



1-1-2016

Engagement in Behavioral Parent Training: Review of the Literature and Implications for Practice

Anil Chacko

New York University

Scott A. Jensen

University of the Pacific, sjensen@pacific.edu

Lynda S. Lowry

SUNY University at Buffalo

Melinda Cornwell

City University of New York

Alyssa Chimklis

New York University

See next page for additional authors

Follow this and additional works at: <https://scholarlycommons.pacific.edu/cop-facarticles>



Part of the [Psychology Commons](#)

Recommended Citation

Chacko, A., Jensen, S. A., Lowry, L. S., Cornwell, M., Chimklis, A., Chan, E., Lee, D., & Pulgarin, B. (2016). Engagement in Behavioral Parent Training: Review of the Literature and Implications for Practice. *Clinical Child and Family Psychology Review*, 19(3), 204–215.

DOI: [10.1007/s10567-016-0205-2](https://doi.org/10.1007/s10567-016-0205-2)

<https://scholarlycommons.pacific.edu/cop-facarticles/587>

This Article is brought to you for free and open access by the All Faculty Scholarship at Scholarly Commons. It has been accepted for inclusion in College of the Pacific Faculty Articles by an authorized administrator of Scholarly Commons. For more information, please contact mgibney@pacific.edu.

Authors

Anil Chacko, Scott A. Jensen, Lynda S. Lowry, Melinda Cornwell, Alyssa Chimklis, Elizabeth Chan, Daniel Lee, and Brenda Pulgarin

Engagement in Behavioral Parent Training:
Review of the Literature and Implications for Practice

Anil Chacko

New York University

Scott A. Jensen

University of the Pacific

Lynda S. Lowry

University at Buffalo, State University of New York

Melinda Cornwell

Queens College, City University of New York

Alyssa Chimklis, Elizabeth Chan, Daniel Lee, Brenda Pulgarin

New York University

Author Note:

Correspondence concerning this article should be addressed to Scott A. Jensen, Department of Psychology, University of the Pacific, 3601 Pacific Ave., Stockton, CA, 95211.

sjensen@pacific.edu

Anil Chacko, Department of Applied Psychology, New York University, 246 Greene Street, Room 702, New York, NY 10003; anil.chacko@nyu.edu

Lynda S. Lowry, Department of Counseling, School, and Educational Psychology, University at Buffalo, State University of New York; sosa.lowry@gmail.com

Melinda Cornwell, Department of Psychology, Queens College, City University of New York, Melindakcornwell@gmail.com

Alyssa Chimklis, Department of Applied Psychology, New York University, 246 Greene Street, New York, NY 10003; achimiklis@gmail.com

Elizabeth Chan, Department of Applied Psychology, New York University, 246 Greene Street, New York, NY 10003; ec1791@nyu.edu

Daniel Lee, Department of Applied Psychology, New York University, 246 Greene Street, New York, NY 10003; daniel.kg.lee@gmail.com

Brenda Pulgarin, Department of Applied Psychology, New York University, 246 Greene Street, New York, NY 10003; brenda.pulgarin@nyu.edu

Abstract

Engagement in Behavioral Parent Training (BPT), including enrollment, attrition, attendance, within session engagement, and homework completion has long been a critical issue in the literature. Several estimates of various aspects of engagement have been suggested in the literature, but a systematic review of the available literature has never been accomplished. This review examines engagement data across 262 studies of BPT. Recruitment attrition, program attrition, attendance, and within-session engagement are examined across studies, with particular emphasis on the impact that SES, study purpose (efficacy vs. effectiveness), treatment format (individual vs. group), and age of child may have on those rates. Results of this review suggest that a significant amount of attrition occurs prior to enrollment in BPT, with at least 25% of those identified as appropriate for BPT not enrolling in such programs. An additional 26% begin, but drop out before completing treatment. Still the combined dropout rate of at least 51% leaves at best half of identified parents completing treatment. While SES status had a small effect on attrition, other variables were not found to meaningfully impact engagement. Information on within session engagement (homework and ratings of participation) was not often reported in studies. Key issues in this literature (e.g., varying definitions of engagement, limited attention to reporting key aspects of engagement) are discussed and recommendations are made to further improve this important area of research and clinical practice.

Engagement in BPT: Review of the Literature and Implications for Practice

Attention-Deficit/Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD), collectively referred to as Disruptive Behavior Disorders (DBDs) are prevalent, childhood psychiatric disorders which have multiple detrimental effects upon the child and family unit as well as numerous adverse societal implications (Carlson, Tamm, & Hogan, 1999; Kuhne, Schachar, & Tannock, 1997; Lendingham, 1999; Scholtens, Diamantopoulou, Tillman, & Rydell, 2012; Wehmeier, Schacht, & Barkley 2010). Moreover, these disorders set the stage for a poor trajectory into adolescence and adulthood, as the impairment associated with DBDs often place these youth at risk for future difficulties such as academic failure, substance use/abuse, and juvenile delinquency (Biederman et. al., 2008; Klein et al., 2012). DBDs present serious treatment challenges within the child mental health field, for while these disorders are common reasons for referrals for psychiatric treatment, they are often difficult to treat, tend to be chronic, and cost billions of dollars each year due to the extensive legal, correctional, educational, and psychological needs of these youth (Doshi et al., 2012; Welsh et al., 2008).

Despite the difficulties associated with DBDs, Behavioral Parent Training (BPT) has emerged as a well-established treatment approach for ameliorating these disorders (Daley, van der Oord, Ferrin, Danckaerts, Doepfner, et al., 2014; Evans, Owens, & Bunford, 2014; Eyberg, Nelson, & Boggs, 2008; Pelham & Fabiano, 2008). In fact, BPT is considered the most well-studied and efficacious psychosocial intervention for school-aged children with DBDs (Kazdin, 2000; McCart, Priester, Davies, & Azen, 2006; Nock, 2003). More specifically, BPT has been shown to improve oppositional problems, conduct problems, and associated impairment in youth in numerous studies (Daley et al., 2014; Evans et al., 2014; Eyberg et al., 2008 and Pelham &

Fabiano, 2008 for reviews). Not surprisingly, given the effects of BPT on child behavior, BPT has also been shown to improve aspects of functioning of parents (e.g., parental stress, competence; Anastopoulos, 1993; Chacko et al., 2009; Daley et al., 2014; Pisterman et al., 1992; Sonuga-Barke et al., 2001). Moreover, the effectiveness of BPT for DBDs has been demonstrated in routine, community-based treatment settings when applied by community mental health providers with treatment-referred youth (e.g., Lee, Horvath, & Hunsley, 2013; Michelson, Davenport, Dretzke, Barlow, & Day, 2013).

