

# Appendix 5

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



June 2013



## Appendix 5: Data extracted regarding the Supported interventions

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

## **Prepared by:**

**Dr Michelle Macvean, PhD**

Manager, Knowledge Synthesis, Parenting Research Centre

**Dr Robyn Mildon, PhD**

Director of Knowledge Exchange and Implementation, Parenting Research Centre

**Prof Aron Shlonsky, PhD**

Professor of Evidence Informed Practice, Department of Social Work, School of Health Sciences, University of Melbourne

**Ben Devine**

Research Assistant, Parenting Research Centre

**Jessica Falkiner**

Research Assistant, Parenting Research Centre

**Dr Misel Trajanovska, PhD**

Research Fellow, Parenting Research Centre

**Dr Fabrizio D'Esposito, PhD**

Research Fellow, Parenting Research Centre

## ***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.

June 2013

Parenting Research Centre  
Level 5, 232 Victoria Parade  
East Melbourne  
Victoria 3002  
Australia

p. + 61 03 8660 3500

[www.parentingrc.org.au](http://www.parentingrc.org.au)

## **Contents**

<b>Appendix 5: Data extracted regarding the Supported interventions</b>	<b>4</b>
<b>1. Attachment and Biobehavioral Catch-up (ABC)</b>	<b>4</b>
<b>2. Parent-child interaction therapy (PCIT)</b>	<b>26</b>
<b>3. SafeCare</b>	<b>46</b>
<b>4. Triple P Positive Parenting Program – Standard and Enhanced Group Behavioural Family Intervention</b>	<b>56</b>

## Appendix 5: Data extracted regarding the Supported interventions

### 1. Attachment and Biobehavioral Catch-up (ABC)

<b>Study ID (first surname + year)</b> Bernard et al. (2012)		<b>Initials of person extracting data</b> JF <b>Date</b> 13/5/13	
<b>Full citation</b> Bernard, K., Dozier, M., Bick, J., Lewis-Morrarty, E., Lindhiem, O., & Carlson, E. (2012). Enhancing attachment organization among maltreated children: Results of randomized clinical trial. <i>Child Development</i> , 83(2), 623-636.			
<b>Papers cited/referenced in this paper that relate to this intervention but are not already included in the REA</b>			
<b>Was a cluster design used? If so, clustered by schools, communities, families etc.?</b> No			
<b>Country in which study was conducted</b> United States			
<b>Inclusion criteria (what are the criteria for participant inclusion in the study)?</b> Children: Children at risk of maltreatment Parents:			
<b>Exclusion criteria (what are the criteria for participant exclusion from the study)?</b> Children: Parents:			
<b>Participant demographics at baseline (provide family/household/school etc. details if child/parent details not given)</b>			
		<b>Intervention</b>	<b>Comparison</b>
Number assigned	Children	60	60
	Parents		

Number in final analysis	Children	60	60
	Parents		
Age (mean, SD, range)	Children	M = 19.2 (SD = 5.2)	M = 19.2 (SD = 5.8)
	Parents	M = 29.0 (SD = 7.3)	M = 29.0 (SD = 8.7)
Sex	Children	Male (62%)	Male (53%)
	Parents	Male (2%)	Male (2%)
Education	Parents	The majority of parents had not completed high school (68%)	The majority of parents had not completed high school (68%)
Ethnicity/indigenous	Parents	Sixty-nine of the parents were African American (61%), 10 were Biracial (9%), 17 were White/Hispanic (15%), and 17 were White/non-Hispanic (15%)	Sixty-nine of the parents were African American (61%), 10 were Biracial (9%), 17 were White/Hispanic (15%), and 17 were White/non-Hispanic (15%)
	Children	Seventy-three of the children were African American (61%), 25 were Biracial (20%), 13 were White/Hispanic (11%), and 9 were White/non-Hispanic (8%).	Seventy-three of the children were African American (61%), 25 were Biracial (20%), 13 were White/Hispanic (11%), and 9 were White/non-Hispanic (8%).
<b>Notes</b>			

**Vulnerability or maltreatment issues (Reason this child/parent/family is in this intervention? Select as many as applicable)**

	<b>Intervention Yes/no</b>	<b>Comparison Yes/no</b>
History of maltreatment (either parents as abusers or children were abused)		
At-risk of maltreatment (no description of reason)	Yes	Yes
Vulnerable, troubled or fragile (use these phrases but no mention of maltreatment)		

Domestic, family or intimate partner violence		
Teen parent		
Low SES/disadvantaged		
Parental substance abuse		
Parent was maltreated as a child		
Parent has a physical disability		
Parent has learning disability/difficulty or intellectual disability		
Parent has a mental illness		
Child has a disability or additional needs		
Other (please list)		
Cannot tell		

### **Intervention and comparison conditions**

**What type of approach was the intervention? (refer to definitions)**

<b>Approach type</b>	<b>Yes/no</b>
Program	Yes
Service model	
System of care	

**What type of comparison condition was used?**

<b>Comparison condition</b>	<b>Yes/no</b>
No treatment (no further detail required)	
Treatment as usual/usual care	
Waitlist	
Alternate treatment	Yes

**Brief description of each condition being compared**

***Developmental Education for Families (DEF):*** The Developmental Education for Families sessions was of the same duration (10 hour-long sessions) and frequency (weekly) as the Attachment and Biobehavioral Catch-up intervention

Intervention delivery and dose (Select as many as applicable)		
		Intervention Yes/no
<b>At what level was it delivered?</b>	Individual parents	
	Individual parent-child dyads	Yes
	Individual children	
	Individual families	
	Groups of parents	
	Groups of parent-child dyads	
	Groups of children	
	Groups of families	
	Household	
	School	
	Community/region	
	Cannot tell	
<b>Setting of delivery</b>	Home	Yes
	School	
	Clinic, medical or health	
	Community	
	Other	
	Cannot tell	
<b>Outcome domains targeted</b>	Child development	Yes
	Child behaviour	Yes
	Safety and physical wellbeing	
	Basic child care	
	Parent-child relationship	Yes
	Family relationship	
	Systems outcomes	
<b>Dose</b>	Number of sessions	10 sessions
	Duration of sessions	Not indicated
	Total duration of program	10 weeks



<b>Person delivering</b>	Was it a professional? (person with qualifications, for e.g., social worker, psychologist, nurse, teacher, youth worker)	Yes
	Was it a non-professional? (e.g., peer, paraprofessional, person that may be trained but does not have a qualification relevant to family support/education or child welfare etc.)	
	Cannot tell	

## **Results**

<u>Outcomes</u> Outcome reported in results	<u>Measures</u> How measured	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'.  <u>Control</u> Developmental Education for Families: DEF			<u>Follow-up</u> Longest point of follow up (i.e., 6 months; 1 year)
		<u>Treatment 1</u> ABC			
Disorganised attachment	Attachment classification - Strange Situations assessment		+ (Lower level of disorganised attachment compared to control)		One month following completion of 10 ABC sessions
Secure attachment	Attachment classification - Strange Situations assessment		+ (Higher rates of secure attachment than control)		One month following completion of 10 ABC sessions

<b>Study ID (first surname + year)</b> Dozier et al. (2006); Dozier et al. (2009)	<b>Initials of person extracting data</b> JF <b>Date 13/5/13</b>		
<b>Full citation</b> <p>Dozier, M., Peloso, E., Lindhiem, O., Gordon, M. K., Manni, M., Sepulveda, S., Ackerman, J., Bernier, A., &amp; Levine, S. (2006). Developing evidence-based interventions for foster children: An example of a randomized clinical trial with infants and toddlers. <i>Journal of Social Issues</i>, 62(4), 767-785.</p> <p>Dozier, M., Lindhiem, O., Lewis, E., Bick, J., Bernard, K., &amp; Peloso, E. (2009). Effects of a foster parent training program on young children's attachment behaviors: Preliminary evidence from a randomised clinical trial. <i>Child Adolesc Soc Work J</i>, 26(4), 321-332.</p>			
<b>Papers cited/referenced in this paper that relate to this intervention but are not already included in the REA</b>			
<b>Was a cluster design used? If so, clustered by schools, communities, families etc.?</b> No			
<b>Country in which study was conducted</b> United States			
<b>Inclusion criteria (what are the criteria for participant inclusion in the study)?</b> Children in the foster care system. In order for children to participate, both foster parent and birth parent (or proxy) consent were required.			
<b>Exclusion criteria (what are the criteria for participant exclusion from the study)?</b> Children: Parents:			
<b>Participant demographics at baseline (provide family/household/school etc. details if child/parent details not given)</b>			
<b>Dozier et al. (2006)</b>		<b>Intervention</b>	<b>Comparison</b>
Number assigned	Children	Whole sample size: 60	Whole sample size: 60
	Parents		
Number in final analysis	Children		

	Parents		
Age (mean, SD, range)	Children	M=19.01 months (SD= 9.64)	M=16.30 months (SD=7.42)
	Parents		
Sex	Children	50% boys	50% boys
	Parents		
Education	Parents		
Ethnicity/indigenous	Parents		
	Children	Most (63%) of the children were African American, with 32% White, and 5% biracial	Most (63%) of the children were African American, with 32% White, and 5% biracial
<b>Notes</b>			
<b>Dozier et al. (2009)</b>		<b>Intervention</b>	<b>Comparison</b>
Number assigned	Children		
	Parents	N= 46 (whole sample size)	N= 46 (whole sample size)
Number in final analysis	Children		
	Parents	N= 46 (whole sample size)	N= 46 (whole sample size)
Age (mean, SD, range)	Children	M = 18.9 months, range = 3.6 to 39.4 months N= 46 (figure for whole sample )	M = 18.9 months, range = 3.6 to 39.4 months (figure for whole sample )
	Parents		
Sex	Children	F= 50%	F=50%
	Parents	F n =42 M n =4 (figure for whole sample )	F n =42 M n =4 (figure for whole sample )
Education	Parents	Mean = 11.6 years (figure for whole sample )	Mean = 11.6 years (figure for whole sample )
Ethnicity/indigenous	Parents		
	Children	African-American = 63%	

