

Appendix 3

Evidence review: An analysis of the evidence for parenting interventions for parents of vulnerable children aged up to six years



June 2013

Appendix 3: Summary of Well Supported,
Supported and Emerging interventions:
Intervention delivery, content and
evaluation results

Evidence review: An analysis of the evidence for parenting
interventions for parents of vulnerable children
aged up to six years

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Disclaimer

This analysis of parenting interventions was commissioned by the Families Commission of New Zealand. It was conducted between March and May 2013. Readers are advised to consider new evidence arising post the publication of this review when selecting and implementing parenting interventions.

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Contents

Appendix 3: Summary of Well Supported, Supported and Emerging interventions: Intervention delivery, content and evaluation results	4
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Appendix 3: Summary of Well Supported, Supported and Emerging interventions: Intervention delivery, content and evaluation results

Intervention name (description where name not available)	Country	Intervention type	Population targeted	Outcomes targeted	Mode, setting, dose and intervener	Delivery	Content	Results Outcome with significant effect favouring intervention at post or number of months/years after post
Well Supported								
Nurse-Family Partnership (NFP)	USA	Program	Pre and postnatal Teen parents Low SES/disadvantaged Single parents	Child development Child behaviour Safety and physical wellbeing Basic child care Parent-child relationships Family relationships Systems outcomes	Variable number of home-based sessions for individual families delivered by professionals starting during pregnancy and finishing when the child is 2 years old	Link families to needed services, housing, income and nutritional assistance, child care and educational and vocational training Individualised service plans Nurses “worked directly with mothers” Clarify parent goals Praise and encouragement Structured	Health-related behaviour during pregnancy and early years Care parents provide to their child Maternal personal life-course development (family planning, educational achievement, participation in the workforce) Problem solving skills	Fewer yeast infections – 36 weeks pregnancy Less hypertension - labour Subgroup of poor unmarried mothers. Less restriction and punishment and more appropriate play material than controls – just before post Fewer healthcare visits for injuries/ingestions, less days in hospital, more breastfeeding attempts, fewer subsequent

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						session guidelines and plans for visits		<p>pregnancies/births, greater mastery – 2 year follow-up</p> <p>Fewer visits to emergency – 2 year follow-up</p> <p>Less hazards in the home and avoidable punishment – 22 month follow-up</p> <p>Improved behavioural coping and fewer days in hospital – between 1 month and 3 years follow-up</p> <p>Less substantiated reports of child abuse and neglect, maltreatment reports, less being stopped by police, fewer arrests and convictions – 15 years</p> <p>Subgroup of lower</p>

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								<p>SES unmarried mothers. Less substance use, fewer arrests, fewer convictions, fewer days in jail, fewer subsequent pregnancies and births, better birth spacing, less months receiving aid, less running away, fewer days drinking alcohol, fewer sex partners, fewer days using – 15 years</p> <p>Fewer CPS reports: involving mothers as perpetrators, involving the study child, of neglect, abuse – 15 years</p>
Supported								
Attachment and Biobehavioral	USA	Program	Under 6 years Children at risk of maltreatment or who	Child development Child	10 sessions over 10 weeks	Written material in the form of a manual	Teach caregiver to reinterpret children's alienating behaviours	Improved child behaviours, avoidance