Engagement in BPT

The benefits of BPT are contingent upon parent engagement (Nock & Ferriter, 2005; Ros Hernandez, Graziano, & Bagner, 2016). Engagement is a broad construct, but has been operationalized in three primary domains: attendance, adherence, and cognitions (Becker, Lee, Daleiden, Lindsey, Brandt, & Chorpita, 2015; Staudt, 2007). Attendance describes the rate of enrollment among those eligible to participate from the population, the degree to which enrolled families attend therapy sessions, and completion of treatment. Adherence addresses the degree to which families comply with treatment, which includes utilizing skills between sessions (i.e., “homework”) and participating in within-session activities, such as group discussions or role-plays. Cognitions, a relatively understudied area, are related to agreement with treatment rationale, therapeutic alliance, expectations about treatment outcomes, and satisfaction with treatment.

Unfortunately, engagement remains a significant barrier for families enrolled in BPT (Nock & Ferriter, 2005). For example, it is not uncommon for 50% of families with children diagnosed with DBDs (who are identified as appropriate for BPT) to not enroll in BPT, enroll but never attend treatment, dropout prematurely, or not fully engage in within-session or

between-session skill implementation (Chacko et al., 2012; Fernandez et al., 2011; Peters, Calam, & Harrington, 2005). Moreover, families with greater levels of adversity often have more difficulty engaging in BPT (Chacko et al., 2008; 2009; Chronis, Chacko, Fabiano, Wymbs, & Pelham, 2004; Kazdin & Mazurick, 1994; Kazdin, Mazurick, & Bass, 1993; Miller & Prinz, 1990). Although understudied, some evidence suggests that those families who have poorer engagement to BPT often have poorer outcomes in child and parent behavior (Boggs et al., 2004; Patterson & Chamberlin, 1994).

Issues with Understanding Engagement in BPT

There has been considerable interest in understanding and improving engagement to BPT. Several reviews have been undertaken to develop conceptual models of engagement (Nock & Ferriter, 2005; Staudt, 2007) as well as reviews of methods to improve engagement to BPT (Ingoldsby, 2010; Nock & Ferriter, 2005; Miller & Prinz, 1990; Chronis et al., 2004). Given these notable efforts, it is surprising that there have not been systematic efforts, to our knowledge, in documenting rates of engagement (e.g., attendance, adherence) specifically to BPT. Often, general rates of engagement to mental health services are utilized as parameters of engagement to BPT (e.g., Armbruster & Kazdin, 1994; Pellerin, Costa, Weems, & Dalton, 2010) rather than rates based on a specific review of the BPT literature.

Examining general rates of engagement rather than using systematic review of the BPT literature is problematic for several reasons. First, it is important to understand rates of engagement specific to BPT in order to appreciate the effects of as well as develop interventions focused on improving engagement to BPT at specific key time points (e.g., initial enrollment to BPT, ongoing attendance). Having specific rates of engagement across key time points during BPT can then further allow for determining the effects of various putative factors related to

engagement (e.g., low socioeconomic status [SES]) often hypothesized to impact engagement to BPT (Chronis et al., 2004; Miller & Prinz, 1990). Further, examining engagement across several time points can assist in identifying subgroups that may require additional support in order to more fully engage in BPT as well as determine modification or supports to certain parameters of BPT to maximize engagement.

Moderating Factors to Engagement in BPT

Reviews and meta-analyses suggest that there are moderators to response to BPT, such as severity of child behavioral difficulties, socioeconomic status of the family, maternal mental health (Lovejoy et al., 2006; McGrath & Rayno, 2006). Similarly, there may be moderators to engagement in BPT. SES is one of the most common factors found to impact outcomes and attrition from BPT programs (Lavigne, LeBailly, Gouze, Binns, Keller, & Pate, L., 2010; Leijten Raaijmakers, de Castro, & Matthys, 2013). Findings are equivocal, however, with studies finding no impact of SES on attendance (Jensen & Lowry, 2012), and most significant findings being relatively small or specific in effect (Lavigne et al 2010). Additionally, there has been increasing interest in determining whether benefits of BPT found in controlled efficacy trials generalize when BPT is applied under more routine contexts (i.e., effectiveness trials), which focus on clinic-referred youth receiving services in a routine service setting by mental health staff within those settings (Weisz et al., 2013). Weisz and colleagues (2013) assert that results of effectiveness trials are likely to demonstrate weaker effects of a treatment given the notable challenges that families who receive care in routine mental health settings experience (e.g., lower SES, higher rates of parent and child psychopathology). Similarly, it may be the case that effectiveness trials result in lower rates of engagement to BPT compared to efficacy trials. A

review of the moderating role of trial type (efficacy versus effectiveness) on engagement to BPT has not yet been systematically evaluated.

Similarly, BPT format (i.e., individual or group) may potentially moderate engagement. For example, group formats allow for the benefits of peer support, information sharing and development of ecologically valid ways in which core BPT skills can be implemented in “everyday life” (Chacko et al., 2009). However, groups follow a fixed schedule, content and pace. As such, there is inflexibility when conducting a group, which may pose difficulties in engagement for some families. Individual formats allow for the therapist and family to conduct BPT in a more tailored and self-paced manner. However, individual formats do not offer peer support and may be viewed as more stigmatizing to some families (McKay et al., 2011). Collectively, format may pose as a significant moderator to engagement in BPT. This differential effect of BPT format on engagement outcomes has yet to be explored.

The purpose of this review is to detail the extant data on engagement to BPT in the DBD literature. We review herein the rates of attendance and adherence associated with engagement in the empirical literature on BPT for DBDs (i.e., ADHD, ODD, CD) and conduct/behavioral problems. Included are comparisons based on the potential moderators detailed above: SES, efficacy vs. effectiveness, and individual vs. group format.

Method

Studies relevant to the issues of engagement in BPT programs for children with DBDs were identified through a systematic process. A comprehensive search was done through PsychINFO using the following search terms, *oppositional defiant disorder or conduct disorder or disruptive behavior disorder or attention-deficit/hyperactivity disorder or child behavior*

disorder or behavior problem and parent training or parent management. Studies were included through 2014, and this search resulted in an initial 1,169 studies. The abstracts of these studies were reviewed to rule out those not meeting the following inclusion criteria. To be included, each study had to:

1. Use a behavioral parent training intervention as a primary method of treatment
2. Have a target treatment population of children between the ages of 2 and 12
3. Have a primary target treatment population with ADHD, ODD, CD, or conduct/behavioral problems

This resulted in 447 eligible studies. Subsequent review of the text of these papers found that an additional 136 studies did not meet inclusion criteria. Studies that contained duplicate data from the same authors were also excluded ($n = 49$) in favor of the study that provided the most data. This resulted in a total of 262 studies. Seven studies provided separate data on multiple BPT groups (eight total), which were included separately for a total of 270 BPT groups including 29,452 participants. Studies included were published between 1974 and 2014 (see Figure 1).

