The Effectiveness of Parenting Programmes: A Review of Campbell Reviews

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Abstract

Parenting practices predict important outcomes for children, and parenting programmes are potentially effective means of supporting parents to promote optimal parenting for pre-adolescent children. The aim of this review was to evaluate the effectiveness of parenting programmes by summarising findings of relevant systematic reviews published in the Campbell Library. Six Campbell systematic reviews evaluated the effectiveness of a range of parenting programmes in the primary and secondary prevention of behavioural problems (among children aged 0 – 3 years), early onset conduct disorder (among children aged 3 – 12 years), outcomes for parents and children with ADHD, outcomes for particular groups of parents and children (i.e., with intellectual disabilities and teenagers), and the psychosocial functioning of parents. The findings of these reviews show that parenting programmes can be effective in improving the emotional and behavioural adjustment of children in the first 12 years of life, in addition to enhancing the psychosocial wellbeing of their parents. The findings also suggest that further research is needed to assess effectiveness of programmes for specific subgroups of parents (e.g., fathers, teenagers, parents with

intellectual disabilities) and to assess the long-term effectiveness of parenting programmes.

Introduction

Parenting practices are strongly associated with certain outcomes for children. Early research suggested that factors relating to parenting and family interaction could account for as much as 30-40% of the variance in children's antisocial behaviour (Patterson, DeBaryshe, & Ramsey, 1989). This research also found that parenting practices characterised by harsh and inconsistent discipline, little positive parental involvement with the child, and poor monitoring and supervision, appeared to be significant predictors of behaviour and conduct problems in early childhood (Patterson, Dishion, & Chamberlain 1993; Loeber & Dishion, 1983). This has been confirmed by more recent research which shows that positive parenting practices and parenting styles (e.g. authoritative as opposed to authoritarian or permissive) are associated with better outcomes for children across a range of domains including self-esteem (DeHart, Pelham & Tennen, 2006), emotional and behavioural adjustment (Scott, Doolan, Harry, Cartwright, and the HCA team, 2010), and cognitive development and educational achievement (Majumder, 2015).

Factors that influence parenting include poverty and psychosocial adjustment. The children of parents who are living in poverty are at greater risk of emotional and behavioural problems (Flouri, Mavroveli, & Tzavidis, 2012) and worse educational outcomes (Kiernan & Mensah, 2010) than other children. However, the relationship between parenting and poverty is complex, and around half of the effects of poverty are accounted for by early parenting practices (ibid), suggesting the need to target both domains. Parental psychosocial functioning affects parents' capacities to provide affectively-attuned interaction during infancy and toddlerhood (Murray, Fiori-Cowley, Hooper, & Cooper, 1996), and can affect older children as a result of the impact of compromised parental

psychosocial functioning on both parenting behaviours (Waylen & Stewart-Brown, 2010) and marital adjustment (Shelton, Harold, & Gordon 2008).

Parenting programmes are provided with the aims of enhancing parents' knowledge, skills, and understanding; reducing parental stress; improving parenting practices; and, thereby, improving children's emotional and behavioural outcomes. These programmes are typically offered to parents over the course of eight to 12 weeks, for about one to two hours each week, although the range varies from as few as two sessions to as many as twenty sessions in total. Underpinned by diverse theoretical approaches, parenting programmes use a range of techniques including discussion, role-play, watching video vignettes, and homework. Using a manual or curriculum, programmes can be delivered on a one-to-one basis or to groups of parents in a variety of settings, including hospital clinics, social service agencies, other medical offices, schools, and faith centres such as mosques, churches etc.

Reviews of qualitative evidence point to a range of perceived benefits to parents who participate in such groups (Kane and colleagues, 2007), and a number of systematic reviews have examined objective outcomes for both parents and children. This paper summarises the findings of systematic reviews published in the Campbell Library.

Methods

A search of the Campbell Library was undertaken to identify systematic reviews of the effectiveness of parenting programmes. All reviews of parenting programmes were included irrespective of the focus of the review in terms of the target group, theoretical approach or outcomes of interest. A narrative synthesis of the findings from each of the reviews is provided.

Results

The Campbell Collaboration has published six systematic reviews evaluating the

effectiveness of various types of parenting programmes. These reviews cover outcomes for children aged 0 – 3 years (Barlow & Parsons, 2005); early onset conduct disorder among children aged 3 – 12 years;, McGilloway, Bywater, Hutchings, Smith and Donnelly 2012); outcomes for both parents and children with ADHD (Zwi, Jones, Thorgaard, York and Dennis, 2012); and outcomes for the children of particular subgroups of parents, such as those with intellectual disabilities (Coren, Hutchfield, Thomae and Gustafsson, 2010) and teenage parents (Barlow, Smailagic, Bennett, Huband, Jones and Coren 2011). One review examined the effectiveness of parenting programmes in improving the psychosocial functioning of parents only (Barlow, Barlow, Smailagic, Huband, Roloff, & Bennett) , 2012).