		Non Hispanic White = 26%	
		Hispanic= 3%	
		biracial = 7%	
<b>Notes</b>			

  

<b>Vulnerability or maltreatment issues (Reason this child/parent/family is in this intervention? Select as many as applicable.)</b>		
	<b>Intervention Yes/no</b>	<b>Comparison Yes/no</b>
History of maltreatment (either parents as abusers or children were abused)		
At risk of maltreatment (no description of reason)	Yes	Yes
Vulnerable, troubled or fragile (use these phrases but no mention of maltreatment)		
Domestic, family or intimate partner violence		
Teen parent		
Low SES/disadvantaged		
Parental substance abuse		
Parent was maltreated as a child		
Parent has a physical disability		
Parent has learning disability/difficultly or intellectual disability		
Parent has a mental illness		
Child has a disability or additional needs		
Other (please list)		
Cannot tell		

**Intervention and comparison conditions****What type of approach was the intervention? (refer to definitions)**

Approach type	Yes/no
Program	Yes
Service model	
System of care	

**What type of comparison condition was used?**

Comparison condition	Yes/no
No treatment (no further detail required)	
Treatment as usual/usual care	
Waitlist	
Alternate treatment	Yes

**Brief description of each condition being compared**

Control intervention: *Developmental Education for Families (DEF)*. The Developmental Education for Families Intervention is of the same duration (10 hour long sessions) and frequency (weekly) as the Attachment and Biobehavioral Catch-up intervention.

**Intervention delivery and dose (select as many as applicable)**

Dozier et al. (2006)		Intervention Yes/no
<b>At what level was it delivered?</b>	Individual parents	
	Individual parent-child dyads	Yes
	Individual children	
	Individual families	
	Groups of parents	
	Groups of parent-child dyads	
	Groups of children	
	Groups of families	
	Household	
	School	
	Community/region	
	Cannot tell	

<b>Setting of delivery</b>	Home	
	School	
	Clinic, medical or health	
	Community	
	Other	
	Cannot tell	
<b>Outcome domains targeted</b>	Child development	Yes
	Child behaviour	Yes
	Safety and physical wellbeing	
	Basic child care	
	Parent-child relationship	Yes
	Family relationship	
	Systems outcomes	
<b>Dose</b>	Number of sessions	10 sessions
	Duration of sessions	One hour
	Total duration of program	10 weeks
<b>Person delivering</b>	Was it a professional? (person with qualifications, for e.g., social worker, psychologist, nurse, teacher, youth worker)	Yes
	Was it a non-professional? (e.g., peer, paraprofessional, person that may be trained but does not have a qualification relevant to family support/education or child welfare etc.)	
	Cannot tell	
<b>Dozier et al.(2009)</b>		
		<b>Intervention Yes/no</b>
<b>At what level was it delivered?</b>	Individual parents	Yes
	Individual parent-child dyads	
	Individual children	
	Individual families	
	Groups of parents	
	Groups of parent-child dyads	
	Groups of children	

	Groups of families	
	Household	
	School	
	Community/region	
	Cannot tell	
<b>Setting of delivery</b>	Home	Yes
	School	
	Clinic, medical or health	
	Community	
	Other	
	Cannot tell	
<b>Outcome domains targeted</b>	Child development	
	Child behaviour	
	Safety and physical wellbeing	
	Basic child care	
	Parent-child relationship	Yes
	Family relationship	
	Systems outcomes	
<b>Dose</b>	Number of sessions	10
	Duration of sessions	Not indicated
	Total duration of program	10 weeks
<b>Person delivering</b>	Was it a professional? (person with qualifications, for e.g., social worker, psychologist, nurse, teacher, youth worker)	Yes (professional social workers or psychologists with at least 5 years clinical experience)
	Was it a non-professional? (e.g., peer, paraprofessional, person that may be trained but does not have a qualification relevant to family support/education or child welfare etc.)	
	Cannot tell	

## Results

### Dozier et al. (2006)

<u>Outcomes</u> Outcome reported in results	<u>Measures</u> How measured	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'.  <u>Control</u> Developmental Education for Families: DEF			<u>Follow-up</u> Longest point of follow up (i.e., 6 months; 1 year)
		<u>Treatment 1</u> ABC	<u>Alternative</u> Never in foster care children		
Cortisol level	Cortisol laboratory assay using saliva samples.	- (Higher levels compared to alternative)	+ (Lower levels of cortisol compared to control)		One month following completion of 10 ABC sessions
Problem behaviours	Parent-completed infant-toddler or the preschool version of the Parent's Daily Report		+ (reported fewer behavioral problems for toddlers than infants, which was not the case for parents in the Developmental Education for Families intervention.		One month following completion of 10 ABC sessions

### Dozier et al. (2009)

<u>Outcomes</u> Outcome reported in results	<u>Measures</u> How measured	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'.  	<u>Follow-up</u> Longest point of follow up (i.e., 6 months; 1 year)



		<u>Control</u> Developmental Education for Families: DEF	<u>Treatment 1</u> ABC	
Avoidant attachment behaviour	Parent completed attachment diaries.		+ (Less avoidance) compared to control	Post- intervention (1 month after completion)

<b>Study ID (first surname + year)</b> Lewis-Morrarty et al. (2012)	<b>Initials of person extracting data</b> JF <b>Date 13/5/13</b>
<b>Full citation</b> Lewis-Morrarty, E., Dozier, M., Bernard, K., Terracciano, S. M., & Moore, S. V. (2012). Cognitive Flexibility and Theory of Mind Outcomes Among Foster Children: Preschool Follow-Up Results of a Randomized Clinical Trial. <i>Journal of Adolescent Health</i> , 51(2), S17-S22.	
<b>Papers cited/referenced in this paper that relate to this intervention but are not already included in the REA</b>	
<b>Was a cluster design used? If so, clustered by schools, communities, families etc.?</b> No	
<b>Country in which study was conducted</b> USA	
<b>Inclusion criteria (what are the criteria for participant inclusion in the study)?</b> Children: Children in foster care Parents:	
<b>Exclusion criteria (what are the criteria for participant exclusion from the study)?</b> Children: Parents:	

**Participant demographics at baseline (provide family/household/school etc. details if child/parent details not given)**

		<b>Intervention</b>	<b>Comparison</b>
Number assigned	Children	17	20
	Parents		
Number in final analysis	Children		
	Parents		
Age (mean, SD, range)	Children	4 and 6 years (mean [M]= 60.3 months; SD= 8.6 months)	4 and 6 years (mean [M] = 60.3 months; SD =8.6 months)
	Parents		
Sex	Children	50.8% male	50.8% male
	Parents	100% female	100% female
Education	Parents		
Ethnicity/indigenous	Parents	57.4% of parents were European American, 39.3% were African American, and 3.3% were Asian American.	57.4% of parents were European American, 39.3% were African American, and 3.3% were Asian American.
	Children	42.6% African American; 36.1% European American; 21.3% Hispanic, Asian American, or biracial	42.6% African American; 36.1% European American; 21.3% Hispanic, Asian American, or biracial
<b>Notes</b> Demographics are for foster care children in intervention and control conditions (whole sample demographics reported for these conditions)			

**Vulnerability or maltreatment issues (Reason this child/parent/family is in this intervention? Select as many as applicable.)**

	<b>Intervention Yes/no</b>	<b>Comparison Yes/no</b>
History of maltreatment (either parents as abusers or children were abused)		
At-risk of maltreatment (no description of reason)	Yes	Yes

Vulnerable, troubled or fragile (use these phrases but no mention of maltreatment)		
Domestic, family or intimate partner violence		
Teen parent		
Low SES/disadvantaged		
Parental substance abuse		
Parent was maltreated as a child		
Parent has a physical disability		
Parent has learning disability/difficulty or intellectual disability		
Parent has a mental illness		
Child has a disability or additional needs		
Other (please list)		
Cannot tell		

  

**Intervention and comparison conditions**

**What type of approach was the intervention? (refer to definitions)**

<b>Approach type</b>	<b>Yes/no</b>
Program	Yes
Service model	
System of care	

  

**What type of comparison condition was used?**

<b>Comparison condition</b>	<b>Yes/no</b>
No treatment (no further detail required)	Yes
Treatment as usual/usual care	
Waitlist	
Alternate treatment	

  

**Brief description of each condition being compared**

Two comparison groups: one with a history of foster care placement and the other who had not been in foster care
--

Intervention delivery and dose (select as many as applicable)		
		Intervention Yes/No
<b>At what level was it delivered?</b>	Individual parents	
	Individual parent-child dyads	Yes
	Individual children	
	Individual families	
	Groups of parents	
	Groups of parent-child dyads	
	Groups of children	
	Groups of families	
	Household	
	School	
	Community/region	
	Cannot tell	
<b>Setting of delivery</b>	Home	Yes
	School	
	Clinic, medical or health	Yes
	Community	
	Other	
	Cannot tell	
<b>Outcome domains targeted</b>	Child development	Yes
	Child behaviour	Yes
	Safety and physical wellbeing	
	Basic child care	
	Parent-child relationship	Yes
	Family relationship	
	Systems outcomes	
<b>Dose</b>	Number of sessions	10 sessions
	Duration of sessions	
	Total duration of program	10 weeks
<b>Person delivering</b>	Was it a professional? (person with qualifications, for e.g., social worker, psychologist, nurse, teacher, youth	Yes

	worker)	
	Was it a non-professional? (e.g., peer, paraprofessional, person that may be trained but does not have a qualification relevant to family support/education or child welfare etc.)	
	Cannot tell	

