

EVIDENCE BRIEF

Interventions for parents and families: the evidence for improving emotional outcomes for children



Key Messages

- There is strong evidence to support the use of parenting and family support interventions to improve child behaviour outcomes relating to externalising behaviours (aggression, conduct problems, disruptive behaviour), and to a lesser extent hyperactivity/attention deficit issues; however, it is not clear if or for how long these benefits last.
- Parenting and family support interventions are useful for addressing child behaviour problems, whether they are secondary to a developmental vulnerability, or occur without a known pre-existing developmental vulnerability. There is some evidence that such programs can also prevent problems arising, but they are more effective as part of a targeted or treatment approach for addressing particular concerns that have been identified, than for universal prevention for groups of children with no particular identified issues
- Benefits seem to be greater for younger rather than older children, and for parent-reported rather than independently observed outcomes.
- Children may benefit from having parents involved in their early intensive behavioural interventions.

BACKGROUND

Parents and the family and home environment play a central role in the early learning and development of infants and children (1, 2). A range of interventions exist to support parents and families, particularly in situations where the family is vulnerable and/or where the infant or child may be at risk of delays in learning or development. The first five years of life present a critical window of opportunity for learning and development (3) and they lay the foundation for learning and readiness for school (4).

The purpose of this *Evidence Brief* is to describe the extent to which interventions for parents and families can improve emotional outcomes for children. This brief draws on evidence from systematic reviews, which provide the most comprehensive assessment of the evidence.

Emotional outcomes, as defined in the research literature, have a high degree of overlap with social outcomes. Many interventions address both outcomes, include outcomes that could fit in either or both domains, or use a combined term such as 'socio-emotional'. This *Evidence Brief* should be read in conjunction with the *Evidence Brief* on social outcomes for children.

continued

Key Messages

- Little evidence is available for the effect of parenting and family support interventions on other emotional outcomes such as internalising behaviours and pro-social behaviours, although there is mixed evidence relating to general emotional wellbeing and adjustment.
- There is some evidence to support the use of professionals in home visiting interventions for improving emotional outcomes for children. The use of non-professionals does not seem to result in improved emotional outcomes for children.
- Several reviews evaluated general types of interventions (e.g., parenting, home visiting) without breaking down their analyses by individual intervention; evidence is therefore stronger for general intervention types and may be weaker (with some exceptions) for individual, named interventions.
- Many individual studies and some reviews were conducted by the creators of the intervention being evaluated; this may present a conflict of interest.
- The systematic reviews included in this *Evidence Brief* are considered high-quality and their conclusions are generally reliable.

DEFINITION OF EMOTIONAL OUTCOMES

This review of reviews focused on outcomes defined in the Australian Early Development Census (AEDC, see www.aedc.gov.au), which collects data about key areas of early childhood development (known as ‘domains’). The **Emotional maturity** domain includes pro-social and helping behaviour, anxious and fearful behaviour, aggressive behaviour, and hyperactivity and inattention (the latter three rarely or never shown in children who are on track in this domain).

MAIN FINDINGS

A review of reviews identified **27** high-quality systematic reviews that report on the impact of family and parenting support programs and home visiting on child emotional outcomes.

The majority of the reviews reported here included only reasonably rigorous studies with control or comparison groups; some randomised, some quasi randomised, and some non-randomised. Some reviews included a wider range of study designs, from experimental through to single-subject and qualitative. Another included randomised and non-randomised group assignment as well as pre-post intervention designs without a comparison group. Findings may be less reliable when drawn from the reviews using less rigorous studies or that do not report designs.

The majority of the interventions identified addressed aggressive, disruptive and other problematic behaviour. A smaller set addressed general mental health and emotional wellbeing.

Outcomes investigated in this literature

- Addressing behaviour problems
- Preventing behaviour problems
- Fostering mental health and emotional wellbeing.

For definitions of the main outcome terms used in this brief, see the **box**. It should be noted that there is considerable overlap between social and emotional outcomes in the literature, with many studies using combined terms such as ‘socio-emotional’. More information on potentially relevant outcomes will be found in the *Evidence Brief on improving social outcomes for children*.

Child ages covered in this literature

The objective of this *Evidence Brief* was to identify interventions relevant to children up to five years of age. Due to mixed reporting of age groups in studies and systematic reviews, it has not always been possible to restrict to reviews solely covering children aged up to five years.