Relevant information was then extracted from the studies and entered into a database. Data was extracted by a combination of Ph.D. psychologists and graduate and undergraduate level trainees. Most studies were reviewed by two or more individuals and disagreements were resolved by the authors. The following information on recruitment methods, attendance, attrition, and engagement, was gathered and is defined below. Some alterations were made to the format of reporting of engagement data to create uniformity that would allow comparisons across studies. Conversion of reported data to percentages was the most common alteration made, as this seemed the most universal method of comparison. Cohen's d and as appropriate Hedges' g were used as effect size measures.

Engagement Domains

Recruitment Attrition – Percentage of individuals that would have or did meet inclusion criteria (identified as potentially benefitting from treatment) but who declined participation in the study. This included those who met inclusion criteria, but refused participation as well as a similar percentage of individuals that refused to participate in screening for inclusion criteria. The recruitment attrition percentage for studies in which participants refused or dropped out before screening was estimated by multiplying the inclusion rate for those identified within the study by the number of participants that refused screening.

Attrition from BPT – Attrition from BPT includes the percentage of participants that discontinued participation either before BPT began, or who attended at least one session, but did not complete the full treatment.

Attendance in BPT – Attendance is the percentage of total treatment sessions attended by the average participant, or the percentage of participants that attended at least a specified percentage of treatment sessions. Attendance differs from attrition in that rather than being a percentage of those that did not complete treatment, it provides information on how much of the treatment both completers and non-completers received.

Between- and Within-Session Engagement in BPT – Within-session engagement includes any data beyond attendance/attrition that gives insight into the participant's involvement in BPT, including: on-time attendance, in-session behavioral observation of skills implementation (e.g., in-session role-play), homework completion, and ratings of participation (by parents and therapists).

Information regarding the following key moderating characteristics of the studies was extracted in order to allow for comparison across studies. Information on inter-rater reliability is included below.

Moderators of BPT Engagement

SES Group status – Studies were categorized as Low SES, Not Low SES, or Insufficient Information. The determination of Low SES was made if any of the following criteria were met 1) author indicated the majority of the participants were low income, 2) a majority of participants had an income below 33% above the poverty line based on Federal Income Guidelines using a family size of 4 (based on year the study was published; <http://www.census.gov/hhes/www/poverty/data/threshld/index.html>), or 3) at least 50% of participants had a Hollingshead index of 30 or lower. Inter-rater reliability was 94%.

Disagreements were resolved by a third, Ph.D. level researcher

Efficacy vs. Effectiveness - Raters differentiated between Efficacy, Effectiveness, or Insufficient information, based on the six distinction criteria provided by Weisz, Weiss, and Donnengberg (1992). Inter-rater reliability was 90%, with disagreements again being resolved by a third, Ph.D. level researcher.

Treatment Format – whether the intervention used an individual family, group, or combined group and individual approach was noted. Inter-rater reliability was 100%.

We considered several additional factors including severity of problem behavior, presence of diagnosis, and comorbidity, but the inconsistent manner in which such data was presented prevented a meaningful comparison of data across such factors.

Results

Of the 262 studies reviewed, 15.2% reported no engagement data. Reporting of attrition information has improved over time, with more recent studies (since 2000) being more likely to report attrition data (90% vs. 70%; $\chi^2 [1, N = 269] = 16.59, p < .001$). The following analyses examined only the 220 studies that provided information on attrition, attendance, and/or within-session engagement.

Recruitment Attrition

In seeking to determine how well effective treatments are reaching and enrolling those who will benefit from intervention, it is just as important to consider numbers of those that were identified as needing the treatment but who never received it, as it is to count those who dropped out after enrolling. This includes tracking percentages of potential subjects that were never screened to participate, and especially those that were found to be appropriate for the study, but did not enroll, or never participated in any services. Only 32% of studies ($n = 85$) provided information on the recruitment process. Twenty-six of those studies (10% of total) included information on recruitment attrition.

The refusal rate for those that met study criteria, but chose to not enroll was 25% ($SD = 20\%$, $n = 76$). An additional 23% ($SD = 20\%$; $n = 26$) of the sample were not able to be screened and the overall inclusion rate, or those that met criteria was 66% ($SD = 23\%$, $range = 5\% - 100\%$; $n = 54$). Given that those who refuse to be screened likely differ in important ways from those that are screened, it is difficult to estimate dropout rates based on this percentage. Assuming a similar inclusion rate would suggest an additional 15% dropping out before treatment. Because such assumptions cannot be made, we use the 25% as a conservative estimate.

Attrition from BPT

Attrition data was the most common engagement data provided with 69% of studies (n = 181) providing data from which an attrition percentage could be calculated. Some studies distinguished those participants that dropped out without attending any sessions, from those who dropped out during the course of BPT. Among the 54 studies from which a percentage of pre-treatment attrition could be calculated, pre-treatment attrition ranged from 2% to 91% with a mean of 13% ($SD = 15\%$). When calculating total attrition amongst the 181 studies, including those who dropped out pre-treatment, the average attrition rate was 26% ($SD = 18\%$; range = 0% - 87%). When weighted based on the sample size in each study, the mean attrition rate is 20%, suggesting larger studies had lower attrition rates. As noted by the range, attrition varied widely across studies. Seven studies (4%) reported no attrition, and 13% of studies reported a dropout greater than 50%.

Of the three moderator variables, only SES was significantly correlated with attrition rates (See Table 1). Those studies which included a sample of lower SES participants consistently had higher attrition rates (34%) than those that included participants that were not low SES (24%), with a moderate effect ($d = .58$). Efficacy and Effectiveness studies did not differ meaningfully in attrition rate, nor did individual vs. group formats.

When combining data on recruitment attrition, pretreatment attrition, and attrition during treatment, it appears that approximately 39% of those that would benefit from treatment never attend a single session of BPT. An additional 13% drop out during treatment, suggesting that at least 51% percent of individuals appropriate for parent training do not complete the treatment.

Attendance in BPT

Data on attendance was provided in 56% of studies (n = 120). Unfortunately, of the 120 studies reporting data on attendance, average attendance data could only be calculated for 61 of

those studies (23% of total). Studies from which attendance data could not be extracted usually reported attendance rates as a percent of participants that attended a percentage of sessions (e.g. 81% completed at least 75% of sessions), and thus did not allow for a true attendance percentage to be calculated. For the 61 studies that reported average attendance rates (percentage of sessions attended), the average attendance was 72% ($SD = 18\%$; *range* 29%-100%). Efficacy and effectiveness studies did not differ significantly in attendance rates (72% vs. 72%; see Table 2). Those who participated in individual formats attended a higher percentage of sessions than did those in group formats (84% vs. 71%), though it is notable that this comparison included only seven studies using individual formats. Studies targeting those of Low SES tended to have lower attendance rates than those of higher SES. Though this was not significant it was a moderate effect (66% vs. 75%; $d = -.54$).

Between- and Within-Session Engagement in BPT

Only 10% of studies ($n = 27$) provided data on within session engagement. Homework completion rates were available from eight studies. From these, the average homework completion rate was 48% (*range* = 14%-95%). Eight additional studies reported homework completion rates, but in a way that an overall percentage could not be calculated. These suggested similarly low rates of homework completion (e.g. 72% completed at least half of the homework assignments).