## **Results**

<u>Outcomes</u> Outcome reported in results	<u>Measures</u> How measured	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'.  <u>Control</u> Children in foster care			<u>Follow-up</u> Longest point of follow up (i.e., 6 months; 1 year)
			<u>Treatment 1</u> ABC	<u>Alternative</u> Non-foster care children	
Cognitive flexibility	Dimensional Change Card Sort (DCCS)		+ (Higher scores compared to control)		Approx 2 years post intervention
Theory of mind	Penny-hiding game	- (Lower than non-foster care children. p	+ (Better performance compared to control)		Approx 2 years post intervention

<b>Study ID</b> (first surname + year) Sprang (2009)	<b>Initials of person extracting data</b> JF <b>Date</b> 13/5/13
<b>Full citation</b> Sprang, G. (2009). The Efficacy of a Relational Treatment for Maltreated Children and their Families. <i>Child and Adolescent Mental Health</i> , 14(2), 81-88.	
<b>Papers cited/referenced in this paper that relate to this intervention but are not already included in the REA</b>	

**Was a cluster design used? If so, clustered by schools, communities, families etc.?**

No

**Country in which study was conducted**

USA

**Inclusion criteria (what are the criteria for participant inclusion in the study)?**

The adult caregivers were foster parents caring for children who had experienced severe maltreatment (resulting in termination of parental rights) and who had disruptions in their primary attachment relationships during their early years (0–5 years of age). All of these children had been diagnosed with attachment-related problems that threatened to disrupt their foster care placements. Caregiver-child dyads were eligible for participation in the study if the identified child was younger than six years of age, and if the neither the child or caregiver had begun taking prescribed psychotropic drugs within three months preceding pretest data collection.

**Exclusion criteria (what are the criteria for participant exclusion from the study)?**

Exclusion criteria included the presence of active, severe mental illness as defined by active psychosis, mania, or if either party was imminently suicidal/homicidal, and/or suffering from mental retardation and could not provide informed consent.

**Participant demographics at baseline (provide family/household/school etc. details if child/parent details not given)**

		<b>Intervention</b>	<b>Comparison</b>
Number assigned	Children	29	29
	Parents	29	29
Number in final analysis	Children	26	27
	Parents	26	27
Age (mean, SD, range)	Children	42.5 months (approximately 3.5 years) (SD = 18.6 months)	42.5 months (approximately 3.5 years) (SD = 18.6 months)
	Parents	39.7 years (SD = 6.45)	39.7 years (SD = 6.45)
Sex	Children		
	Parents	45 female; 8 male	45 female; 8 male
Education	Parents		
Ethnicity/indigenous	Parents	The majority of study participants	The majority of study participants

		Caregivers were white (47), and six were African American	Caregivers were white (47), and six were African American
	Children		
<b>Notes</b> Demographics are for entire sample			
<b>Vulnerability or maltreatment issues (Reason this child/parent/family is in this intervention? Select as many as applicable.)</b>			
	<b>Intervention</b> Yes/no	<b>Comparison</b> Yes/no	
History of maltreatment (either parents as abusers or children were abused)	Yes	Yes	
At-risk of maltreatment (no description of reason)			
Vulnerable, troubled or fragile (use these phrases but no mention of maltreatment)			
Domestic, family or intimate partner violence			
Teen parent			
Low SES/disadvantaged			
Parental substance abuse			
Parent was maltreated as a child			
Parent has a physical disability			
Parent has learning disability/difficulty or intellectual disability			
Parent has a mental illness			
Child has a disability or additional needs			
Other (please list)			
Cannot tell			
<b><u>Intervention and comparison conditions</u></b> <b>What type of approach was the <u>intervention</u>? (refer to definitions)</b>			
<b>Approach type</b>	<b>Yes/no</b>		
Program	Yes		
Service model			

System of care		
<b>What type of comparison condition was used?</b>		
<b>Comparison condition</b>	<b>Yes/no</b>	
No treatment (no further detail required)		
Treatment as usual/usual care		
Waitlist	Yes	
Alternate treatment		
<b>Brief description of each condition being compared</b>		
The control group waited 10 weeks until the cessation of the treatment intervention to begin the intervention. During that time, the wait-list control participants received ongoing, biweekly support services (as did the treatment group).		
<b>Intervention delivery and dose (select as many as applicable)</b>		
		<b>Intervention Yes/No</b>
<b>At what level was it delivered?</b>	Individual parents	
	Individual parent-child dyads	Yes
	Individual children	
	Individual families	
	Groups of parents	
	Groups of parent-child dyads	
	Groups of children	
	Groups of families	
	Household	
	School	
	Community/region	
	Cannot tell	
<b>Setting of delivery</b>	Home	Yes
	School	
	Clinic, medical or health	
	Community	



	Other	
	Cannot tell	
<b>Outcome domains targeted</b>	Child development	Yes
	Child behaviour	Yes
	Safety and physical wellbeing	
	Basic child care	Yes
	Parent-child relationship	
	Family relationship	
	Systems outcomes	
<b>Dose</b>	Number of sessions	10
	Duration of sessions	
	Total duration of program	10 weeks
<b>Person delivering</b>	Was it a professional? (person with qualifications, for e.g., social worker, psychologist, nurse, teacher, youth worker)	Yes
	Was it a non-professional? (e.g., peer, paraprofessional, person that may be trained but does not have a qualification relevant to family support/education or child welfare etc.)	
	Cannot tell	

## **Results**

<u>Outcomes</u>	<u>Measures</u>	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'.  <u>Control</u> Waitlist for ABC and bi-weekly support group		<u>Follow-up</u> Longest point of follow up (i.e., 6 months; 1 year)
Outcome reported in results	How measured		<u>Treatment 1</u> ABC	
Child abuse potential	Child abuse potential inventory		+ (Lower compared to control)	At completion of intervention
Internalising problems	Child Behaviour		+ (Lower compared to control p = 0.01 to	At completion of intervention

	Checklist		p = 0.05)	
Externalising problems	Child Behaviour Checklist		+ (Lower compared to control)	At completion of intervention
Parental Stress	Parenting Stress Index – Short form		+ (Less stress compared to control p = 0.05)	At completion of intervention

Intervention delivery	Intervention content
<p>Written material in the form of a manual</p> <p>Discussion</p> <p>Videotape during structure activities with performance feedback</p>	<p>Teach caregiver to reinterpret children's alienating behaviours</p> <p>Nurturance in response to child distress</p> <p>Teach caregiver to manage negative reactions when child displays negative behaviours</p> <p>Synchronous parent-child interactions</p> <p>Providing a predictable environment for child</p>

## 2. Parent-child interaction therapy (PCIT)

<b>Study ID (first surname + year)</b> Chaffin et al. 2004	<b>Initials of person extracting data</b> JF <b>Date</b> 9/5/13
<b>Full citation</b> Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V., Balachova, T., Jackson, S., Lensgraf, J., & Bonner, B. L. (2004). Parent-child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. <i>Journal of Consulting and Clinical Psychology</i> , 72(3), 500-510.	
<b>Papers cited/referenced in this paper that relate to this intervention but are not already included in the REA</b>	
<b>Was a cluster design used? If so, clustered by schools, communities, families etc.?</b> No	
<b>Country in which study was conducted</b> USA	
<b>Inclusion criteria (what are the criteria for participant inclusion in the study)?</b> Children: Referrals were eligible for the study if: (a) both the abusive parent (including stepparents or others in a parental role) and at least one abused child were available to participate together in treatment, and no legal termination of parental rights or abdication of parenting role had been initiated; (b) the abusive parent had a minimum measured IQ score of 70; (c) the child was between 4 and 12 years old; (d) the identified abusive parent did not have a child welfare report as a sexual abuse perpetrator; and (e) the parent provided voluntary informed consent to participate. Additionally, parents were required to "pass" the motivational enhancement group requirements by meeting checklist criteria as scored by the therapist for their personal statement and for participation in the group before starting PCIT.	
<b>Exclusion criteria (what are the criteria for participant exclusion from the study)?</b> Children: Parents:	

**Participant demographics at baseline (provide family/household/school etc. details if child/parent details not given)**

		<b>Intervention</b>	<b>Comparison</b>
Number assigned	Children	110	110
	Parents	110	110
Number in final analysis	Children	110	110
	Parents	110	110
Age (mean, SD, range)	Children	4-12 years	4-12 years
	Parents	M=32 years; SD=8.8	M=32 years; SD=8.8
Sex	Children	Not indicated	Not indicated
	Parents	65%=female	65%=female
Education	Parents	Seven percent of the identified abusive parents had less than a 9th-grade education, 19% had a 9th- to 11th-grade education, 48% had a high school or equivalent education, 22% had some college, and 5% were college graduates	Seven percent of the identified abusive parents had less than a 9th-grade education, 19% had a 9th- to 11th-grade education, 48% had a high school or equivalent education, 22% had some college, and 5% were college graduates
Ethnicity/indigenous	Parents	Fifty-two percent were White, non-Hispanic, 40% were African American, 4% were Hispanic/Latino, 1% were Native American, 1% were Asian, and 2% were classified as other	Fifty-two percent were White, non-Hispanic, 40% were African American, 4% were Hispanic/Latino, 1% were Native American, 1% were Asian, and 2% were classified as other
	Children		
<b>Notes</b>			
Demographics are for entire sample			