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Catch-up (ABC)			have been maltreated	behaviour Parent-child relationships	delivered by a professional in the home/foster home to individual parent/carer-child dyads	Discussion Videotape during structure activities with performance feedback	Nurturance in response to child distress Teach caregiver to manage negative reactions when child displays negative behaviours Synchronous parent-child interactions Providing a predictable environment for child	attachment behaviour, disorganised attachment, secure attachment – 1 month follow-up Higher cognitive flexibility, theory of mind – 2 year follow-up
Parent-Child Interaction Therapy (PCIT)	Australia and USA	Program	Child mean age of 5 years At risk of maltreatment	Child development Child behaviour Safety and physical wellbeing Parent-child relationships	Average of 14 to 16 weekly sessions for individual parent-child dyads delivered in the home or clinic, medical or health setting by professionals	Didactic presentation to parents Direct coaching of parents while they are interacting with the children Praise for appropriate responses to child behaviour Immediate remediation for inappropriate response to	Child behaviour management Labelled praise Reflect or paraphrase the children's appropriate talk Use behavioural descriptions to describe the child's positive behaviour Avoid using commands, questions or criticism Effective instructions and commands Following through on direct commands via labelled praise or time out	Less child externalising problems, less behaviour intensity, reduced stress – 12 weeks Less child behaviour problems and intensity, improved child internalising and externalising behaviour, improved parent stress, improved parent verbalisations and parent sensitivity-

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						child behaviour Treatment continues to Mastery criteria – parent successfully and consistently demonstrates strategies learned and expresses a clear understanding of their own change and role in the family		post
			Child aged 4 to 12 years History of maltreatment	Child behaviour Safety and physical wellbeing Parent-child relationships	Home-based sessions for individual parent-child dyads and clinic-based sessions for groups of parents. 22 to 24 weekly sessions delivered by professionals			Fewer re-reports of physical abuse – 2.3 year follow-up

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SafeCare	USA	Service model	Under 5 years Caregivers with risk factors such as substance abuse, mental health issues or intimate partner violence	Child development Safety and physical wellbeing Basic child care Parent-child relationships Systems outcomes	Home-based sessions delivered by professionals	Assess parent skills using observations and checklists Teach skill deficits via active skills training Verbal instructions Discussion Modelling Role-play Feedback Praise Homework tasks Teach to mastery criteria in simulation and in actual interactions	Parent-child or parent-infant interactions Basic caregiving structure Parenting routines Home safety (assess home hazards and teach parents to remove hazards and child proof doors and cabinets, provide safety equipment such as door and cabinet latches) Problem solving Child health care Planned activities training (teach parent time management, explain rules to child, reinforcement/rewards, incidental teaching, activity preparation, outcome discussions with child, explain expectations to child)	Fewer reports of domestic violence – post
			Children under 12 years History of maltreatment	Child development Safety and physical wellbeing Basic child care Parent-child relationships Systems outcomes	Home-based sessions delivered weekly by professionals over 6 months to individual families		Less maltreatment recidivism – 7 years	

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Triple P Positive Parenting Program – Standard and Enhanced Group Behavioural Family Intervention	Australia	Program	Mean age 4 years History of maltreatment	Child development Child behaviour Parent-child relationships	<u>Standard</u> 4 weekly group sessions in the community and 4 individual telephone calls. All delivered by a professional <u>Enhanced</u> As above plus 4 additional group sessions delivered in the community by a professional	<u>Standard</u> Discussion Written material in the form of a workbook Set goals for behaviour change Modelling Rehearsal Practice Goal setting <u>Enhanced</u> As above	<u>Standard</u> Child behaviour management 10 strategies for promoting children’s competence (i.e., quality time; talking with children; physical affection; praise; attention; engaging activities; setting a good example; Ask, Say, Do; incidental teaching; and behaviour charts) Seven strategies for managing misbehaviour (i.e., setting rules; directed discussion; planned ignoring; clear, direct instructions; logical consequences; quiet time; and time-out). Planning ahead for high risk situations in relation to difficult child behaviour. Planned activities training <u>Enhanced</u> As above plus Cognitive re-framing in relation to negative parental	Lower negative parental attribution – post