Settings covered in this literature

The majority of reviews described interventions conducted with birth parents. However, some of the interventions were intended for use with foster parents and/or in out-of-home care settings. These are addressed in a separate section.

In addition, this review of reviews identified several home visiting programs addressing a range of child emotional outcomes. Although many parent interventions have a home visiting component, in that the intervention may be wholly or partially conducted in the home (as opposed to a clinic or other setting), those interventions where home visiting is the central or sole characteristic have been addressed separately.

Internalising behaviours

Behaviours that stem from a tendency to express distress inwards; behaviours that resemble symptoms of mood and anxiety disorders such as depression, phobias, separation anxiety, and obsessive-compulsive disorder.

Externalising behaviours

Behaviours that stem from a tendency to express distress outwards; behaviours that resemble symptoms of attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder and conduct disorder.

Conduct problems/disorder

Conduct disorder is a childhood diagnosis which becomes more common in adolescence. Conduct problems that may lead to a diagnosis of conduct disorder include: aggression, theft, vandalism, violation of rules, and lying. Conduct problems only amount to a psychological disorder if they occur for a certain minimum time.

Adaptive behaviour

Adaptive behaviour is determined by the age of the child; it encompasses behaviours which are necessary for survival and successful functioning in the world. For young children, it will include things like dressing, safety, and ability to follow school rules and norms, and may also include social skills.

Attachment disorder

Attachment disorders are diagnosed in several different ways, but are generally characterised by disrupted interactions with adult caregivers (inhibited and emotionally withdrawn, or impulsive and overfamiliar).

Addressing behaviour problems

Five reviews identified problematic child behaviour in general, including disruptive behaviour, social emotional difficulties combined with behavioural outcomes, and adaptive behaviours (5-9). See **box** for definitions.

These reviews found that children aged **one to six years, developmentally vulnerable** due to **Autism Spectrum Disorder**, had decreased general behaviour problems, obsessions and rituals following parent-implemented **Applied Behaviour Analysis (ABA)** (see Intervention descriptions) compared with parent participation in a parent training group (5).¹

Children may also benefit from having parent involvement in their **Early Intensive Behavioural Interventions (EIBI)**. Findings suggest that children aged between two and six years involved in EIBI with some degree of parent training had significantly better **adaptive behaviour** scores compared with children in a control group. Greatest benefits were seen when combined delivery modes were used, including: direct therapy for the child by professionals; training the parents in techniques so they could generalise delivery to the home; and interventions solely mediated by parents (6).

In children **under 18** with a **developmental disability, parent management training (Stepping Stones Triple P and The Incredible Years)** significantly reduced disruptive behaviour (although another intervention, Parents Plus, was not effective). The way the training was delivered made a difference to how well it worked: combined home and agency site delivery was more effective than agency-only delivery; combined (group plus individual) delivery was effective when neither mode alone was effective; programs were more effective when administered by professionals with greater education (7).

Stepping Stones Triple P was investigated in a review by its creators; the review included lower quality uncontrolled trials as well as randomised controlled trials (RCTs) and found significant effects on **child behaviour problems** over a range of intervention intensities, with more intense interventions associated with greater benefits (8).

¹ All named interventions that were found to have some benefit for children are described at the end of this evidence brief.

Stepping Stones is a variant of the **Triple P Positive Parenting Program**. A major review of Triple P by the program's creators used a single measure of social emotional behavioural outcomes, encompassing a child's ability to: interact and form relationships with other children, adults, and parenting figures; appropriately express and manage emotions such as anxiety, frustration, and disappointment; and level of internalising and externalising behavioural issues. The review did not report the effects of Triple P on problematic behaviour alone; however, there were moderate benefits on the combined measure and benefits were maintained at later follow-up. There were better results for **younger children**, for a **targeted or treatment** (rather than preventive) approach, for more severe initial problems, for randomised study design, and where the program developers were involved in the evaluation (9).

A further five reviews specifically address **conduct problems** and **conduct disorder** (10-14). The evidence for interventions addressing conduct and behavioural issues is mixed.

A review of **Incredible Years BASIC** for parents of toddlers with behavioural difficulties, **Behavioural Parent Training**, **Group-based Behavioural Parent Training**, and the **Stop Ask Think Respond (STAR) program** found no benefit of intervention on parent-reported child emotional/behavioural outcomes; but did find a significant benefit for child emotional/behavioural outcomes when independently assessed, which is arguably a more rigorous method. However, this benefit was not maintained at follow-up (10, 11).