**Vulnerability or maltreatment issues (Reason this child/parent/family is in this intervention? Select as many as applicable.)**

	<b>Intervention Yes/no</b>	<b>Comparison Yes/no</b>
History of maltreatment (either parents as abusers or children were abused)	Yes	Yes
At-risk of maltreatment (no description of reason)		
Vulnerable, troubled or fragile (use these phrases but no mention of maltreatment)		
Domestic, family or intimate partner violence		
Teen parent		
Low SES/disadvantaged		
Parental substance abuse		
Parent was maltreated as a child		
Parent has a physical disability		
Parent has learning disability/difficulty or intellectual disability		
Parent has a mental illness		
Child has a disability or additional needs		
Other (please list)		
Cannot tell		

**Intervention and comparison conditions**

**What type of approach was the intervention? (refer to definitions)**

<b>Approach type</b>	<b>Yes/no</b>
Program	Yes
Service model	
System of care	

**What type of comparison condition was used?**

<b>Comparison condition</b>	<b>Yes/no</b>
No treatment (no further detail required)	
Treatment as usual/usual care	Yes
Waitlist	
Alternate treatment	Yes

## Brief description of each condition being compared

### PCIT- PCIT as usual

**Enhanced PCIT**-Participants in the EPCIT condition received the identical motivational enhancement and PCIT interventions as did participants in the PCIT condition, and these were provided by the same staff. Individualized enhanced services were added, with particular attention to services targeting parental depression, current substance abuse, and family, marital, or domestic violence problems.

**Standard community intervention**-The community group intervention was implemented at a single community-based nonprofit agency, which had operated this group parent training program for many years and serves over 750 physical abuse cases annually. The parenting program is based on a group psychoeducational (i.e., didactic) model developed in-house by the agency and contains three modules.

## Intervention delivery and dose (select as many as applicable)

		Intervention (PCIT)  Yes/No	Intervention (Enhanced PCIT)  Yes/No
At what level was it delivered?	Individual parents		
	Individual parent-child dyads	Yes	Yes
	Individual children		
	Individual families		Yes
	Groups of parents	Yes	Yes
	Groups of parent-child dyads		
	Groups of children		
	Groups of families		
	Household		
	School		
	Community/region		
	Cannot tell		
Setting of delivery	Home		Yes
	School		
	Clinic, medical or health	Yes	Yes
	Community		
	Other		
	Cannot tell		
Outcome	Child development		

domains targeted			
	Child behaviour	Yes	Yes
	Safety and physical wellbeing	Yes	Yes
	Basic child care		
	Parent-child relationship	Yes	Yes
	Family relationship		
	Systems outcomes		
Dose	Number of sessions	Average 22-24 total parenting sessions	Average 22-24 total parenting sessions
	Duration of sessions	Not indicated	Not indicated
	Total duration of program	Approx. 6 months	Approx. 6 months
Person delivering	Was it a professional? (person with qualifications, for e.g., social worker, psychologist, nurse, teacher, youth worker)	Yes	Yes
	Was it a non-professional? (e.g., peer, paraprofessional, person that may be trained but does not have a qualification relevant to family support/education or child welfare etc.)		
	Cannot tell		

## **Results**

<u>Outcomes</u>	<u>Measures</u>	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'.			<u>Follow-up</u>
Outcome reported in results	How measured				Longest point of follow up (i.e., 6 months; 1 year)
		<u>Control</u> Standard Community- Based Parenting group	<u>PCIT</u>	<u>PCIT +</u> <u>Individualised</u> <u>Enhanced</u> <u>Services</u>	

Re-report of physical abuse	Follow-up for detected child maltreatment outcomes was obtained from the statewide child welfare administrative database, with matches based on unique identifiers for the family and individual unique identifiers for the abusive parent		+ (Fewer reports than control)		Median follow up of 850 days (2.3 years)
DPICS-II negative parent behaviorsa	Parent behaviors were coded from videotaped structured interaction sessions by trained observers with the DPICS-II		+ (Less negative behaviours than control)	+ (Less negative behaviours than control)	

<b>Study ID (first surname + year)</b> Thomas & Zimmer-Gembeck 2011	<b>Initials of person extracting data</b> JF <b>Date</b> 9/5/13
<b>Full citation</b> Thomas, R., & Zimmer-Gembeck, M. J. (2011). Accumulating evidence for parent-child interaction therapy in the prevention of child maltreatment. <i>Child Development</i> , 82(1), 177-192.	
<b>Papers cited/referenced in this paper that relate to this intervention but are not already included in the REA</b>	
<b>Was a cluster design used? If so, clustered by schools, communities, families etc.?</b> No	



**Country in which study was conducted**

Australia

**Inclusion criteria (what are the criteria for participant inclusion in the study)?**

Children:

Parents: Participants were referred from child protection authorities, identified as suspects of maltreatment by other professionals, or self-identified because of significant child behaviour problems and stress. All participants were confirmed to be at high risk of child maltreatment using a semistructured clinical interview

**Exclusion criteria (what are the criteria for participant exclusion from the study)?**

Children:

Parents:

**Participant demographics at baseline (provide family/household/school etc. details if child/parent details not given)**

		Intervention	Comparison
Number assigned	Children	99	51
	Parents	99	51
Number in final analysis	Children	42	36
	Parents	42	36
Age (mean, SD, range)	Children	M age = 5, SD = 1.6	M age = 5, SD = 1.6
	Parents	M age = 33.5, SD = 8.9	M age = 33.5, SD = 8.9
Sex	Children	71% boys and 29% girls	71% boys and 29% girls
	Parents	F=100%	F=100%
Education	Parents		
Ethnicity/indigenous	Parents		
	Children		

Notes - Demographics are for entire sample

**Vulnerability or maltreatment issues (Reason this child/parent/family is in this intervention? Select as many as applicable.)**

	<b>Intervention Yes/no</b>	<b>Comparison Yes/no</b>
History of maltreatment (either parents as abusers or children were abused)		
At-risk of maltreatment (no description of reason)	Yes	Yes
Vulnerable, troubled or fragile (use these phrases but no mention of maltreatment)		
Domestic, family or intimate partner violence		
Teen parent		
Low SES/disadvantaged		
Parental substance abuse		
Parent was maltreated as a child		
Parent has a physical disability		
Parent has learning disability/difficulty or intellectual disability		
Parent has a mental illness		
Child has a disability or additional needs		
Other (please list)		
Cannot tell		

**Intervention and comparison conditions**

**What type of approach was the intervention? (refer to definitions)**

<b>Approach type</b>	<b>Yes/no</b>
Program	Yes
Service model	
System of care	

**What type of comparison condition was used?**

<b>Comparison condition</b>	<b>Yes/no</b>
No treatment (no further detail required)	
Treatment as usual/usual care	
Waitlist	Yes
Alternate treatment	

### Brief description of each condition being compared

Attention Only wait-list group. For those allocated to the 12-week Attention Only group, parents were contacted weekly for brief conversations regarding family and other concerns. At the end of 12 weeks, families commenced PCIT, but these families were not included in the PCIT treatment group of the current study.

### Intervention delivery and dose (select as many as applicable)

		Intervention Yes/no
At what level was it delivered?	Individual parents	
	Individual parent-child dyads	Yes
	Individual children	
	Individual families	
	Groups of parents	
	Groups of parent-child dyads	
	Groups of children	
	Groups of families	
	Household	
	School	
	Community/region	
	Cannot tell	
Setting of delivery	Home	
	School	
	Clinic, medical or health	Yes
	Community	
	Other	
	Cannot tell	
Outcome domains targeted	Child development	
	Child behaviour	Yes
	Safety and physical wellbeing	
	Basic child care	
	Parent-child relationship	Yes
	Family relationship	

	Systems outcomes	
Dose	Number of sessions	Average= 16.95 sessions
	Duration of sessions	24.3 weeks of contact with program
	Total duration of program	
Person delivering	Was it a professional? (person with qualifications, for e.g., social worker, psychologist, nurse, teacher, youth worker)	Yes
	Was it a non-professional? (e.g., peer, paraprofessional, person that may be trained but does not have a qualification relevant to family support/education or child welfare etc.)	
	Cannot tell	

## Results

<u>Outcomes</u> Outcome reported in results	<u>Measures</u> How measured	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'.  <u>PCIT</u>		<u>Follow-up</u> Longest point of followup (i.e., 6 months; 1 year)
			<u>Control</u> (Attention only waitlist)	
Parent child abuse potential	The Child Abuse Potential Inventory	<i>No different from control</i>		12 weeks
Child externalising problems	Child behaviour checklist, Parent report	+ (greater decline compared to control)		12 weeks
ECBI intensity	Eyberg Child Behavior Inventory, Parent report	+ (greater reduction in intensity compared to control)		12 weeks
ECBI Problem	Eyberg Child Behavior	+ (greater reduction in		12 weeks