Fifteen studies reported additional information on within session engagement, with therapist rated participation being the most common ($n = 7$). In the three studies with ratings by therapists, parents were rated to be highly engaged, with an average engagement of 88%.

Parents rated their own engagement slightly lower at 71% in one study. On-time attendance at

sessions was reported for eight BPT groups. On-time attendance ranged from 32% - 66% with an average of 50%. None of the four moderator variables were related to recruitment attrition.

Discussion

The purpose of this paper was to provide a systematic review of various aspects of engagement to BPT for youth with DBDs and to ascertain the moderating role of three key factors (i.e., SES; efficacy versus effectiveness focus; and treatment format) on engagement. A significant issue evident in this review was that insufficient information is being reported in regards to engagement in BPT for youth with DBDs. While there has been an improvement over time, still 17% of studies published in the past 12 years have ignored the issue of engagement, despite the long standing recognition of the importance of engagement in BPT (Forehand, Middlebrook, Rogers, & Steffe, 1983; Miller & Prinz, 1990).

Based on the average rates of attrition across the various phases of BPT studies, the current findings suggest that less than half of those that need BPT are receiving the full benefits of treatment. Specifically, approximately 25% of those meeting inclusion criteria do not enroll in the study, and this estimate does not account for those that refused to participate in screening. An additional 26% dropout during treatment, almost half of who drop out before attending the first session, leaving at best, just under half of those attempted to be recruited to attend BPT actually completing treatment. Among participants who attend at least one session of BPT, the mean attendance rate is approximately 73%, but the variability was high with attendance rates across studies ranging from 37% to 98%. This suggests that some studies have virtually no attrition when families attend BPT, while others have more than half of the participants drop out after starting BPT.

Studies that included a sample with low SES had higher attrition rates (32% vs. 24%). Previous research on the impact of SES and attendance at BPT and other child-focused treatments has been mixed with several researchers finding a significant impact (Jensen & Lowry, 2012; Kazdin, Mazurick, & Bass, 1993; Lavigne et al., 2010; Walitzer, Dermen, & Connors, 1999) and others finding little relationship between SES and attendance (Dumas, Nissley-Tsiopinis, & Moreland, 2007; Littlejohn, 2006). These results support a previous meta-analysis by Reyno and McGrath (2006) in which they found a small effect size ($r = .21$) for the relationship of SES variables and attrition. Results from this review again suggest a moderate ($d = .58$), and consistent effect of SES on treatment engagement (attrition).

The two other variables included in analyses in this study (efficacy versus effectiveness focus; treatment format) did not demonstrate a consistent moderating relationship with engagement in BPT. Given the greater level of control over treatment in efficacy studies, one could hypothesize that there would be a lower rate of attrition from these studies. However, no such difference was found despite the inclusion of a large number ($n = 100$) of studies examining effectiveness of BPT in community settings. This is particularly surprising as effectiveness studies are often considered to include families who have higher rates of putative factors that impact engagement to treatments (e.g., more severe psychopathology and greater rates of comorbidity in youth, higher rates of parental stress and psychopathology). These data suggest that BPT is an equally engaging intervention modality for a wide range of families and youth (see Lee et al., 2013 and Michelson et al., 2013 for similar conclusions) and that perhaps there are likely fewer differences between efficacy studies and effectiveness studies on key characteristics (e.g., comorbidity) often thought to moderate treatment outcomes (Ollendick et al., 2008). These data increase confidence in utilizing BPT as a viable treatment in community-

based settings. Similarly, there was no effect of treatment format (group vs. individual) on engagement to BPT, though there was a small effect for attendance percentage favoring individual format. This finding is also surprising given that group based interventions are inherently rigid relative to individual-based BPT and as such should result in greater attrition and not just small differences in attendance rates. It may be that aspects of group-based BPT (e.g., peer support) may enhance treatment engagement and limit the effects of proscribed schedule, content, and duration of group-based BPT.

Studies within each of the engagement domains offer insights into strategies to improve engagement. Studies that have found low rates of recruitment attrition (i.e., those that have enrolled greater than 90% of the targeted population) have been diverse, including those targeting specific target cultural populations (McCabe & Yeh, 2009), transition periods (e.g., divorcing families; Stallman & Sanders, 2014), or diagnostic groups (e.g., ADHD; Ferrin et al., 2014; Piffner et al., 2014). Unfortunately, there is very little written in these publications that highlight strategies for improving enrollment to the BPT intervention. However, as suggested in recent practice-based reviews of this literature (e.g., Axford et al, 2012), efforts at improving initial enrollment to BPT should likely include collaborative efforts and the development of relationships between BPT providers and key stakeholders (e.g., educators, community-leaders) that interface with the target population. In particular, BPT must be well-integrated into routine service settings for large scale dissemination efforts. This will require multiple and clear recruitment efforts and opportunities to enroll in BPT, inclusion of individuals in recruitment efforts who have the interpersonal skills and training in identifying barriers to family involvement, framing BPT in a manner that resonates with the needs of parents, and flexible scheduling of BPT to increase accessibility. Data from this review suggest that at least 25% of

potential eligible families do not enroll in BPT when it is offered, and this could be as high as 40%. For larger-scale dissemination of BPT to meet its intended goal, efforts at initial enrollment must more carefully attended to, documented, and systematically evaluated.

Several studies have been successful in reducing initial and ongoing attrition from BPT. As is the case with studies reporting low rates of recruitment attrition, the vast majority of studies reporting significant attenuated initial and ongoing dropout do not provide information on explicit methods utilized to improve rates of dropout from BPT. Exemplars in this area offer some important insights for attenuating initial and ongoing dropout. As an example, Chacko and colleagues (2009), utilized methods to actively engage parents in understanding how BPT matches their current needs, clarifying expectations regarding the content, process and expected benefits from BPT and problem solving practical obstacles to attendance to BPT (e.g., child care, transportation). In a randomized controlled trial, they found that these additional approaches lead to a significant improvement in attrition prior to the start of BPT (2%) compared to families who did not receive these additional approaches (30%).

Moreover, several studies suggest that ongoing attendance can be improved by utilizing multiple methods that address barriers to participation, readiness to participate in treatment, and provide parents skills in problem solving and coping (Chacko et al., 2009; Cunningham et al., 1995; Nock & Kazdin, 2005; Pfiffner et al., 1990; Prinz & Miller, 1994). Nock and Kazdin (2005) implemented enhancements to address practical barriers to treatment, maladaptive cognitions, and motivation for treatment during the course of individually administered BPT. In this study, the enhancement intervention was implemented over three individual sessions interspersed throughout BPT. The enhancement sessions consisted of the therapist eliciting self-motivational statements to enhance attributions about treatment from parents (e.g., “What steps

can you take to help change your child's behavior?"). Therapists also inquired about practical barriers to participation (e.g., transportation) and assisted parents in problem solving these barriers. Results of this study demonstrated that compared to an individually administered BPT-alone group, families in the enhanced individually administered BPT group had greater attendance to treatment. Collectively, it appears that approaches that focus on preparing parents for BPT, addressing practical barriers to engagement, assisting in aligning parent's involvement with their own goals for treatment, and providing parents skills in managing their own problems can significantly impact initial and ongoing attendance to BPT.