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							<p>attributions about child behaviour</p> <p>Anger management using physical, cognitive and planning strategies</p>	
			<p>Mean age of 3 years</p> <p>Parents with a mental illness and concerns about child behaviour</p>	<p>Child development</p> <p>Child behaviour</p> <p>Parent-child relationships</p>	<p><u>Standard</u></p> <p>Average of 10 weekly individual sessions delivered by a professional. Half delivered in a clinic and half at home.</p> <p><u>Enhanced</u></p> <p>Average of 12 weekly individual sessions delivered by a professional. Half</p>	<p><u>Standard</u></p> <p>Written material in the form of a workbook</p> <p>Verbal instruction on how to use written material</p> <p>Discussion</p> <p>Modelling</p> <p>Role-play</p> <p>Feedback</p> <p>Homework tasks</p> <p><u>Enhanced</u></p> <p>As above, plus</p> <p>Delivery method was individualised</p>	<p><u>Standard</u></p> <p>Child behaviour management – 10 strategies for promoting children’s competence and seven strategies for managing misbehaviour</p> <p>Planning ahead for high risk situations in relation to difficult child behaviour.</p> <p>Planned activities training</p> <p><u>Enhanced</u></p> <p>As above plus</p> <p>Partner support for couples (positive listening and speaking, strategies for building a caring relationship)</p> <p>Coping skills for couples (assist with personal adjustment difficulties such as depression, anger, anxiety,</p>	<p>Improve negative child behaviour, parents’ perceptions of disruptive behaviour, parents’ reports of problem child behaviour, parents’ reports of dysfunctional discipline style, mothers’ sense of competency – post</p> <p>Fewer reports of negative child behaviour – 12 month follow-up</p>

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					delivered in a clinic and half at home	for each family (e.g., amount of time spent on active skills training varied across families)	stress) Social support via a significant other for single parents	
Promising								
NONE IDENTIFIED								
Emerging								
Child FIRST	USA	System of care	Children aged 6 to 36 months with emotional/behavioural problems Parents at psychosocial risk	Child development Child behaviour Safety and physical wellbeing Parent-child relationship Family relationship Systems outcomes	Mean of 24 home-based sessions delivered over 22 weeks to individual families by a professional	Assessment of child and family Individualised plan Linkage to other services, such as mental health, health and early care, early interventions, education, child protection and social and concrete	Home visiting components are guided by parental need rather than a fixed curriculum Observations of child's emotional, cognitive and physical development Observation of parent-child interactions Psychoeducation including developmental stages, expectations and means of typical behaviours Reflective functioning to understand the child's	Smaller percentage of children language problems, problems with toddler social and emotional development, parental global psychiatric symptoms, parental stress – 12 month follow-up

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						<p>services</p> <p>Based on family priorities, strengths, culture and needs</p> <p>Collaboration with families</p>	<p>feelings and the meaning of the child's unique and challenging behaviours</p> <p>Psychodynamic understanding of the mothers history, feelings and experience of the child</p> <p>Alterative perspectives of child behaviour and new parental responses</p> <p>Positive reinforcement of both parents' and child's strengths to promote parents self-esteem</p>	
Child-Parent Psychotherapy (CPP)	USA	Program	3 -5 years Domestic, family or intimate partner violence	<p>Child development</p> <p>Child behaviour</p> <p>Safety and physical wellbeing</p> <p>Parent-child relationship</p> <p>Family</p>	Mean of 32 sessions delivered over 50 weeks to individual parent-child dyads by a professional	<p>Initial sessions focus on assessment</p> <p>Communication of assessment finding with mother</p> <p>Individualised treatment plan</p> <p>Discussion</p>	<p>Parent-child relationships</p> <p>Safety in the environment</p> <p>Promote safe behaviour</p> <p>Support appropriate limit setting</p> <p>Self-regulation (development guidance regarding how children regulate affect and emotional reactions, support and label affective experiences, support parent's</p>	<p>Improved traumatic stress disorder and avoidant behaviour scores - post</p> <p>Improved child behaviour total score – 6 month follow-up</p>