	Inventory, Parent report	problem compared to control)		
Stress due to child	The Parenting Stress Inventory	+ (greater decline in stress compared to control)		12 weeks
Stress due to parent	The Parenting Stress Inventory	+ (greater decline in stress compared to control)		12 weeks
Praise	Dyadic Parent–Child Interaction Coding System III (Observer completed)	+ (greater improvement in verbalisation of praise compared to control)		12 weeks
Description & Reflection	Dyadic Parent–Child Interaction Coding System III (Observer completed)	+ (greater improvement compared to control)		12 weeks
Questions	Dyadic Parent–Child Interaction Coding System III (Observer completed)	+ (greater decrease in questioning compared to control)		12 weeks
Child externalising problem	Child behaviour checklist, Parent report		n/a (at completion there was no comparison group just pre versus post program)	
ECBI Intensity	Eyberg Child Behavior Inventory, Parent report		n/a (at completion there was no comparison group just pre versus post program)	
ECBI Problem	Eyberg Child Behavior Inventory, Parent report		n/a (at completion there was no comparison group just pre versus post program)	

Child internalising problems	Child behaviour checklist, Parent report		n/a (at completion there was no comparison group just pre versus post program)	
Parent stress due to the child	The Parenting Stress Inventory		n/a (at completion there was no comparison group. Just pre versus post program)	
Parent stress due to the parent	The Parenting Stress Inventory		n/a (at completion there was no comparison group just pre versus post program)	
Child abuse potential	The Child Abuse Potential Inventory		n/a (at completion there was no comparison group just pre versus post program)	
Praise	Dyadic Parent–Child Interaction Coding System III (Observer completed)		n/a (at completion there was no comparison group. Just pre versus post program)	
Desc & Reflection	Dyadic Parent–Child Interaction Coding System III (Observer completed)		n/a (at completion there was no comparison group just pre versus post program)	
Questions	Dyadic Parent–Child Interaction Coding System III (Observer completed)		n/a (at completion there was no comparison group just pre versus post program)	
Commands	Dyadic Parent–Child Interaction Coding System III (Observer completed)		n/a (at completion there was no comparison group just pre versus post program)	
Observed intensity	Dyadic Parent–Child Interaction Coding System III (Observer completed)		n/a (at completion there was no comparison group just pre versus post program)	

Child protection notification	Official records regarding children's notification to child welfare protection	+ (participants who completed the program were less likely to be notified than those than dropped out of treatment.	n/a (at completion there was no comparison group just pre versus post program)	

<b>Study ID (first surname + year)</b> Thomas & Zimmer-Gembeck (2012)	<b>Initials of person extracting data</b> JF <b>Date 9/5/13</b>
<b>Full citation</b> Thomas, R., & Zimmer-Gembeck, M. J. (2012). Parent-Child Interaction Therapy: An evidence-based treatment for child maltreatment. <i>Child Maltreatment</i> , 17(3), 253-266.	
<b>Papers cited/referenced in this paper that relate to this intervention but are not already included in the REA</b>	
<b>Was a cluster design used? If so, clustered by schools, communities, families etc.?</b> No	
<b>Country in which study was conducted</b> Australia	
<b>Inclusion criteria (what are the criteria for participant inclusion in the study)</b> Families at high risk of, or engaged in, child maltreatment.	
<b>Exclusion criteria (what are the criteria for participant exclusion from the study)?</b> Children: Children were excluded if there was any suspected sexual abuse history based on information revealed during the initial interview with parents or from child protection authorities Parents:	

**Participant demographics at baseline (provide family/household/school etc. details if child/parent details not given)**

		<b>Intervention</b>	<b>Comparison</b>
Number assigned	Children	61	91
	Parents	61	91
Number in final analysis	Children	61	91
	Parents	61	91
Age (mean, SD, range)	Children	M=4.57 years; SD=1.3	M=4.57 years; SD=1.3
	Parents	M=33.9 years; SD=7.31	M=33.9 years; SD=7.31
Sex	Children	Boys= 70.4%	Boys= 70.4%
	Parents	Female=100%	Female=100%
Education	Parents	Most mothers had completed some high school (81%) and 16.5% had some tertiary education.	Most mothers had completed some high school (81%) and 16.5% had some tertiary education.
Ethnicity/indigenous	Parents	The majority of parents were born in Australia (74%) with 1.4% being of Aboriginal or Torres Strait Islander descent	The majority of parents were born in Australia (74%) with 1.4% being of Aboriginal or Torres Strait Islander descent
	Children	N/A	N/A

**Notes**

Demographics are for entire sample

**Vulnerability or maltreatment issues (Reason this child/parent/family is in this intervention? Select as many as applicable.)**

	<b>Intervention Yes/no</b>	<b>Comparison Yes/no</b>
History of maltreatment (either parents as abusers or children were abused)		
At-risk of maltreatment (no description of reason)	Yes	Yes



Vulnerable, troubled or fragile (use these phrases but no mention of maltreatment)		
Domestic, family or intimate partner violence		
Teen parent		
Low SES/disadvantaged		
Parental substance abuse		
Parent was maltreated as a child		
Parent has a physical disability		
Parent has learning disability/difficulty or intellectual disability		
Parent has a mental illness		
Child has a disability or additional needs		
Other (please list)		
Cannot tell		

  

**Intervention and comparison conditions**

**What type of approach was the intervention? (refer to definitions)**

<b>Approach type</b>	<b>Yes/no</b>
Program	Yes
Service model	
System of care	

  

**What type of comparison condition was used?**

<b>Comparison condition</b>	<b>Yes/no</b>
No treatment (no further detail required)	
Treatment as usual/usual care	
Waitlist	Yes
Alternate treatment	

  

**Brief description of each condition being compared**

<p>Participants allocated to the waitlist were contacted weekly by phone by an allocated PCIT psychologist for brief conversations regarding family and other concerns. Parents in the waitlist group were asked to refrain from family therapy and therapeutic assistance with child behavior management for the duration of 12 weeks. At the end of 12 weeks, families were offered S/PCIT. Families who commenced S/PCIT after the waitlist were not included in the S/PCIT treatment group data of the current study.</p>
---

<b>Intervention delivery and dose (select as many as applicable)</b>		
		<b>Intervention Yes/no</b>
<b>At what level was it delivered?</b>	Individual parents	
	Individual parent-child dyads	Yes
	Individual children	
	Individual families	
	Groups of parents	
	Groups of parent-child dyads	
	Groups of children	
	Groups of families	
	Household	
	School	
	Community/region	
	Cannot tell	
<b>Setting of delivery</b>	Home	Yes
	School	
	Clinic, medical or health	
	Community	
	Other	
	Cannot tell	
<b>Outcome domains targeted</b>	Child development	Yes
	Child behaviour	Yes
	Safety and physical wellbeing	Yes
	Basic child care	
	Parent-child relationship	Yes
	Family relationship	
	Systems outcomes	
<b>Dose</b>	Number of sessions	M=14 (SD=0.84; range= 12-16)
	Duration of sessions	Not indicated
	Total duration of program	Not indicated

<b>Person delivering</b>	Was it a professional? (person with qualifications, for e.g., social worker, psychologist, nurse, teacher, youth worker)	Yes- Master and doctoral level psychologists trained in PCIT
	Was it a non-professional? (e.g., peer, paraprofessional, person that may be trained but does not have a qualification relevant to family support/education or child welfare etc.)	
	Cannot tell	

## **Results**

<u>Outcomes</u> Outcome reported in results	<u>Measures</u> How measured	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'.			<u>Follow-up</u> Longest point of followup (i.e., 6 months; 1 year)
		<u>Control</u> (Attention only waitlist)	<u>Standard PCIT</u>	<u>Time-Variable PCIT</u>	
Child behaviour problems- Externalising behaviours	The Eyberg Child Behavior Inventory (ECBI, parent-report)		+ (Improvement compared to control and to TV/PCIT)		12 weeks
Child behaviour problems- ECBI Intensity	The Eyberg Child Behavior Inventory (ECBI, parent-report)		+ (Improvement compared to control)		12 weeks
Child behaviour problems-EBCI Problem	The Eyberg Child Behavior Inventory (ECBI, parent-		+ (Improvement compared to control and to TV/PCIT)		12 weeks

	report				
Child behaviour problems- Internalising symptoms	The Eyberg Child Behavior Inventory (ECBI, parent-report)		+ (Improvement compared to control)		12 weeks
Parent stress- due to the child	The Parenting Stress Inventory (PSI)		+ (Improvement compared to control)		12 weeks
Parent verbalisations-praise	The Dyadic Parent–Child Interaction Coding System III (DPICS)		+ (Improvement compared to control and to TV/PCIT)		12 weeks
Parent verbalisations-descriptions/reflections	The Dyadic Parent–Child Interaction Coding System III (DPICS)		+ (Improvement compared to control and to TV/PCIT)		12 weeks
Parent verbalisations-questions	The Dyadic Parent–Child Interaction Coding System III (DPICS)		+ (Improvement compared to control and to TV/PCIT)		12 weeks
Parent verbalisations-commands	The Dyadic Parent–Child Interaction Coding System III (DPICS)		+ (Improvement compared to control and to TV/PCIT)		12 weeks
Parent verbalisations-negative talk	The Dyadic Parent–Child Interaction Coding System III (DPICS)		+ (Improvement compared to control)		12 weeks
Parental sensitivity	The full 10-minute videotaped		+ (Improvement compared to		12 weeks

	<p>interactions were coded for sensitivity. The measure of parent sensitivity was developed by modifying one subscale of the Emotional Availability scales (Biringen, Robinson, &amp; Emde, 2000). Parents were rated from 1 (highly insensitive) to 9 (highly sensitive). Coding included consideration of the parent's affect, ability to respond to the child's signals, flexibility, and accessibility to the child.</p>		control and to TV/PCIT)		
--	--	--	-------------------------	--	--