Barlow and Parsons (2005) examined the effectiveness of parenting programmes in the primary and secondary prevention of behaviour problems in children aged 0 – 3 years. Five studies were included in the review, with a total of 410 parents. Meta-analyses were conducted for both parent-reports and independent assessments of children's behaviour. The result for parent reports shows a small benefit for the intervention group (SMD -0.29, 95% CI -0.55 to 0.02), that was not statistically significant and for independent observations of children's behaviour shows a moderate benefit for the intervention group that was statistically significant. (SMD -0.54, 95% CI -0.84 to -0.23). A meta-analysis of the follow-up data available from two studies shows a small benefit for the intervention group (SMD -0.24, 95% CI -0.56 to 0.09) that was not statistically significant Some heterogeneity in all of these analyses may be explained by differences in intervention content and duration.

The findings of this review provide mixed results and modest support for the use of group-based parenting programmes to improve the emotional and behavioural adjustment of children under the age of 3 years. The authors suggest that there is insufficient evidence to reach any firm conclusions regarding the role that such programmes might play in the primary prevention of behaviour problems in young children. Furthermore, there is little information on the long-term

effectiveness of these programmes.

Furlong and colleagues (2012) examined the effectiveness of parenting programmes in addressing early onset conduct disorder in children aged 3 to 12 years. This review identified 13 randomized controlled trials (RCTs) that met the inclusion criteria, as well as two economic evaluations, including a total of 1078 participants (646 in intervention groups; 432 in control groups). The results indicate that parent training reduced child conduct problems according to parent reports (SMD -0.53; 95% CI -0.72 to -0.34) and independent assessments of outcomes (SMD -0.44; 95% CI -0.77 to -0.11). There were also consistent improvements favouring the intervention group for parental mental health assessments (SMD -0.36; 95% CI -0.52 to -0.20), and positive parenting skills based on parent reports (SMD -0.53; 95% CI -0.90 to -0.16) and independent assessments (SMD -0.47; 95% CI -0.65 to -0.29). Parent training also reduced negative or harsh parenting practices according to parent reports (SMD -0.77; 95% CI -0.96 to -0.59) and independent assessments (SMD -0.42; 95% CI -0.67 to -0.16). All of these results were statistically significant. There was also evidence of cost-effectiveness converted from data in the original studies using common currency and price year.

The authors conclude that "behavioural and cognitive-behavioural group-based parenting interventions are effective and cost-effective methods of improving child conduct problems, parental mental health and parenting skills in the short term." (Furlong et al 2012, p.8). They also suggest that "the cost of programme delivery was modest when compared with the long-term health, social, educational and legal costs associated with childhood conduct problems" (ibid).

Zwi and co-authors (2012) examined the effectiveness of both individually delivered and group-based parenting programmes, in improving outcomes for both parents and children with ADHD. A total of five studies including 284 participants met the inclusion criteria, all of which compared parent training with treatment as usual (TAU). The results show a small improvement in externalizing behavior (SMD -0.32; 95% CI -0.83 to 0.18) which was not

statistically significant, and in internalizing behaviour (SMD -0.48; 95% CI -0.84 to -0.13), which was statistically significant. The results also found improvements in parenting stress for the 'child' domain (MD -10.52; 95% CI -20.55 to -0.48) but not the 'parent' domain (MD -7.54; 95% CI -24.38 to 9.30). Variation in the strength and the consistency results may be due to differences in intervention content and small sample sizes. No study reported data for academic achievement, adverse events or parental understanding of ADHD.

The authors conclude that parent training may have a positive effect on the behaviour of children with ADHD, and may also be effective in reducing parental stress and enhancing parental confidence. However, they suggest that the currently available data regarding ADHD-specific behaviours are inconclusive, and that there is an absence of data regarding some outcomes such as school achievement and adverse effects.

Barlow and colleagues (2011) examined the effectiveness of individual and group-based parenting programmes in improving psychosocial outcomes for teenage parents, and developmental outcomes for their children. They included eight studies with 513 participants, providing a total of 47 comparisons of outcome between intervention and control conditions. Nine meta-analyses were conducted using data from four studies in total (each meta-analysis included data from two studies). These were the only meta-analyses possible in this review due to diversity in both interventions and outcome measures. Four meta-analyses showed findings favouring the intervention group for the following outcomes: parent responsiveness to the child post-intervention (SMD -0.91, 95% CI -1.52 to -0.30); infant responsiveness to mother at follow-up (SMD -0.65, 95% CI -1.25 to -0.06); and an overall measure of parent-child interactions post-intervention (SMD -0.71, 95% CI -1.31 to -0.11), and at follow-up (SMD -0.90, 95% CI -1.51 to -0.30). All of these preceding results were statistically significant. The results of the remaining five meta-analyses were inconclusive. These comparisons related to four different subscales of parenting attitudes to child rearing in the parental role, and one to parent psychosocial outcomes. The numbers of participants for these comparisons were small and the results heterogeneous, which may account

for the absence of consistent findings. Participant numbers in all these studies were small, and the results whilst promising, should be treated with caution.