A group of similar interventions (**Behavioural Parent Training**, **Triple P**, **Incredible Years BASIC**, **New Forest Parenting Program**) for parents of slightly older children (**three to twelve years**) with an **ADHD diagnosis** or symptoms led to a moderate reduction in ADHD symptoms and conduct problems. This was maintained for pre-school populations (12) and also for children of the same age without ADHD but with conduct problems (13). This latter review found moderate benefit from a range of parent training programs but the majority of included evaluations were of Incredible Years and thus the findings are mostly applicable to that intervention. This review found

benefit across the range of severity of symptoms, but there was no significant benefit for socially disadvantaged participants.

A final review, which was large but included some less rigorous study designs (14), found that **Behavioural Parent Training** was effective for modifying child behaviour problems. Benefits were greater for **older (nine to eleven years)** than for the younger children (two to five years) who are the focus of this *Evidence Brief*; and the authors argue that benefits overall are not as robust as has been claimed previously, as evaluations using only parent-report measures tend to inflate the size of effects observed.

One of these five reviews also considered internalising emotional problems (13) but found no significant effects from intervention.

Preventing behaviour problems

The interventions described above address existing conduct and behaviour problems. A further five reviews looked at whether such problems may be preventable in children at risk of developing them. It should be noted that, on the whole, these reviews are of less rigorous design than the treatment reviews covered in the previous section, with several including studies with a very broad range of methodologies, from more rigorous designs through to designs employing limited rigor (15-19).

A large review of **parent training programs** (15) for preventing antisocial behaviour and delinquency in **children (birth to fourteen years)** found a small to moderate reduction in the risk of delinquent behaviour. There was no difference between home visiting and group parent training delivered in other settings such as clinics, schools, and other community sites. However, older and smaller studies, and those relying on parent report, showed significantly larger benefits than recent, larger, and more rigorous studies directly observing problematic behaviour.

A more recent but smaller review (16) investigated **group-based parenting programs** for parents of young children (less than 3 years), such as **Incredible Years BASIC**, **1-2-3 Magic**, **Group-based Parent Training**, and **STAR** to determine if parenting programs have a less than role to play in helping children

become well-adjusted. Some programs were aimed at disadvantaged parents, but authors were also interested in primary prevention of mental health problems, such as hostile/aggressive, anxious, and hyperactive/distractible behaviour; conduct problems and ADHD symptoms. The authors found evidence of short-term effectiveness for child emotional and behavioural adjustment (parent report and independent observation); but very little and poor quality information demonstrating improved emotional and behavioural adjustment at follow-up. They concluded that there is not enough evidence to reach any firm conclusions on the role of parenting programs in preventing child mental health problems.

A smaller review including controlled studies of less rigorous design (17) investigated parenting groups for parents of **children aged birth to six years** facilitated by nurses, psychologists, and social workers. They found positive effects in the short term, and some potential for these effects to be maintained at follow-up.

Taken together, these three reviews suggest that there may be some benefit of parenting interventions in preventing behaviour problems but that more evidence is needed, particularly regarding the long term prevention benefits of such interventions.

A less strict review, covering both RCTs and uncontrolled studies, investigated the effectiveness of **preventative educational programs with fathers of children aged birth to nine years** to improve parenting outcomes and child behaviour outcomes (18). There was a small but reliable effect on child behaviour such as externalising problems, but this was unlikely to have been maintained in the longer term. As with other reviews, father-reported benefits were larger than benefits which were independently reported.

Finally, a very broad review (19) identified **early childhood interventions** conducted by the World Health Organization in Europe that aimed to **reduce inequalities in children's health and development**. The authors argued that differences between studies make it difficult to draw any strong conclusions, but that better outcomes result from combining workshops and education for parents and children, starting early in pregnancy, and including home visits from professionals.

Fostering mental health and emotional wellbeing

There is evidence from five reviews relating to ways to improve infant mental health and emotional wellbeing, and either improving attachment or preventing disorganised attachment/attachment disorder (20-24).

Evidence was mixed, with not all reviews showing evidence of benefit. Some reviews found benefits but were unable to attribute the benefits to any one intervention.