Intervention delivery	Intervention content
<p>Didactic presentation to parents</p> <p>Direct coaching of parents while they are interacting with the children</p> <p>Praise for appropriate responses to child behaviour</p> <p>Immediate remediation for inappropriate</p>	<p>Child behaviour management</p> <p>Labelled praise</p> <p>Reflect or paraphrase the children's appropriate talk</p> <p>Use behavioural descriptions to describe the child's positive behaviour</p>

Intervention delivery	Intervention content
<p>response to child behaviour</p> <p>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</p>	<p>Avoid using commands, questions or criticism</p> <p>Effective instructions and commands</p> <p>Following through on direct commands via labelled praise or time out</p>

### 3. SafeCare

<b>Study ID (first surname + year)</b> Chaffin et al. 2012	<b>Initials of person extracting data</b> MT <b>Date</b> 10/05/2013				
<b>Full citation</b> Chaffin, M., Hecht, D., Bard, D., Silovsky, J. F., & Beasley, W. H. (2012). A statewide trial of the SafeCare home-based services model with parents in Child Protective Services. <i>Pediatrics</i> , 129(3), 509-515. doi: 10.1542/peds.2011-1840.					
<b>Papers cited/referenced in this paper that relate to this intervention but are not already included in the REA</b>					
<b>Was a cluster design used? If so, clustered by schools, communities, families etc?</b> Yes. At the agency/region level.					
<b>Country in which study was conducted</b> USA					
<b>Inclusion criteria (what are the criteria for participant inclusion in the study)?</b> Children: Families with children up to age 12. Parents: Nonsexual abusers referred to the programs by Child Protective Services. One maltreating parent per household was enrolled, prioritizing the primary caregiver.					
<b>Exclusion criteria (what are the criteria for participant exclusion from the study)?</b> Children: Parents: Untreated substance use disorder.					
<b>Participant demographics (provide family/household/school etc. details if child/parent details not given)</b>					
		<b>Treatment (SafeCare)</b>	<b>Treatment (Comparison -Usual care)</b>	<b>Coached</b>	<b>Uncoached</b>
Number assigned	Children				
	Parents	Cannot tell	Cannot tell	Cannot tell	Cannot tell

Age (mean, SD, range)	Children	79% preschool aged	72% preschool aged	76% preschool aged	75% preschool aged
	Parents	29 years	30 years	29 years	29.7 years
Sex	Children				
	Parents	92% female	90% female	91% female	91% female
Education	Parents	7% less than 9 <sup>th</sup> ; 33% less than 12 <sup>th</sup> ; 33% high school or equivalent; 22% some beyond high school; 5% college graduate	8% less than 9 <sup>th</sup> ; 32% less than 12 <sup>th</sup> ; 35% high school or equivalent; 21% some beyond high school; 4% college graduate	9% less than 9 <sup>th</sup> ; 32% less than 12 <sup>th</sup> ; 34% high school or equivalent; 21% some beyond high school; 4% college graduate	6% less than 9 <sup>th</sup> ; 34% less than 12 <sup>th</sup> ; 34% high school or equivalent; 22% some beyond high school; 5% college graduate
Ethnicity/indigenous	Parents	11% African American; 19% American Indian; 4% Hispanic; 64% White (non-Hispanic)	8% African American; 14% American Indian; 5% Hispanic; 70% White (non-Hispanic)	9% African American; 16% American Indian; 5% Hispanic; 67% White (non-Hispanic)	10% African American; 17% American Indian; 4% Hispanic; 67% White (non-Hispanic)
	Children				
<b>Notes</b> Cluster randomisation of region to treatment (SC vs SAU) and participant level to coaching (coached vs uncoached).					
<b>Vulnerability or maltreatment issues (Reason this child/parent/family is in this intervention? Select as many as applicable.)</b>					
			<b>Intervention</b> Yes/no	<b>Comparison</b> Yes/no	
History of maltreatment (either parents as abusers or children were abused)			Yes	Yes	
At-risk of maltreatment (no description of reason)					
Vulnerable, troubled or fragile (use these phrases but no mention of maltreatment)					
Domestic, family or intimate partner violence					



Teen parent		
Low SES/disadvantaged		
Parental substance abuse		
Parent was maltreated as a child		
Parent has a physical disability		
Parent has learning disability/difficulty or intellectual disability		
Parent has a mental illness		
Child has a disability or additional needs		
Other (please list)		
Cannot tell		

### **Intervention and comparison conditions**

**What type of approach was the intervention? (refer to definitions)**

<b>Approach type</b>	<b>Yes/no</b>
Program	
Service model	Yes
System of care	

**What type of comparison condition was used?**

<b>Comparison condition</b>	<b>Yes/no</b>
No treatment (no further detail required)	
Treatment as usual/usual care	
Waitlist	
Alternate treatment	Yes

### **Brief description of each condition being compared**

Treatment – SafeCare

Comparison – Home-based services as usual (SAU)

Scaled-up implementation – Coached quality control strategy

Scaled-up implementation – Uncoached quality control strategy

Intervention delivery and dose (select as many as applicable)		
		Intervention Yes/no
<b>At what level was it delivered?</b>	Individual parents	
	Individual parent-child dyads	
	Individual children	
	Individual families	Yes
	Groups of parents	
	Groups of parent-child dyads	
	Groups of children	
	Groups of families	
	Household	
	School	
	Community/region	
	Cannot tell	
<b>Setting of delivery</b>	Home	Yes
	School	
	Clinic, medical or health	
	Community	
	Other	
	Cannot tell	
<b>Outcome domains targeted</b>	Child development	Yes
	Child behaviour	
	Safety and physical wellbeing	Yes
	Basic child care	Yes
	Parent-child relationship	Yes
	Family relationship	
	Systems outcomes	
<b>Dose</b>	Number of sessions	weekly
	Duration of sessions	Cannot tell
	Total duration of program	6 months
<b>Person delivering</b>	Was it a professional? (person with qualifications, for e.g., social worker, psychologist, nurse, teacher, youth worker)	Yes

	Was it a non-professional? (e.g., peer, paraprofessional, person that may be trained but does not have a qualification relevant to family support/education or child welfare etc.)	
	Cannot tell	

<b>Results</b>					
<u>Outcomes</u>  Outcome reported in results	<u>Measures</u>  How measured	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using ‘+’ or ‘-’			<u>Follow-up</u>  Longest point of follow up (i.e., 6 months; 1 year)
		<u>Safe Care</u>	<u>Coaching</u>  (this is tested in combination with both Safe Care and SAU)	<u>SAU</u>	
Recidivism	Past and future CPS reports were extracted from a statewide CPS database	+ (compared to control) For whole sample – consistent across models			7 years
Recidivism	Past and future CPS reports were extracted from a statewide CPS database		+ (compared to control and to SC). Only in subsets of the sample (e.g. non customary inclusion criteria)		7 years

<b>Study ID (first surname + year)</b> Silovsky et al. 2011	<b>Initials of person extracting data</b> MT <b>Date 10/05/2013</b>
<b>Full citation</b> Silovsky, J. F., Bard, D., Chaffin, M. Hecht, D., Burris, L. Owara, A., ... Lutzker, J. (2011). Prevention of child maltreatment in high-risk rural families: A randomized clinical trial with child welfare outcomes. <i>Children and Youth Services Review</i> , 33(8), 1435-1444.	
<b>Papers cited/referenced in this paper that relate to this intervention but are not already included in the REA</b>	
<b>Was a cluster design used? If so, clustered by schools, communities, families etc.?</b> No	
<b>Country in which study was conducted</b> USA	
<b>Inclusion criteria (what are the criteria for participant inclusion in the study)?</b> Children: Parents: Caregiver at least 16 years of age; at least one child aged 5 years or younger; at least one of the following risk factors (parental substance abuse, mental health issues, or intimate partner violence).	
<b>Exclusion criteria (what are the criteria for participant exclusion from the study)?</b> Children: Parents: A current child welfare case or service involvement due to a recent child welfare case or a history of more than two prior child welfare referrals (regardless of substantiation status); the primary caretaker has a substantiated report of perpetrating child sexual abuse; any conditions that would prevent the primary caregiver from providing valid self-report data (e.g., severe psychosis, severe mental retardation, etc.)	

**Participant demographics (provide family/household/school etc. details if child/parent details not given)**

		<b>Intervention</b>	<b>Comparison</b>
Number assigned	Children		
	Parents	48	57
Age (mean, SD, range)	Children		
	Parents	Mean 25.9 ± 6.8 years	Mean 27.7 ± 8.7 years
Sex	Children		
	Parents	Female 100%	Female 98%
Education	Parents	0% Less than 9 <sup>th</sup> grade; 25% 9-12 <sup>th</sup> grade; 35% High school diploma or GED; 23% Some college; 8% Vocational school; 2% Associate's Degree; 6% Bachelor's or Graduate Degree.	4% Less than 9 <sup>th</sup> grade; 18% 9-12 <sup>th</sup> grade; 33% High school diploma or GED; 19% Some college; 14% Vocational school; 2% Associate's Degree; 10% Bachelor's or Graduate Degree.
Ethnicity/indigenous	Parents	68% White; 15% Black or African American; 2% Hispanic or Latino; 15% American Indian or Alaska Native; 0% Asian	74% White; 14% Black or African American; 4% Hispanic or Latino; 7% American Indian or Alaska Native; 1% Asian
	Children		
Notes			

**Vulnerability or maltreatment issues (Reason this child/parent/family is in this intervention? Select as many as applicable.)**

	<b>Intervention Yes/no</b>	<b>Comparison Yes/no</b>
History of maltreatment (either parents as abusers or children were abused)		
At-risk of maltreatment (no description of reason)		
Vulnerable, troubled or fragile (use these phrases but no mention of maltreatment)		
Domestic, family or intimate partner violence	Yes	Yes
Teen parent		