As detailed earlier, there are very few studies that report between- and within-session engagement, and of those, very few discuss explicit methods to improve this aspect of engagement. Interestingly, studies that report higher levels of between- and within-session engagement suggest that methods to problems solve practical barriers to between session engagement (e.g., homework completion) and explicit discussion of the purpose and goals of homework completion can improve these engagement outcomes (Chacko et al., 2009; Nock & Kazdin, 2005).

Future Directions

Collectively, this review points toward significant limitations in the current BPT literature regarding both documenting and defining engagement outcomes and explicating methods used to enhance engagement in BPT. Perhaps one of the strongest findings of the present study was the limited attention to capturing data on and variability in how recruitment, attrition, and attendance data were defined and presented. As noted, most studies provide no information on how participants were recruited, or how many may have refused to participate. It is clear from many studies that participant data includes only those that started and/or completed

treatment and no mention is made of those that may have dropped out during treatment or before treatment began. As such, for many studies, there is likely an overestimate of rates of engagement to BPT. Trying to quantify the tendency, or the impact on the data reported (or not reported) seems impossible, though it must be stated in a review such as this. Moreover, lack of attention to capturing enrollment and pretreatment attrition data likely affects interpretation of subsequent data on attrition from BPT, as overall engagement during BPT is best interpreted as a continuous process. Most of the percentages on recruitment, attrition, and attendance data were calculated by the authors based on varying availability of information. Based on this, it is likely that the above numbers are underestimates (possibly large underestimates) of the actual rates of attrition and attendance. It behooves the field for BPT studies to report on all key engagement domains to capture the true nature of engagement issues. Doing so will allow the field to better identify engagement domains that require more attention and to better understand the effects of methods to improve engagement outcomes.

An important issue demonstrated by these data is the importance of uniformity in reporting practices. A third of the studies that reported on attendance could not be compared with other studies due to study-specific reporting of attendance data. These studies would report attendance usually by reporting a percentage of participants that attended a percentage of the overall sessions (e.g. 70% attended at least 50% of the sessions). To some extent, the variance in reporting suggests differences across researchers and interventions in how completion of an intervention is defined. These definitions ranged from 50% to 90% attendance as the criteria. While it seems appropriate that there be some variation in completion criteria across different interventions or even intervention settings, better definition and agreement is needed so that the

important issue of engagement can be addressed through continued research, a recommendation made by other researchers (Lindsey et al., 2014).

For many studies that have high levels of engagement in a particular engagement domain, there are no methods explicitly detailed regarding how these outcomes were achieved. It is likely that engagement may have been considered a secondary outcome and no specific efforts were made to improve the engagement domain. However, given that engagement to BPT is likely a necessary component to achieve improved child outcomes, details regarding all methods used to engage families in BPT should be uniformly reported. In addition, research studies often use methods to engage and retain families that are not as commonly reported (e.g. level of study support for attendance, financial incentives, offering meals during BPT, the frequency of between session contacts with parents). Given that some of these methods address putative barriers to BPT participation (e.g., offering meals to families address practical barrier to treatment participation), it is important to document these consistently and explicitly. Importantly, documenting all efforts that are employed to impact engagement, whether directly or indirectly, allows the field to understand the full range of these methods and to better determine which factors are contributing to improvements in particular engagement domains.

The data suggest that there is considerable room for improvement to engagement in BPT across key phases of BPT. In particular, data suggest that 55% of families who are eligible and likely can benefit from BPT do not enroll in and attend any BPT sessions. On average, a quarter of families who attend BPT dropout from treatment, with families from lower SES background having a higher rate of attrition (i.e., 32%). These data are sobering and suggest that more attention to both engagement prior to the start of BPT as well as during BPT is necessary, particularly for families from lower SES background. In particular, engagement to BPT at the

earliest time point (initial recruitment and contact) is the least understood aspect of the engagement process. This review clearly suggest a significant number of families dropout from BPT through the recruitment/enrollment process. As such, it is likely that there are many families for whom BPT may be a viable treatment approach but these families choose not to enroll in BPT. Unfortunately, it was not possible through this review of the literature to obtain an estimate of how significant this issue is. Advancing the science of engagement to BPT, as well as mental health treatment in general, will require a greater understanding of this subpopulation of families. Many efforts have been made to identify methods that may improve engagement to youth mental health services (Becker et al., 2013; Lindsey et al., 2014); however, increased efforts in applying and systematically studying these methods with the context of BPT for DBDs is needed (e.g., Chacko et al., 2009; Nock & Kazdin, 2005). We offer below two methods that may aide in advancing the field of engagement in BPT.

One method that may prove beneficial in better understanding and improving engagement to BPT involves consumer-driven approaches to ascertaining preferences for the goals and parameters of BPT. As an example, Wymbs and colleagues (2015) utilized consumer preference methods (i.e., discrete-choice experiments) to examine how parent preferences for treatment format (group versus individual) influenced participation in BPT. In a large sample of treatment-seeking families of children with ADHD, the investigators found a greater preference for individual (58.7%) compared to group based BPT (19.4%), with further data suggesting that parents also have different preferences for the goal of BPT (e.g., acquisition of information and understanding versus active skill development and problem solving). This study highlights the potential of utilizing parent preferences in the development/implementation of BPT as a function of the population and setting. Future studies utilizing consumer preference methods to explore

preferences by key factors (e.g., family/child demographics, presenting problem, setting of intervention) may allow for more systematic evaluation of these factors and its relationship with engagement to BPT and may ultimately prove useful in better tailoring/matching BPT to different families/children.

With recent advances in mobile health (mHealth) strategies, facilitated through smartphone technology, there may be unique opportunities to capture real-time, ongoing data on a large scale to better understand, and perhaps ultimately support, engagement to BPT (Chacko et al., 2013; Mohr et al., 2013). For instance, through features available on smartphones (e.g., camera/video/voice recording; internet-access; global positioning system; bio-sensing technology) there are increasingly novel methods to interface with people and obtain data. Through the use of these features, mHealth applications can be used to facilitate systematic, periodic assessment of factors that often impede upon engagement to BPT (e.g., ongoing perceptual and practical barriers to engagement; Kazdin & Wassell, 2000), offer opportunities to initially educate parents about BPT (e.g., provide psychoeducation through written/audio/visual methods to be utilized based on parents schedule), and remind parents about BPT sessions/homework implementation. These methods may be particularly helpful during the early stages of the engagement process by allowing families an opportunity to better understand the content, process and the potential benefits of BPT as well as allow for BPT developers and therapists to better understand which families may benefit from BPT but are at higher risk for not enrolling in BPT. As in other areas (e.g., see substance use; Gustafson et al., 2011), mHealth applications may offer the unique opportunity to capture ongoing relevant information that can be utilized to develop predictive models to intervene immediately to improve engagement throughout the process of BPT.