Intervention name (description where name not available)	Country	Intervention type	Population targeted	Outcomes targeted	Mode, setting, dose and intervener	Delivery	Content	Results Outcome with significant effect favouring intervention at post or number of months/years after post
				relationship			<p>skills to respond in helpful, soothing ways when child is upset)</p> <p>Reciprocity in relationships (reinforces parent and highlight parent's and child's love and understanding of each other, support expression of positive negative feelings for important people, develop interventions to change maladaptive patterns of interactions)</p> <p>Focus on traumatic events (help parents acknowledge what child has witnessed and remembered, help parents and child understand each other's perspective to the trauma. Provide developmental guidance acknowledging response to trauma, make linkage between past experiences and current thoughts, feelings and behaviours, help parents understand link between her</p>	

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							<p>own experiences and current feelings and parenting practices, highlight the difference between past and present circumstances, support parent and child in creating a joint narrative, reinforces behaviours that help parent and child master the trauma and gain new perspective)</p> <p>Continuity of daily living (foster prosocial adaptive behaviour, foster efforts to engage in appropriate activities, foster development of a daily routine)</p>	
Cognitive Behavioral Therapy for Sexually Abused Preschoolers (CBT-SAP)	USA	Program	3 – 6 year old History of maltreatment	Child development Child behaviour Parent-child relationships Family relationships	12 sessions delivered weekly by professionals to individual parent-child dyads in a clinic, medical or health	Cognitive behavioural therapy Cognitive reframing Thought stopping, Positive imagery Contingency	<p>For parents: Ambivalence about belief in the sexual abuse Ambivalence towards the perpetrator Attributions regarding the abuse Feelings that the child is</p>	<p>Lower score for behaviour profile and internalising problems - post Less sexualised behaviour, fewer types of problematic behaviours, lower frequency of</p>

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					setting	reinforcement. Parenting management training Problem solving Psychoeducation Supportive interventions	damaged Management of child fear and anxiety Provision of appropriate emotional support to the child Management of appropriate behaviours Dealing with the parents issues in relation to their own abuse For the child: Attributions regarding the abuse Ambivalent feeling towards the perpetrators Child safety and assertiveness training Appropriate versus inappropriate touching Inappropriate behaviour Issues of fear and anxiety	problematic behaviours – 12 month follow-up

Intervention name (description where name not available)	Country	Intervention type	Population targeted	Outcomes targeted	Mode, setting, dose and intervener	Delivery	Content	Results Outcome with significant effect favouring intervention at post or number of months/years after post
Early Intervention Foster Care Program (EIFC)	USA	Service model	Children aged 3 to 6 years old in the foster care system	Systems outcomes	6 to 9 months of weekly group sessions for children and individual and group sessions for foster parents. Professional delivered.	<p>Training of foster care parents is completed before they receive foster care (unlike most other parenting interventions that are for families with children living with them)</p> <p>After placement, foster parents work with practitioner via "support and supervision through daily telephone contacts, weekly foster parents support group meetings and a 24-hour on-call crisis</p>	<p>Child behaviour management</p> <p>Foster parents training focuses on positive parenting strategies to promote child psychosocial development and behavioural regulation (warm, responsive, consistent home environment)</p> <p>Positive reinforcement</p> <p>Close supervisions and engagement</p> <p>Labelling target behaviours and tracking their occurrence</p> <p>Using behaviour contracting with rewards and star charts to increase prosocial behaviour</p> <p>Using timeout and other contingent approaches to setting limits</p> <p>Individualised child treatment teaches prosocial skills to improve behaviour</p> <p>Weekly playgroup focuses on skills for school readiness such as early literacy</p>	Fewer failed permanent placements – 24 month follow-up