Severe attachment disorder in children under thirteen years is amenable to treatment. A meta-analysis of eight intervention studies found a significant benefit from treatment, with greatest effectiveness for a moderate number of sessions (5-14, 16, 18), for **children older than six months**, and for interventions carried out at home (20).

Infants and children may be vulnerable to **low attachment security** in a range of challenging circumstances. For **infants under 24 months** with a parent experiencing mental health problems, domestic abuse, or substance dependency, **Parent Infant Psychotherapy** led to significantly better infant emotional wellbeing compared with control. However, there was no evidence of benefit for angry and externalising behaviours. The authors of this relatively small review (which included eight studies using randomised control groups) suggest that Parent Infant Psychotherapy is a promising intervention for improving infant attachment security in high risk populations, but that there is little evidence of benefit for other emotional outcomes (21).

A range of interventions intended to enhance parental sensitivity and provide social support focus on developing the quality of attachment and the mother-child relationship, in children (average **age four and a half years**) who may be at risk of developing **disorganised attachment**. A review of ten intervention studies found mixed evidence of effectiveness (22). Considered together, the overall benefit from this kind of intervention was not significant; however specific analyses found greater effectiveness from interventions delivered by professionals, those focussing solely on parental sensitivity, and those targeting at-risk children (rather than at-risk parents) and older children.

Some interventions seek to improve children's **emotional wellbeing** across a range of outcomes. **Family support interventions** (including home visits, parenting groups, parent-child groups, and group early education for children) typically aim to improve parenting, child development, child and parent health, parent literacy, child behaviour and parent involvement in school, and prevent child maltreatment. A review of such interventions for children aged **up to 12 years** found small but significant benefits for children's emotional development. Programs using professional staff to work with parents in group settings had greater benefits for child socio-emotional development than those using home visits (23).

Children and adolescents with chronic illnesses may also experience compromised emotional wellbeing. A review investigating **psychological therapies** aimed at their parents included any psychotherapeutic treatment specifically designed to change parents' cognitions or behaviours, and family and systemic therapies. No benefits were seen for child behaviour or child mental health. It is not clear which if any interventions are effective for parents of children and youth with chronic health conditions (24).

Foster carers and out-of-home care

Three reviews examined interventions targeted at foster parents and children in foster care (25-27).

One review of behavioural/cognitive behavioural interventions (26) found no evidence of benefit for internalising or externalising behaviours **in looked-after children aged four to sixteen years**. A larger review, including a broader range of study designs, found some improvements in children's externalising behaviours and delinquency (27) from programs such as **Fostering Individualised Assistance Program (FIAP)** and **Parent Child Interaction Therapy (PCIT)**. However, included studies were few and of moderate quality, so the review does not provide conclusive support for these interventions.

A third review (25) examined a much broader range of **interventions for children in foster care**, such as: wraparound services, relational interventions, non-relational interventions for carer and child, carer training programs, and interventions for the foster

child. Most interventions had aims relating to helping carers manage or reduce child behaviour difficulties and facilitating children's developmental progress. This review included a wide range of study designs; some rigorous and some not: RCTs, non-randomised controls, uncontrolled, and post-intervention only research designs were eligible. **Wraparound services** and **relational interventions** had some effect, with significant improvements seen for some (peer problems, secure behaviour, avoidant behaviour, mental health difficulties, and problem behaviour) but not all behaviour measures, in some but not all studies. Other intervention types were not supported. Even where significant benefits were seen, authors stress that intervention impact varies considerably across studies.

Home visiting programs

Many of the interventions identified in previous sections have a home visiting component, but this tends to be incidental to the main aim of the program. Thus, an intervention may be delivered either in the home or in a clinic or agency without greatly impacting on effectiveness. This section presents five reviews of programs where home visiting is the sole or central intervention delivery mode (23, 28-31).

A review of home visiting programs **by trained paraprofessionals**, to address developmental and health outcomes of **young children from disadvantaged families** (28), included a wide range of programs of which only one (Healthy Families Alaska) measured internalising and externalising behaviours. Significant improvements were seen in this individual study, but overall, home visiting programs using paraprofessionals did not lead to significant improvements for disadvantaged families. Home visiting may be more effective where there is a higher 'dose' of intervention over a longer time, when mothers are approached prenatally, when the program has a single-issue focus, and when paraprofessionals are adequately trained.