Interestingly, BPT is a skilled-based intervention and the mechanism of action of BPT is hypothesized to occur through between-session parent implementation of skills taught during BPT (“homework”). This review suggest that the inclusion of homework completion is not often done—only seven studies reported data on homework completion. Moreover, rate of homework completion is poor (41% completion). Given the hypothesized mediating role of skill implementation and response to BPT (Chacko et al., 2013), greater efforts must be made to document homework completion in a systematic manner in BPT, which will more accurately allow for determining the impact of homework enhancement interventions within the context of BPT (Chacko et al., 2013).

This review suggests that engagement to BPT for the treatment of DBDs is a notable issue that requires systematic and uniform attention in future research. Variability in how various aspects of engagement are defined, assessed and documented in this literature poses a significant limitation in understanding how families engage in BPT and in identifying subgroups of families/youth or BPT treatment parameters that moderate engagement. This review suggests that there is indeed room for improving engagement to BPT. Given that BPT is one of the most well-studied and robust psychosocial interventions for the treatment of DBDs, poor engagement, and resultant poorer outcomes to BPT limits the utility of this treatment approach for ameliorating the poor longer-term outcomes associated with DBDs in youth.

References

- *Abrahamse, M. E., Junger, M., Chavannes, E. L., Coelman, F. J., Boer, F., & Lindauer, R. J. (2012). Parent-child interaction therapy for preschool children with disruptive behaviour problems in the Netherlands. *Child & Adolescent Psychiatry & Mental Health, 6*(1), 24-32. doi: doi:10.1186/1753-2000-6-24
- *Adesso, V. J., & Lipson, J. W. (1981). Group training of parents as therapists for their children. *Behavior Therapy, 12*(5), 625-633. doi:10.1016/S0005-7894(81)80134-7
- *Aman, M. G., McDougle, C. J., Scahill, L., Handen, B., Arnold, L., Johnson, C., & ... Wagner, A. (2009). Medication and parent training in children with pervasive developmental disorders and serious behavior problems: Results from a randomized clinical trial. *Journal of The American Academy of Child & Adolescent Psychiatry, 48*(12), 1143-1154. doi:10.1097/CHI.0b013e3181bfd669
- *Anastopoulos, A. D., Shelton, T. L., DuPaul, G. J., & Guevremont, D. C. (1993). Parent training for attention-deficit hyperactivity disorder: Its impact on parent functioning. *Journal of Abnormal Child Psychology, 21*(5), 581-596. doi:10.1007/BF00916320
- *Anderson, L., Vostanis, P., & O'Reilly, M. (2005). Three-year follow-up of a family support service cohort of children with behavioural problems and their parents. *Child: Care, health & development, 31*(4), 469-477. doi:10.1111/j.1365-2214.2005.00527.x
- Armbruster, P., & Kazdin, A. E. (1994). Attrition in child psychotherapy. *Advances in Clinical Child Psychology, 81* 1681-108. doi:10.1007/978-1-4757-9041-2
- *Au, A., Lau, K. M., Wong, A. H. C., Lam, C., Leung, C., Lau, J., & Lee, Y. K. (2014). The Efficacy of a group Triple P (Positive Parenting Program) for Chinese parents with a

- child diagnosed with ADHD in Hong Kong: A pilot randomised controlled study. *Australian Psychologist*, 49(3), 151-162. doi:10.1111/ap.12053
- *Axberg, U., & Broberg, A. G. (2012). Evaluation of “The Incredible Years” in Sweden: The transferability of an American parent-training program to Sweden. *Scandinavian Journal of Psychology*, 53(3), 224-232. doi:10.1111/j.1467-9450.2012.00955.x
- *Axberg, U., Hansson, K., & Broberg, A. G. (2007). Evaluation of the Incredible Years Series- An open study of its effects when first introduced in Sweden. *Nordic Journal of Psychiatry*, 61(2), 143-151. doi:10.1080/08039480701226120
- *Axelrad, M. E., Garland, B. H., & Love, K. (2009). Brief behavioral intervention for young children with disruptive behaviors. *Journal of Clinical Psychology in Medical Settings*, 16(3), 263-269. doi:10.1007/s10880-009-9166-7
- *Axelrad, M. E., Butler, A. M., Dempsey, J., & Chapman, S. G. (2013). Treatment effectiveness of a brief behavioral intervention for preschool disruptive behavior. *Journal of Clinical Psychology in Medical Settings*, 20(3), 323-332. doi:10.1007/s10880-013-9359-y
- Axford, N., Lehtonen, M., Kaoukji, D., Tobin, K., & Berry, V. (2012). Engaging parents in parenting programs: Lessons from research and practice. *Children and Youth Services Review*, 34(10), 2061-2071.
- *Azevedo, A. F., Seabra-Santos, M. J., Gaspar, M. F., & Homem, T. C. (2013). The Incredible Years basic parent training for Portuguese preschoolers with AD/HD behaviors: Does it make a difference? *Child & Youth Care Forum*, 42(5), 403-424. doi:10.1007/s10566-013-9207-0
- *Babinski, D. E., Waxmonsky, J. G., & Pelham Jr, W. E. (2014). Treating parents with attention-deficit/hyperactivity disorder: The effects of behavioral parent training and acute

- stimulant medication treatment on parent–child interactions. *Journal of Abnormal Child Psychology*, 42(7), 1129-1140. doi:10.1007/s10802-014-9864-y
- *Bagner, D. M., & Eyberg, S. M. (2007). Parent-child interaction therapy for disruptive behavior in children with mental retardation: A randomized controlled trial. *Journal of Clinical Child & Adolescent Psychology*, 36(3), 418-429. doi:10.1080/15374410701448448.
- *Bagner, D. M., & Eyberg, S. M. (2003). Father Involvement in Parent Training: When Does It Matter? *Journal of Clinical Child & Adolescent Psychology*, 32(4), 599-605.
doi:10.1207/S15374424JCCP3204_13
- *Bagner, D. M., Sheinkopf, S. J., Vohr, B. R., & Lester, B. M. (2010). Parenting intervention for externalizing behavior problems in children born premature: An initial examination. *Journal of Developmental & Behavioral Pediatrics*, 31(3), 209-216.
doi:10.1097/DBP.0b013e3181d5a294
- Barkley, R. A. (2006). *Attention-Deficit Hyperactivity Disorder: A handbook for diagnosis and treatment* (3rd ed.). New York, NY: Guilford Press.
- *Barkley, R. A., Shelton, T. L., Crosswait, C., Moorehouse, M., Fletcher, K., Barrett, S., & ... Metevia, L. (2000). Multimethod psychoeducational intervention for preschool children with disruptive behavior: Two-year post-treatment follow-up. *Journal of Abnormal Child Psychology*, 28(3), 253-266. doi:10.1023/A:1005144304071
- *Basu, S., & Deb, A. (1996). Parent training in children with attention deficit hyperactivity disorder: an integrated approach for greater effectiveness. *Indian Journal of Clinical Psychology*, 23, 184-191.
- Becker, K. D., Lee, B. R., Daleiden, E. L., Lindsey, M., Brandt, N. E., & Chorpita, B. F. (2015). The common elements of engagement in children's mental health services: Which