Low SES/disadvantaged		
Parental substance abuse	Yes	Yes
Parent was maltreated as a child		
Parent has a physical disability		
Parent has learning disability/difficulty or intellectual disability		
Parent has a mental illness	Yes	Yes
Child has a disability or additional needs		
Other (please list)		
Cannot tell		

### **Intervention and comparison conditions**

**What type of approach was the intervention? (refer to definitions)**

<b>Approach type</b>	<b>Yes/no</b>
Program	
Service model	Yes
System of care	

**What type of comparison condition was used?**

<b>Comparison condition</b>	<b>Yes/no</b>
No treatment (no further detail required)	
Treatment as usual/usual care	Yes
Waitlist	
Alternate treatment	

### **Brief description of each condition being compared**

Treatment-SafeCare augmented (SafeCare+). SafeCare with the addition of Motivational Interviewing (Miller & Rollnick, 2004)

Comparison – standard Home-based mental health services (SAU)

**Intervention delivery and dose (select as many as applicable)**

		<b>Intervention Yes/no</b>
<b>At what level was it delivered?</b>	Individual parents	
	Individual parent-child dyads	

	Individual children	
	Individual families	Yes
	Groups of parents	
	Groups of parent-child dyads	
	Groups of children	
	Groups of families	
	Household	
	School	
	Community/region	
	Cannot tell	
<b>Setting of delivery</b>	Home	Yes
	School	
	Clinic, medical or health	
	Community	
	Other	
	Cannot tell	
<b>Outcome domains targeted</b>	Child development	Yes
	Child behaviour	
	Safety and physical wellbeing	Yes
	Basic child care	Yes
	Parent-child relationship	Yes
	Family relationship	Yes
	Systems outcomes	Yes
<b>Dose</b>	Number of sessions	Cannot tell
	Duration of sessions	Cannot tell
	Total duration of program	Cannot tell
<b>Person delivering</b>	Was it a professional? (person with qualifications, for e.g., social worker, psychologist, nurse, teacher, youth worker)	Yes
	Was it a non-professional? (e.g., peer, paraprofessional, person that may be trained but does not have a qualification relevant to family support/education or child welfare etc.)	
	Cannot tell	

<b>Results</b>				
<u>Outcomes</u>	<u>Measures</u>	<u>Effect: Post intervention results.</u> Indicate if significant and the direction by using '+' or '-'.		<u>Follow-up</u>
Outcome reported in results	How measured	<u>Treatment (SC+)</u>	<u>Control</u>	Longest point of follow up (i.e., 6 months; 1 year)
Service intake completion (enrolling)		+ (greater completion number compared to control)		At enrolment
Retention into service		+ (greater compared to control)		At exit from treatment
Reports due to domestic violence	CPS records (not overly clear though)	+ (less reports compared to control)		No sooner than 6 months post the end of service, in January 2010 (not very clear)

Intervention delivery	Intervention content
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)



#### 4. Triple P Positive Parenting Program – Standard and Enhanced Group Behavioural Family Intervention

<b>Study ID (first surname + year)</b> Sanders et al. (2000); Sanders et al. (2007)	<b>Initials of person extracting data</b> JF <b>Date</b> 13/5/13
<b>Full citation</b> <p>Sanders, M. R., Markie-Dadds, C., Tully, L. A., &amp; Bor, W. (2000). The triple p-positive parenting program: A comparison of enhanced, standard, and self-directed behavioral family intervention for parents of children with early onset conduct problems. <i>Journal of Consulting and Clinical Psychology</i>, 68(4), 624-640.</p> <p>Sanders, M. R., Bor, W., &amp; Morawska, A. (2007). Maintenance of treatment gains: A comparison of enhanced, standard, and self-directed Triple P-Positive Parenting Program. <i>Journal of Abnormal Child Psychology</i>, 35(6), 983-998.</p>	
<b>Papers cited/referenced in this paper that relate to this intervention but are not already included in the REA</b>	
<b>Was a cluster design used? If so, clustered by schools, communities, families etc.?</b> No	
<b>Country in which study was conducted</b> Australia	
<b>Inclusion criteria (what are the criteria for participant inclusion in the study)?</b> <p>A standardized telephone interview was used to ensure families met the following criteria: (a) child aged between 36 and 48 months; (b) mothers reported they were concerned about their child's behaviour; (c) the child showed no evidence of developmental disorder or significant health impairment; (d) the child was not currently having regular contact with another professional or agency or taking medication for behavioural problems; and (e) the parents were not currently receiving therapy for psychological problems, were not intellectually disabled and reported they were able to read the newspaper without assistance</p> <p>For inclusion in the study, mothers had to rate their child's behaviour as being in the elevated range on the Eyberg Child Behaviour Inventory. They were also required to have at least one of the following family adversity factors: (a) maternal depression as measured by a score of 20 or more on the Beck Depression Inventory (b) relationship conflict as measured by a score of 5 or more on the Parent Problem Checklist (c) single parent household; (d) low gross family income (less than AUD\$345 per week) or low occupational prestige as indicated by a rating of 5.0 or higher for the major income earner on the Power, Privilege and Prestige Scale.</p>	

**Exclusion criteria (what are the criteria for participant exclusion from the study)?**

Children:

Parents:

**Participant demographics at baseline (provide family/household/school etc. details if child/parent details not given)**

		EBFI	SBFI	SDBFI	Waitlist
Number assigned	Children				
	Parents	76	77	75	77
Number in final analysis *	Children	48	50	41	na
	Parents				
Age (mean, SD, range)	Children	M=40.57 months (SD=3.66)	M=40.29 months (SD=3.47)	M=40.93 months (SD=3.66)	M=41.7 months (SD=3.6)
	Parents (mother)	M=30.68 months (SD=5.61)	M=31.88 months (SD=4.88)	M=31.39 months (SD=5.26)	M=30.4 months (SD=5.8)
Sex	Children				
	Parents				
Education	Parents				
Ethnicity/indigenous	Parents				
	Children				

**Notes**

Overall demographic data for child gender (68% male) are reported in Sanders et al. (2000).

\* Sanders et al. 2007 – 3 year follow up. Sample size varied from the earlier Sanders et al. 2000 paper (EBFI n=48; SBFI n=50; SDBFI n=41). Gender, Education and Ethnicity data are reported in Sanders et al. 2007.

**Vulnerability or maltreatment issues (Reason this child/parent/family is in this intervention? Select as many as applicable.)**

	Intervention Yes/no	Comparison Yes/no
History of maltreatment (either parents as abusers or children were abused)		

At-risk of maltreatment (no description of reason)			
Vulnerable, troubled or fragile (use these phrases but no mention of maltreatment)			
Domestic, family or intimate partner violence			
Teen parent			
Low SES/disadvantaged	Yes	Yes	
Parental substance abuse			
Parent was maltreated as a child			
Parent has a physical disability			
Parent has learning disability/difficulty or intellectual disability			
Parent has a mental illness	Yes	Yes	
Child has a disability or additional needs			
Other (please list)	Child behaviour problems (Yes) and family conflict (Yes) single parent families (Yes)	Child behaviour problems (Yes) and family conflict (Yes) single parent families (Yes)	
Cannot tell			

### **Intervention and comparison conditions**

**What type of approach was the intervention? (refer to definitions)**

<b>Approach type</b>	<b>Yes/no</b>
Program	Yes
Service model	
System of care	

**What type of comparison condition was used?**

<b>Comparison condition</b>	<b>Yes/no</b>
No treatment (no further detail required)	
Treatment as usual/usual care	
Waitlist	Yes

Alternate treatment				
<b>Brief description of each condition being compared</b>				
<p>Self-directed Behavioural Family Intervention (SDBFI)- Families in the SDBFI (see Connell et al. 1997) condition received a ten session self-directed program comprising Every Parent (Sanders 1992) and Every Parent's Workbook (Sanders et al. 1994). This program involved parents learning 17 core child management strategies.</p> <p>Standard Behavioural Family Intervention (SBFI): Like parents in the SDBFI condition, parents in the SBFI were taught the 17 child management strategies listed above and planned activities training. Each family also received Every Parent (Sanders 1992) and a workbook, Every Parent's Family Workbook (Markie-Dadds et al. 1999), and active skills training and support from a trained practitioner (see Sanders and Dadds 1993).</p> <p>Enhanced Behavioural Family Intervention (EBFI): Parents in the EBFI condition received the intensive behavioural parent training component as described above for the SBFI condition. Each family also received a workbook, Every Parent's Supplementary Workbook (Markie-Dadds et al. 1998).</p> <p>Waitlist (WL): Families allocated to the WL condition received no treatment and had no contact with the research team for 15 weeks.</p>				
<b>Intervention delivery and dose (select as many as applicable)</b>				
		<b>SDBFI</b>	<b>SBFI</b>	<b>EBFI</b>
<b>At what level was it delivered?</b>	Individual parents	Yes	Yes	Yes
	Individual parent-child dyads			
	Individual children			
	Individual families			
	Groups of parents			
	Groups of parent-child dyads			
	Groups of children			
	Groups of families			
	Household			
	School			
	Community/region			
	Cannot tell			
<b>Setting of delivery</b>	Home	Yes		
	School			
	Clinic, medical or health			

<b><u>Results</u></b>					
<b>Sanders et al. 2000</b>					
<u>Outcomes</u> Outcome reported in results	<u>Measures</u> How measured	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'.			<u>Follow-up</u> Longest point of follow up (i.e., 6 months; 1 year)
		<u>Waitlist</u>	<u>Standard</u>	<u>Enhanced</u>	<u>Self-directed</u>