The authors conclude that the findings are limited by variation across studies in the measures used, sample characteristics, and interventions, and by the risk of bias within the included studies. Nevertheless, these studies provide some evidence that parenting programmes may be effective in improving a number of aspects of parent-child interaction both in the short- and long-term.

Coren and colleagues (2010) examined the effectiveness of programmes in improving the parenting of parents with intellectual disabilities. Only three RCTs were identified, and no meta-analysis was possible, due to variation between the included studies. Results from the studies were therefore summarized narratively. The included studies showed improved maternal-child interaction following a group-based parent training programme and in parents knowledge of life threatening emergencies, ability to recognise dangers and identify precautions as well as smaller improvements in their ability to implement precautions, use medicines safely and recognise child illness and symptoms, and in child care and safety skills following individually delivered programmes.

The authors conclude that these results appear promising in terms of parenting knowledge and skills, but further research is needed with this group of parents.

Barlow and colleagues (2013) examined the effectiveness of group-based parenting programmes in improving parents' psychosocial health. They included 48 studies (involving a total of 4937 participants) that examined the effectiveness of three types of programmes: behavioural, cognitive-behavioural and multimodal. The results showed that that there were short-term improvements in depression (SMD -0.17, 95% CI -0.28 to -0.07), anxiety (SMD -0.22, 95% CI -0.43 to -0.01), stress (SMD -0.29, 95% CI -0.42 to -0.15), anger (SMD -0.60, 95% CI -1.00 to - 0.20), guilt (SMD -0.79, 95% CI -1.18 to -0.41), confidence (SMD -0.34, 95% CI -0.51 to -0.17) and satisfaction with the partner relationship (SMD -0.28, 95% CI -0.47 to -0.09). All these preceding results were consistently

positive and statistically significant. However, only the differences in stress and confidence were maintained at the six-month follow-up, and none were significant at one year. There was no evidence of any effect on self-esteem (SMD -0.01, 95% CI -0.45 to 0.42). None of the trials reported on aggression or adverse effects. There was limited data examining outcomes for fathers, as the studies included in the review were largely directed at mothers, and the trial investigators reported results that were mainly derived from the mothers. Data available for fathers showed short-term improvement in paternal stress (SMD -0.43, 95% CI -0.79 to -0.06).

The authors conclude that these findings support the use of parenting programmes to improve the short-term psychosocial wellbeing of parents, but suggest that further input may be required to ensure that these results are maintained. They also suggest that more research is needed on potential benefits for fathers, the comparative effectiveness of different types of programmes, along with the mechanisms by which such programmes bring about improvements in parental psychosocial functioning.

Discussion and Application to Practice

Together, these reviews provide substantial evidence to show that parenting programmes can be effective in improving aspects of parents' psychosocial functioning (e.g., depression, anxiety, stress, anger, guilt, confidence, and satisfaction with the partner relationship) in the short-term. Behavioural and cognitive-behavioural group-based parenting interventions have also been found to be cost-effective methods of improving child conduct problems, parental mental health, and parenting skills in the short term for parents of children aged 3 – 12 years (Furlong et al., 2012), although the evidence for effectiveness with parents of younger children is less comprehensive (Barlow et al., 2012).

There is also some evidence that parenting programmes can improve parental stress and general child behaviour in children with ADHD, but less evidence with regard to other important outcomes including ADHD-related behavioural

achievement in school, or parent knowledge of ADHD (Zwi et a., 2012).

The available evidence shows only short-term effectiveness, and a number of reviews have concluded that further input may be required to ensure that these results are maintained. The use of 'top-ups' to maintain the benefits of these interventions needs formal evaluation.

It is not clear whether parent training is better delivered in groups or individually, and whether outcomes may vary by characteristics of the target group. The evidence with regard to the needs of specific groups of parents such as teenage parents and parents with intellectual disability looks promising, with limited evidence of improved outcomes for both parent and children, but further research is still needed.

More research is needed to assess benefits for fathers, to examine the comparative effectiveness of different types of programmes, and identify the mechanisms by which such programmes bring about improvements in parental functioning and outcomes for children. More studies are also are needed of the effectiveness of parenting programmes for parents with particular needs (e.g., teenage parents and parents with intellectual disabilities), including parents of children with ADHD.

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