- elements for which outcomes? *Journal of Clinical Child & Adolescent Psychology*, 44(1), 1-14. doi: 10.1080/15374416.2013.814543
- *Behan, J., Fitzpatrick, C., Sharry, J., Carr, A., & Waldron, B. (2001). Evaluation of the parenting plus programme. *The Irish Journal of Psychology*, 22(3-4), 238-256.
- *Berge, J. M., Law, D. D., Johnson, J., & Wells, M. G. (2010). Effectiveness of a psychoeducational parenting group on child, parent, and family behavior: A pilot study in a family practice clinic with an underserved population. *Families, Systems, & Health*, 28(3), 224. doi:10.1037/a0020907
- *Berkovits, M. D., O'Brien, K. A., Carter, C. G., & Eyberg, S. M. (2010). Early identification and intervention for behavior problems in primary care: A comparison of two abbreviated versions of parent-child interaction therapy. *Behavior Therapy*, 41(3), 375-387. doi:10.1016/j.beth.2009.11.002
- *Bernal, M. E., Klinnert, M. D., & Schultz, L. A. (1980). Outcome evaluation of behavioral parent training and client-centered parent counseling for children with conduct problems. *Journal of Applied Behavior Analysis*, 13(4), 677-691. doi:10.1901/jaba.1980.13-677
- Biederman, J., Petty, C. R., Dolan, C., Hughes, S., Mick, E., Monuteaux, M. C., & Faraone, S. V. (2008). The long-term longitudinal course of oppositional defiant disorder and conduct disorder in ADHD boys: findings from a controlled 10-year prospective longitudinal follow-up study. *Psychological Medicine*, 38(07), 1027-1036. doi:10.1017/S0033291707002668
- *Bierman, K. L., Coie, J., Dodge, K., Greenberg, M., Lochman, J., McMohan, R., & Pinderhughes, E. (2013). School outcomes of aggressive-disruptive children: Prediction

from kindergarten risk factors and impact of the Fast Track prevention program.

Aggressive Behavior, 39(2), 114-130. doi:10.1002/ab.21467

*Björknes, R., & Manger, T. (2013). Can parent training alter parent practice and reduce conduct problems in ethnic minority children? A randomized controlled trial. *Prevention Science*, 14(1), 52-63. doi:10.1007/s11121-012-0299-9

Boggs, S. R., Eyberg, S. M., Edwards, D. L., Rayfield, A., Jacobs, J., Bagner, D., & Hood, K. K. (2004). Outcomes of Parent-Child Interaction Therapy: A Comparison of Treatment Completers and Study Dropouts One to Three Years Later. *Child & Family Behavior Therapy*, 26(4), 1-22. doi:10.1300/J019v26n04_01

*Bor, W., Sanders, M. R., & Markie-Dadds, C. (2002). The effects of the Triple P-positive Parenting Program on preschool children with co-occurring disruptive behavior and attentional/hyperactive difficulties. *Journal of Abnormal Child Psychology*, 30(6), 571-587. doi:10.1023/A:1020807613155

*Bradley, S. J., Jadaa, D. A., Brody, J., Landy, S., Tallett, S. E., Watson, W., ... & Stephens, D. (2003). Brief psychoeducational parenting program: An evaluation and 1-year follow-up. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(10), 1171-1178. doi:10.1097/00004583-200310000-00007

*Braet, C., Meerschaert, T., Merlevede, E., Bosmans, G., Van Leeuwen, K., & De Mey, W. (2009). Prevention of antisocial behaviour: Evaluation of an early intervention programme. *European Journal of Developmental Psychology*, 6(2), 223-240. doi:10.1080/17405620601033194

- *Budd, K. S., Hella, B., Bae, H., Meyerson, D. A., & Watkin, S. C. (2011). Delivering parent-child interaction therapy in an urban community clinic. *Cognitive & Behavioral Practice, 18*(4), 502-514. doi:10.1016/j.cbpra.2010.12.002
- *Bushman, B. B., & Peacock, G. (2010). Does teaching problem-solving skills matter? An evaluation of problem-solving skills training for the treatment of social and behavioral problems in children. *Child & Family Behavior Therapy, 32*(2), 103-124.
doi:10.1080/07317101003776449
- *Canu, W. H., & Bearman, S. K. (2011). Community-clinic-based parent intervention addressing noncompliance in children with Attention-Deficit/Hyperactivity Disorder. *Cognitive & Behavioral Practice, 18*(4), 491-501. doi:10.1016/j.cbpra.2010.07.005
- Carlson, C. L., Tamm, L., & Hogan, A. E. (1999). The child with oppositional defiant disorder and conduct disorder in the family. In H. C. Quay, A. E. Hogan (Eds.), *Handbook of disruptive behavior disorders* (pp. 337-352). Dordrecht, Netherlands: Kluwer Academic Publishers. doi:10.1007/978-1-4615-4881-2_15
- *Cefai, J., Smith, D., & Pushak, R. E. (2010). Parenting wisely: Parent training via CD-ROM with an Australian sample. *Child & Family Behavior Therapy, 32*(1), 17-33.
doi:10.1080/07317100903539709
- Chacko, A., Anderson, L., Wymbs, B.T., & Wymbs, F.A. (2013). Parent-endorsed reasons for not completing homework in group-based behavioral parent training for high-risk families of youth with ADHD. *Behaviour Change, 30*, 262-272.
- Chacko, A., Wymbs, B.T., Chimiklis, A., Wymbs, F.A., & Pelham, W.E. (2012). Evaluating a comprehensive strategy to improve engagement to group-based behavioral parent training