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						intervention” Children receive direct service with behavioural specialist at preschool/day care and home Children attend weekly “therapeutic” playgroup sessions		
Early Start	New Zealand	Program	Up to 3 months old At risk of maltreatment. Domestic, family or intimate family violence, parental substance abuse	Child development Child behaviour Safety and physical wellbeing Parent-child relationships Family relationships Systems	Professional delivered program to individual families in the home over 3 years. Number of sessions varied from a maximum of one per week to minimum of	<u>Essential features only as authors report service provision is flexible and it is difficult to provide account of the work undertaken</u> Individualised service planning Assessment of family needs, issues,	<u>Essential features only as authors report service provision is flexible and it is difficult to provide account of the work undertaken</u> Child health (timely medical visits, compliance with immunisation and wellbeing checklists, home safety and home environment) Parenting skills (parental sensitivity, positive parenting and non-punitive parenting) Supporting parental physical	Greater duration of early childhood education – post Greater score for positive parenting attitude and non-punitive attitudes– post Smaller percentage of parental reports of severe physical assault - post Fewer internalising or externalising

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				outcomes	1 per month	<p>challenges strengths and resources</p> <p>Focus on relationship development between worker and family</p> <p>Collaborative problem solving focused on family challenges</p> <p>Supporting, teaching, mentoring and advice to assist client families to use their strengths and resources</p>	<p>and mental health (reductions of unplanned pregnancies, early detection and treatment of depression/anxiety/substance abuse)</p> <p>Family economic and material wellbeing (budgeting, employment)</p> <p>Positive adult relationships</p> <p>Crisis management</p>	<p>behaviour problems – 9 year follow-up</p> <p>Higher parenting score – 9 year follow-up</p> <p>Smaller percentage attended hospital for accident/injury – 9 year follow-up</p> <p>Smaller percentage of parent reported harsh punishment – 9 year follow-up</p> <p>Lower score for physical punishment – 9 year follow-up</p> <p>Lower score for strengths and difficulties – 9 year follow-up</p> <p>Fewer severe physical assaults by any parent – 9 year follow-up</p> <p>Smaller percentage of agency contact</p>

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								for abuse/neglect – 9 year follow-up
Parent training prevention model (description)	USA	Program	Children aged 18 months to 4 years At risk of maltreatment and low SES/disadvantaged	Child development Child behaviour Safety and physical wellbeing Parent-child relationships	15 weekly home-based sessions for individual parents, plus sessions for groups of parents. Delivered by a professional.	Nondidactic, continuous interaction between group members and group facilitator Written materials outlining group curriculum Group start with one or more women sharing a positive experience with child that happened over the week Review of previous week's curriculum Role-playing Socratic	Main focus is on child behaviour management Problem solving Time management Positive parenting techniques such as child-led play, distraction, “catching child being good” and effective compliance strategies Anger management Time out for difficult child behaviour Child health and safety issues (e.g., losing control or leaving child with someone who might lose control)	Improved problems solving ability and number of tasks during which mothers rewarded children – post Improved child elicited anger and parent self-efficacy – 9 month follow-up

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						<p>dialogue</p> <p>Modelling</p> <p>Discussion of barriers to the curriculum use</p> <p>Homework tasks</p>		
Parents Under Pressure (PUP)	Australia	Program	<p>Children aged 2 – 8 years</p> <p>Parental substance abuse</p>	<p>Child behaviour</p> <p>Safety and physical wellbeing</p> <p>Family relationships</p>	10 home-based sessions over 10 – 12 weeks delivered by a professional to individual parents	<p>Begins with assessment and individualised case planning in collaboration with parents</p> <p>Additional case management can occur outside treatment session (e.g., housing, legal advice, school intervention)</p>	<p>10 modules</p> <p>Strengthen the parent’s view that they are competent in the parenting role</p> <p>Help parents develop skills in coping with negative emotional states through use of mindfulness skills</p> <p>Positive parenting skills including praise, rewards for good behaviour, and child-centred play skills</p> <p>Non-punitive child management techniques such as time-out</p> <p>Coping with lapse and relapse (to use of alcohol and drugs)</p>	<p>Lower parenting stress, lower child abuse potential, less rigid or harsh parenting beliefs and attitudes, lower parental methadone dose, child behaviour problem – 6 month follow-up</p>

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							Extending social networks Life skills: practical advice on diet and nutrition, budgeting, health care and exercise Relationships (effective communication between partners)	

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