequency of sessions – weekly Total duration of program – 6 weeks	Individual Intervention <u>Parents</u> (n = 18) Sex – not indicated Age – not indicated <u>Children</u> (n = 51) Description – children meet DSM-IV criteria for Asperger's syndrome Sex – not indicated Age – mean = 9.3 years, range = 6-12		

Tuned in Parenting									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Priddis and Wells (2010)	To improve parent-infant/child relationships especially where the child exhibits functional regulatory disturbances	Parent-child relationship Basic child care	Non-randomised controlled trial Contemporary waitlist control Pre-post measures	Groups of parents	Unclear	Number of sessions – 9 Duration of sessions – 2 hours Frequency of sessions – weekly Total duration of program – 9 weeks	<p><u>Parents</u> (n = 17) Description – mothers who were currently seeking treatment for their child’s sleeping, crying or feeding. Sex – F = 100% Age – mean = 31.9 years</p> <p><u>Children</u> (n = 17) Sex – F = 10 Age – mean = 3.4 months</p>	<p><u>Parents</u> (n = 14) Description – mothers who were currently seeking treatment for their child’s sleeping, crying or feeding. Sex - F = 100% Age – mean = 31.4 years</p> <p><u>Children</u> (n = not indicated) Sex – not indicated Age – mean = 2.7 months</p>	<p><u>Descriptive</u> – In comparison to maternal behaviour in their pre-intervention film, post-intervention mothers typically allowed their child to lead play, used more feeling words in dialogue with their child, and were more responsive to their child’s needy feelings on reunion. Infants in turn expressed a wider range of emotion in the post-test film than in their pre-test film. No such changes were observed in any film of control group dyads.</p> <p>Qualitative observations of maternal-infant interactions noted that change was evident in all except two mothers post-intervention.</p> <p>Intervention mothers made substantial shifts of emphasis – they became more aware of the dynamic nature of their relationship with their children and more thoughtful about their infants’ mental state.</p> <p>Intervention mothers showed growing insights about how to support their children in their eating, feeding, sleeping behaviours.</p> <p>‘Parenting has clear rules to follow theme’ - pre-test: control and TIP groups similar. Post-test: no change for controls, TIP 48% shift to unconditional acceptance of child.</p>

Tuned in Parenting									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>Post-test: 66% TIP shift to less emphasis on rules and view parenting as less hard work. Little change in control group.</p> <p>'Parent-child relationship is collaborative' theme - Pre- and post-test 50% control group relaxed. TIP group move 24% to 78% relaxed.</p> <p>'Focus on child cues' theme - pre-test: groups are similar. Post-test TIP group 72% move to awareness of emotional needs, 35% move to less focus on action. No change in control group.</p>

Your Defiant Child									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Swift, Roeger, Walmsley, Howard, Furber & Allison (2009)	To improve child behavioural problems	Child behaviour	Randomised controlled trial Waitlist Pre-post measures	Individual parent	Home	Self-help book	<u>Parents</u> (n = 16) Demographics are for the whole sample Sex – F = 100% Age – not indicated <u>Children</u> (n = 16)	<u>Parents</u> (n = 13) Demographics are for the whole sample Sex – F = 100% Age – not indicated <u>Children</u> (n = 13)	<u>Statistically significant</u> – The main behavioural measure showed significantly better outcomes for the training program from pre to post treatment compared to controls. <u>Descriptive</u> – For the parent training group, the mean score for the ECBI Intensity scale was reduced from above the clinical cut-off before treatment to below the cut-off after treatment.
				Individual parent	Telephone (Free call number to access the primary care provider on a weekly basis and if they didn't ring themselves they were followed up fortnightly)	Number of sessions –N/A Duration of sessions – N/A Frequency of sessions – weekly or fortnightly Total duration of program – 12 weeks	Description – children aged 2-12 years who were referred for disruptive behaviour, attention-deficit hyperactivity and learning difficulties Sex – M = 86% Age – mean = 7 years	Description – children aged 2-12 years who were referred for disruptive behaviour, attention-deficit hyperactivity and learning difficulties Sex – M = 86% Age –mean = 7 years	