A more focused review (29) was conducted of home-based interventions delivered **by trained lay or professional family visitors**, for **preschool children from disadvantaged families**. Home visits intended to provide the mother with knowledge and skills to provide quality, cognitively stimulating mother-child

interactions; to support child development; and to improve mother and child self-esteem. Although individual studies found some indication of less difficult child temperament after intervention, there was no overall evidence that home-based interventions improve outcomes for disadvantaged children.

For more general outcomes, a review of home visiting programs **for developmentally delayed, physically challenged, or chronically ill children under eight years old** (30) found significantly improved socio-emotional outcomes (but did not report detail for specific outcomes). However, this review included programs with home visits as a supplement to other interventions, in addition to those where home visits were a central component. It is therefore not clear whether the improvements should be attributed to home visiting or to the kinds of interventions covered in the previous sections.

Home visiting programs may also be broadly supportive and preventive in nature. An older review (31) evaluated home visiting interventions for parents of **children aged up to two years**. Families involved in these interventions did not necessarily have any particular pre-identified vulnerability. The review did not name specific interventions but included programs that involved parenting training and education, parent psychosocial support, health and development surveillance, service referral, and parent groups. There was no benefit for measures of child temperament, and mixed effects on maternal concern about child behaviour (some studies found increased, some decreased, concern; others showed no difference). Some studies found significantly better behavioural outcomes following intervention, but nearly as many found no significant difference. There were no clear indications as to why some home visiting programs were effective and others were not.

One review cautions that programs for families of children with **developmental delays or behavioural problems** are more effective when they use professional staff in group settings rather than in home visits (23). Home visiting programs with at least some paraprofessional staff, and that target low-income families, tend to have smaller effects on socio-emotional outcomes than those with professional staff.

IMPLICATIONS FOR POLICY AND PRACTICE

- Interventions addressing emotional maturity and related outcomes (such as behaviour problems, aggression, and anxiety) in the early years are **important for improving child learning and development**. Children need to be able to control impulses, concentrate, and get along with peers and teachers in order to learn.
- There is **strong support** for the use of parenting and family support interventions such as The Incredible Years, Triple P, and Behavioural Parent Training in addressing problematic behaviour in children.
- It is worthwhile investing in parenting and family support interventions for the purpose of improving problematic behaviour in **developmentally vulnerable children**.
- Where possible, **parent involvement** in interventions, including parent-mediated or delivered interventions, should be encouraged for the purpose of improving problematic behaviour in children.
- A greater benefit for emotional outcomes in children comes from investment in **professionals** rather than peers or non-professionals as providers of home visiting interventions.

LIMITATIONS OF AND GAPS IN THIS LITERATURE

- It has not been possible to restrict this *Evidence Brief* to reviews solely covering children aged up to five years. Many reviews included studies of older children, and did not typically conduct separate analyses for age subgroups. When making decisions about practice, age ranges of children included in studies and systematic reviews should be considered in order to determine how well they match the families involved in services.
- The literature is highly skewed towards problematic behaviour outcomes. Other outcomes (such as pro-social or anxious and fearful behaviour) are less well represented in this literature and the evidence for these is not well developed. While problematic behaviour outcomes are arguably the most easily measured and potentially of most immediate concern to parents, rigorous research on a broader range of emotional maturity outcomes is needed.

- Some authors evaluate their own programs and in a few cases also conduct the systematic reviews of their programs. Rigorous program evaluation is to be encouraged and program developers are often best placed to do this; however, caution should be exercised where no independent evaluations of a program are available.
- Social and emotional outcomes are often conflated in the literature. This *Evidence Brief* should be read in conjunction with the brief on social outcomes, as many interventions discussed there may also be relevant for emotional outcomes.

CONCLUSION

This review of systematic reviews has found strong evidence to support the use of parenting and family support interventions to improve child behaviour outcomes relating to externalising behaviour such as aggression, conduct problems, disruptive behaviour, and, to a lesser extent, hyperactivity/attention deficit issues. However, it is not clear if or for how long these benefits last. Overall the evidence suggests that it is worthwhile investing in parenting and family support interventions, particularly for younger children, developmentally vulnerable children and for children with existing conduct problems.