Observed negative child behaviour	30-min videorecord ed home observation		+ (Less frequent) Compared to waitlist	+ (Less frequent) Compared to waitlist and compared to self-directed		Post-intervention
Mother's perception of disruptive behaviour in child	ECBI		+ (Less disruptive behaviour) Compared to waitlist	+ (Less frequent) Compared to waitlist	+ (Less frequent) Compared to waitlist	Post-intervention
Father's perception of disruptive behaviour in child	ECBI		+ (Less disruptive behaviour) Compared to waitlist	+ (Less frequent) Compared to waitlist		Post-intervention
Mother report of problem child behaviour	Parental daily report		+ (Less problems reported) Compared to waitlist and compared to self-directed	+ (Less frequent) Compared to waitlist and compared to self-directed	+ (Less frequent) Compared to waitlist	Post-intervention
Father report of problem child behaviour	Parental daily report		+ (Less problems reported) Compared to waitlist and compared to self-directed	+ (Less frequent) Compared to waitlist		Post-intervention
Mother's dysfunctional discipline style	Parenting Scale		+ (Less dysfunctional) Compared to waitlist and to self-directed	+ (Less dysfunctional) Compared to waitlist and to self-directed		

Father's dysfunctional discipline style	Parenting Scale		+ (Less dysfunctional) Compared to waitlist	+ (Less dysfunctional) Compared to waitlist and to self-directed		
Mother's sense of competency	PSOC Scale		+ (Higher sense of competency) Compared to waitlist and compared to self-directed	+ (Less frequent) Compared to waitlist and compared to self-directed	+ (Less frequent) Compared to waitlist	Post-intervention
Percentage of intervals of child negative behaviour	Observations of mother and child behaviour				+ (decrease). This is the only condition that reported a significant difference between post-intervention and 1 year.	1 Year
Parent observed negative child behaviour	Parent Daily Report Checklist		+ (reliable improvement in behaviour) compared with self-directed	+ (reliable improvement in behaviour) compared with self-directed		1 Year
<b>Sanders et al. 2007</b>						
<u>Outcomes</u> Outcome reported in results	<u>Measures</u> How measured	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'.  				<u>Follow-up</u> Longest point of follow up (i.e., 6 months; 1

				year)
		<u>Standard</u>	<u>Enhanced</u>	<u>Self-directed</u>
There were no differences in outcomes between the three variants of Triple P				3 Years

<b>Study ID (first surname + year)</b> Sanders et al. (2004)	<b>Initials of person extracting data</b> JF <b>Date 13/5/13</b>
<b>Full citation</b> Sanders, M. R., Pidgeon, A. M., Gravestock, F., Connors, M. D., Brown, S., & Young, R. W. (2004). Does parental attributional retraining and anger management enhance the effects of the Triple P- Positive Parenting Program with parents at risk of child maltreatment. <i>Behavior Therapy</i> , 35(3), 513-535.	
<b>Papers cited/referenced in this paper that relate to this intervention but are not already included in the REA</b>	
<b>Was a cluster design used? If so, clustered by schools, communities, families etc.?</b> No	
<b>Country in which study was conducted</b> Australia	
<b>Inclusion criteria (what are the criteria for participant inclusion in the study)?</b> Children: Parents: Parents had to meet the following selection criteria: (a) parent had received at least one notification to the FYCCQ for potential abuse or neglect of their children (the case need not be substantiated); and/or (b) parent expressed concerns regarding difficulty in controlling their anger in relation to their child's behavior, and scored within an elevated range on three selected subscales of the State-Trait Anger Expression Inventory (STAXI); Anger Expression (indication of the frequency of expressed anger); Trait Anger (the tendency to express anger without provocation); and Anger-Out (the frequency of anger expressed toward others or objects in the environment)	



**Exclusion criteria (what are the criteria for participant exclusion from the study)?**

Children:

Parents:

Families that were, at time of screening, receiving intensive ongoing family therapy or psychotherapeutic intervention targeting parenting or child behavior were excluded from participation, as were families who had a child or parent with a significant intellectual impairment. No families had to be excluded on these grounds. Families who did not meet eligibility criteria were referred when appropriate to other services in the community.

**Participant demographics at baseline (provide family/household/school etc. details if child/parent details not given)**

		Intervention	Comparison
Number assigned	Children	50	48
	Parents		
Number in final analysis	Children		
	Parents		
Age (mean, SD, range)	Children	M= 52.84 months (SD=17.58)	M=53.71 months (SD=19.32)
	Parents	M=34.18 years (SD=6.34)	M=33.33 years (SD=5.37)
Sex	Children	Female=52%	Female=48%
	Parents	Female=94%	Female=92%
Education	Parents	Approx. 50% had completed their secondary education	Approx. 50% had completed their secondary education
Ethnicity/indigenous	Parents		
	Children		

**Notes****Vulnerability or maltreatment issues (Reason this child/parent/family is in this intervention? Select as many as applicable.)**

	Intervention Yes/no	Comparison Yes/no
History of maltreatment (either parents as abusers or children were abused)		
At-risk of maltreatment (no description of reason)	Yes	Yes

Vulnerable, troubled or fragile (use these phrases but no mention of maltreatment)		
Domestic, family or intimate partner violence		
Teen parent		
Low SES/disadvantaged		
Parental substance abuse		
Parent was maltreated as a child		
Parent has a physical disability		
Parent has learning disability/difficulty or intellectual disability		
Parent has a mental illness		
Child has a disability or additional needs		
Other (please list)		
Cannot tell		

  

**Intervention and comparison conditions**

**What type of approach was the intervention? (refer to definitions)**

<b>Approach type</b>	<b>Yes/no</b>
Program	Yes
Service model	
System of care	

  

**What type of comparison condition was used?**

<b>Comparison condition</b>	<b>Yes/no</b>
No treatment (no further detail required)	
Treatment as usual/usual care	
Waitlist	
Alternate treatment	Yes

  

**Brief description of each condition being compared**

Families assigned to the SBFI (standard behavioural family intervention) intervention received four group sessions of parent training (2 hours' duration each). Upon completion of the group sessions, parents participated in four individual telephone consultations (15 to 30 minutes' duration each). Parents also received a copy of the <i>Every Parent's Group Workbook</i>
--

Intervention delivery and dose (select as many as applicable)		
		<b>Intervention Yes/no</b>
<b>At what level was it delivered?</b>	Individual parents	Yes
	Individual parent-child dyads	
	Individual children	
	Individual families	
	Groups of parents	Yes
	Groups of parent-child dyads	
	Groups of children	
	Groups of families	
	Household	
	School	
	Community/region	
	Cannot tell	
<b>Setting of delivery</b>	Home	Yes (telephone calls)
	School	
	Clinic, medical or health	
	Community	Yes (group sessions)
	Other	
	Cannot tell	
<b>Outcome domains targeted</b>	Child development	Yes
	Child behaviour	Yes
	Safety and physical wellbeing	
	Basic child care	
	Parent-child relationship	Yes
	Family relationship	
	Systems outcomes	
<b>Dose</b>	Number of sessions	8 group sessions and 4 individual telephone

		calls
	Duration of sessions	2 hours
	Total duration of program	
<b>Person delivering</b>	Was it a professional? (person with qualifications, for e.g., social worker, psychologist, nurse, teacher, youth worker)	Yes
	Was it a non-professional? (e.g., peer, paraprofessional, person that may be trained but does not have a qualification relevant to family support/education or child welfare etc.)	
	Cannot tell	

## **Results**

<u>Outcomes</u>	<u>Measures</u>	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'.  <u>Control</u> standard behavioral family intervention program		<u>Follow-up</u> Longest point of follow up (i.e., 6 months; 1 year)
Outcome reported in results	How measured		<u>Treatment 1</u> Enhanced Behavioural Family Intervention (Triple P incorporating attributional retraining and anger management)	
Negative parental attribution (for intentional situations)	Parent's Attributions for Child's Behavior			6 months (Note: there was an immediate post intervention effect but this did not maintain at 6 month follow-up)

Study	Standard or Enhanced	Intervention delivery	Intervention content
Sanders et al. (2004)	Standard	<p>Discussion</p> <p>Written material in the form of a workbook</p> <p>Set goals for behaviour change</p> <p>Modelling</p> <p>Rehearsal</p> <p>Practice</p> <p>Goal setting</p>	<p>Child behaviour management</p> <p>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)</p> <p>Seven strategies for managing misbehaviour (i.e., setting rules; directed discussion; planned ignoring; clear, direct instructions; logical consequences; quiet time; and time-out)</p> <p>Planning ahead for high risk situations in relation to difficult child behaviour</p> <p>Planned activities training</p>
	Enhanced	As above	<p>As above plus</p> <p>Cognitive re-framing in relation to negative parental attributions about child behaviour</p> <p>Anger management using physical, cognitive and planning strategies</p>
Sanders et al. (2000;	Standard	Written material in	Child behaviour

Study	Standard or Enhanced	Intervention delivery	Intervention content
2007)		<p>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>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>
	Enhanced	<p>As above, plus</p> <p>Delivery method was individualised for each family (e.g., amount of time spent on active skills training varied across families)</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, stress)</p> <p>Social support via a significant other for single parents</p>

**Parenting Research Centre**  
Level 5, 232 Victoria Parade  
East Melbourne, Victoria, Australia 3002  
E [info@parentingrc.org.au](mailto:info@parentingrc.org.au)  
P +61 3 8660 3500  
F +61 3 8660 3599  
[www.parentingrc.org.au](http://www.parentingrc.org.au)