METHODOLOGY: REVIEW OF SYSTEMATIC REVIEWS

This *Evidence Brief* is based on literature identified using a systematic methodology to review systematic reviews. Systematic reviews protect against some of the incompleteness and biases that can be encountered with traditional literature reviews, thereby providing readers with greater confidence in any conclusions that are drawn. The databases searched in September 2015 were: PsycINFO, Embase Classic+Embase, Ovid MEDLINE(R), Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations, Social Work Abstracts, Education Resources Information Centre (ERIC), Applied Social Sciences Index and Abstracts (ASSIA), Social Services Abstracts, Sociological Abstracts, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Criminal Justice Abstracts, the Cochrane Collaboration Library, and the Campbell Collaboration Library. No

publication year limits were imposed. We searched for English language systematic reviews and meta-analyses of parenting, family support and home visiting interventions. Books, chapters, conference papers and theses were excluded, as were reviews that only included studies with children aged over six years. Interventions such as surgery, vaccinations, medications, international aid and international development were excluded. Reviews needed to report findings for a least one emotional outcome. Systematic reviews were assessed for degree of rigour against five criteria: 1) the review addressed a clearly designed research question; 2) there was an a priori search strategy and clearly defined inclusion and exclusion criteria; 3) a minimum of three academic databases were searched; 4) grey (unpublished) literature was specifically searched for; and 5) more than one rater/coder was used.

Of the 2958 search results, 27 relevant reviews reporting emotional outcomes and meeting criteria were identified.

TERMINOLOGY

Interventions for parents and families

Interventions included in this review were: parenting programs/interventions, family support interventions, and home visiting/visitation interventions. Definitions of these interventions vary considerably and they are sometimes grouped together or used interchangeably. In general, we included interventions in which parent and family skills, behaviours, knowledge or confidence were targeted with the aim of improving key child outcomes. The key named programs for which there was reasonable support are described briefly below.

Parents

The concept of *parent* adopted in this review of reviews refers to any person undertaking a parenting role, including biological parents, foster parents, and step-parents. The authors of the included systematic reviews and studies may not have taken a similar view of the term *parent*.

Outcomes

An outcome is defined here as a measurable change in or benefit to an infant or child. It may include an increase in a desired behaviour or skill or a decrease in an undesired behaviour or skill.

INTERVENTION DESCRIPTIONS

Applied Behaviour Analysis (ABA)

Applied Behaviour Analysis (ABA) involves breaking down complex skills (or behaviours) into smaller steps and teaching them through the use of clear instructions, rewards and repetition. As children learn each step, they are praised and rewarded. Difficult behaviour is ignored when it occurs. ABA-based programs generally involve assessing the child's skills and difficulties, setting goals, designing and implementing the program to teach the target skill and ongoing measurement of the target skill. The programs can be run in the family home, at a clinic, school or centre, or in a combination of two or more of these settings.

www.raisingchildren.net.au/articles/applied_behaviour_analysis_th.html

Behavioural Parent Training (BPT) and Group-based BPT

Behavioural Parent Training (BPT) is designed to help parents develop the skills necessary to manage their child's behaviour and development. It is delivered to parents of children with problem behaviours and can be delivered short-term (one to two hours per week for eight weeks) or longer term (up to a year or longer). The BPT therapist coaches parents in applying such strategies as standardised curriculums to teach parents parenting skills.

Early Intensive Behavioural Interventions (EIBI)

Early Intensive Behavioural Interventions (EIBI) is a generic term that refers to behavioural interventions that are intensive and comprehensive. Behavioural Interventions refer to behaviourally based therapy developed to improve the symptoms associated with autism. Intensive programs refer to the number of hours of treatment the child receives per week as well as the intensity of training, curriculum, evaluation, planning, and coordination. EIBI intervention programs

recommend between 30 and 40 hours of therapist sessions per week (32).

Fostering Individualised Assistance Program (FIAP)

The Fostering Individualised Assistance Program (FIAP) employs a series of clinical interventions that are aimed at reducing emotional and behavioural problems in children within the foster care system. FIAP program specialists train key adults in the children's lives to provide the children with stable homes, clinical treatment, and various additional support services. The intervention has two major goals: 1) to stabilise foster care placements and develop feasible permanency plans, and 2) to improve emotional and behavioural adjustment in children. Case management is initially delivered by family-centred, clinical program specialists, who work in collaboration with caseworkers, other providers such as teachers and therapists, foster parents, and biological families. Over time, children and treatment teams enter the maintenance phase, when these case management responsibilities are gradually transferred to the adults who are closest to the child.

www.childtrends.org/?programs=fostering-individualized-assistance-program-fiap

Incredible Years (IY) and IY BASIC

The Incredible Years (IY) program is designed to promote emotional and social competence and to prevent, reduce, and treat behaviour and emotional problems in young children. The IY BASIC Parent Training Program targets parents of high-risk children and those displaying behaviour problems. The program strengthens parent-child interactions and attachment, reducing harsh discipline and fostering parents' ability to promote children's social, emotional, and language development. In parenting groups, trained Incredible Years facilitators use video clips of real-life situational vignettes to support the training and trigger parenting group discussions, problem solving, and practice exercises. The program is delivered in 18 to 20 weekly two-hour group sessions by trained leaders (social workers, psychologist etc.).

www.incredibleyears.com

1-2-3 Magic

1-2-3 Magic is a group format discipline program for parents of children approximately two to 12 years of age. The program can be used with average or special needs children. 1-2-3 Magic divides the parenting responsibilities into three tasks: controlling negative behaviour, encouraging good behaviour, and strengthening the child-parent relationship. The program seeks to encourage gentle, but firm, discipline without arguing, yelling, or spanking. It is delivered in one to two 1.5 hour sessions per week for four to eight weeks.

www.cebc4cw.org/program/1-2-3-magic-effective-discipline-for-children-2-12/

New Forest Parenting Program

The New Forest Parenting Program (NFPP) is for parents with a child between the ages of three and 11 with moderate to severe symptoms of attention deficit hyperactivity disorder (ADHD). The program consists of eight weekly two-hour, one-on-one in-home training sessions for parents to learn about ADHD and how to manage their child's behaviour.

www.eif.org.uk/wp-content/uploads/2014/07/New-Forest-Parenting-Programme.pdf

Parent Child Interaction Therapy (PCIT)

PCIT is a prevention program for parents of children three to six years that focuses on improving the quality of the parent-child relationship through skill-building and promoting positive parent-child interaction. It was developed specifically for conduct-disordered young children. The treatment focuses on two basic interactions: Child Directed Interaction (CDI), in which parents engage their child in a play situation with the goal of strengthening the parent-child relationship; and Parent Directed Interaction (PDI), in which parents learn to use specific behaviour management techniques with their child. PCIT typically involves one to two sessions per week for 10 to 20 sessions delivered in a one-on-one coaching environment.

www.cebc4cw.org/program/parent-child-interaction-therapy/

Parent Infant Psychotherapy (PIP)

Parent-Infant Psychotherapy (PIP) is a dyadic intervention that works with parent and infant together, with the aim of improving the parent-infant relationship and promoting infant attachment by targeting the mother's view of her infant. PIP is intended to address problems in the parent-infant relationship, and problems such as excessive crying and sleeping/eating difficulties. A parent-infant psychotherapist works directly with the parent and infant in the home or clinic, to identify unconscious patterns of relating and behaving, and influences from the past that are impeding the parent-infant relationship. The intervention is delivered to individual dyads but can also be delivered to small groups of parents and infants (33).

Stop Think Ask Respond (STAR)

The STAR Parenting Program was designed to teach low-income, at-risk parents of children aged 1-5 years an acronym to use and strategies to improve parenting practices. The parent is encouraged to first *stop* and then *think* about how their child's behaviour may be affecting their own thoughts and feelings, *ask* if their expectations for their child are reasonable and how to respond to the behaviour. The program is implemented through 10 weekly, 1.5-hour sessions of small groups, no more than four parents at a time. Parents receive four one-hour audio tapes and workbooks to reinforce what is discussed in the group.

www.childtrends.org/?programs=star-stop-think-ask-respond-parenting-program

Stepping Stones Triple P/Triple P

The Triple P Positive Parenting Program is a parenting and family support system designed to prevent – as well as treat – behavioural and emotional problems in children and teenagers. Triple P is delivered to parents of children up to 12 years, with Teen Triple P for parents of 12 to 16 year olds. There are also specialist programs – for parents of children with a disability (Stepping Stones), for parents going through separation or divorce (Family Transitions), for parents of children who are overweight (Lifestyle) and for Indigenous parents (Indigenous).

www.triplep.net

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We help families, older people and people with disability live their best life, and we speak out for a just society.

We're Australia's first charity. We're a not-for-profit and non-religious organisation and we've helped people, families and communities achieve positive change since 1813.

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