- for high-risk families of children with ADHD. *Journal of Abnormal Child Psychology*, 40, 1351-1362. doi: 10.1007/s10802-012-9666-z
- *Chacko, A., Wymbs, B. T., Wymbs, F. A., Pelham, W. E., Swanger-Gagne, M. S., Girio, E., & ... O'Connor, B. (2009). Enhancing traditional behavioral parent training for single mothers of children with ADHD. *Journal of Clinical Child and Adolescent Psychology*, 38(2), 206-218. doi:10.1080/15374410802698388
- *Chacko, A., Wymbs, B., Flammer-Rivera, L., Pelham, W., Walker, K., Arnold, F., et al. (2008). A pilot study of the feasibility and efficacy of the Strategies to Enhance Positive Parenting (STEPP) program for single mothers of children with ADHD. *Journal of Attention Disorders*, 12(3), 270-280. doi:10.1177/1087054707306119
- *Chamberlain, P., Price, J., Reid, J., & Landsverk, J. (2008). Cascading implementation of a foster and kinship parent intervention. *Child Welfare: Journal Of Policy, Practice, & Program*, 87(5), 27-48.
- *Christensen, A., Johnson, S. M., Phillips, S., & Glasgow, R. E. (1980). Cost effectiveness in behavioral family therapy. *Behavior Therapy*, 11(2), 208-226. doi:10.1016/S0005-7894(80)80021-9
- Chronis, A. M., Chacko, A., Fabiano, G. A., Wymbs, B. T., & Pelham, W. r. (2004). Enhancements to the behavioral parent training paradigm for families of children with ADHD: Review and future directions. *Clinical Child & Family Psychology Review*, 7(1), 1-27. doi:10.1023/B:CCFP.0000020190.60808.a4
- *Chronis-Tuscano, A., Clarke, T. L., O'Brien, K. A., Raggi, V. L., Diaz, Y., Mintz, A. D., ... & Lewinsohn, P. (2013). Development and preliminary evaluation of an integrated treatment targeting parenting and depressive symptoms in mothers of children with

- attention-deficit/hyperactivity disorder. *Journal of Consulting & Clinical Psychology*, 81(5), 918-925. doi:10.1037/a0032112
- *Chronis-Tuscano, A., Lewis-Morrarty, E., Woods, K. E., O'Brien, K. A., Mazursky-Horowitz, H., & Thomas, S. R. (2014). Parent-child interaction therapy with emotion coaching for preschoolers with Attention-Deficit/Hyperactivity Disorder. *Cognitive & Behavioral Practice*. doi:10.1016/j.cbpra.2014.11.001
- *Chronis-Tuscano, A., O'Brien, K. A., Johnston, C., Jones, H. A., Clarke, T. L., Raggi, V. L., ... & Seymour, K. E. (2011). The relation between maternal ADHD symptoms & improvement in child behavior following brief behavioral parent training is mediated by change in negative parenting. *Journal of Abnormal Child Psychology*, 39(7), 1047-1057.
- *Conduct Problems Prevention Research Group. (2011). The effects of the Fast Track preventive intervention on the development of conduct disorder across childhood. *Child Development*, 82(1), 331-345. doi: 10.1111/j.1467-8624.2010.01558.x
- *Connell, S., Sanders, M. R., & Markie-Dadds, C. (1997). Self-directed behavioral family intervention for parents of oppositional children in rural and remote areas. *Behavior Modification*, 21(4), 379-408. doi:10.1177/01454455970214001
- *Connolly, L., Sharry, J., & Fitzpatrick, C. (2001). Evaluation of a group treatment programme for parents of children with behavioural disorders. *Child & Adolescent Mental Health*, 6(4), 159-165. doi:10.1111/1475-3588.00340
- *Corkum, P. V., McKinnon, M., & Mullane, J. C. (2005). The effect of involving classroom teachers in a parent training program for families of children with ADHD. *Child & Family Behavior Therapy*, 27(4), 29-49. doi:10.1300/J019v27n04_02

- *Corkum, P., Rimer, P., & Schachar, R. (1999). Parental knowledge of attention-deficit hyperactivity disorder and opinions of treatment options: Impact on enrollment and adherence to a 12-month treatment trial. *Canadian Journal of Psychiatry, 44*(10), 1043-1048. doi: 3106376841999-15894-009
- *Costin, J., & Chambers, S. M. (2007). Parent management training as a treatment for children with Oppositional Defiant Disorder referred to a mental health clinic. *Clinical Child Psychology & Psychiatry, 12*(4), 511-524. doi:10.1177/1359104507080979
- *Coughlin, M., Sharry, J., Fitzpatrick, C., Guerin, S., & Drumm, M. (2009). A controlled clinical evaluation of the parents plus children's programme: A video-based programme for parents of children aged 6 to 11 with behavioural and developmental problems. *Clinical Child Psychology & Psychiatry, 14*(4), 541-558. doi:10.1177/1359104509339081
- *Cunningham, C. E., Bremner, R., & Boyle, M. (1995). Large group community-based parenting programs for families of preschoolers at risk for disruptive behaviour disorders: Utilization, cost effectiveness, and outcome. *Child Psychology & Psychiatry & Allied Disciplines, 36*(7), 1141-1159. doi:10.1111/j.1469-7610.1995.tb01362.x
- *Curtis, D. F., Chapman, S., Dempsey, J., & Mire, S. (2013). Classroom changes in ADHD symptoms following clinic-based behavior therapy. *Journal of Clinical Psychology in Medical Settings, 20*(1), 114-122. doi:10.1007/s10880-012-9307-2
- *Dadds, M. R., & McHugh, T. A. (1992). Social support and treatment outcome in behavioral family therapy for child conduct problems. *Journal of Consulting & Clinical Psychology, 60*(2), 252-259. doi:10.1037/0022-006X.60.2.252
- Daley, D., van der Oord, S., Ferrin, M., Danckaerts, M., Doepfner, M., Cortese, S., & Sonuga-Barke, E. S. (2014). Behavioral interventions in attention-deficit/hyperactivity disorder:

- A meta-analysis of randomized controlled trials across multiple outcome domains.
Journal of the American Academy of Child & Adolescent Psychiatry, 53(8), 835-847.
doi:10.1016/j.jaac.2014.05.013
- *DeGarmo, D. S., & Forgatch, M. S. (2007). Efficacy of parent training for stepfathers: From playful spectator and polite stranger to effective stepfathering. *Parenting: Science & Practice*, 7(4), 331-355. doi:10.1080/15295190701665631
- *DeGarmo, D. S., Patterson, G. R., & Forgatch, M. S. (2004). How do outcomes in a specified parent training intervention maintain or wane over time? *Prevention Science*, 5(2), 73-89. doi:10.1023/B:PREV.0000023078.30191.e0
- *Dishion, T. J., Brennan, L. M., Shaw, D. S., McEachern, A. D., Wilson, M. N., & Jo, B. (2014). Prevention of problem behavior through annual family check-ups in early childhood: intervention effects from home to early elementary school. *Journal of Abnormal Child Psychology*, 42(3), 343-354. doi:10.1007/s10802-013-9768-2
- *Dittman, C. K., Farruggia, S. P., Palmer, M. L., Sanders, M. R., & Keown, L. J. (2014). Predicting success in an online parenting intervention: The role of child, parent, and family factors. *Journal of Family Psychology*, 28(2), 236. doi:10.1037/a0035991
- Doshi, J. A., Hodgkins, P., Kahle, J., Sikirica, V., Cangelosi, M. J., Setyawan, J., ... & Neumann, P. J. (2012). Economic impact of childhood and adult attention-deficit/hyperactivity disorder in the United States. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(10), 990-1002. doi:10.1016/j.jaac.2012.07.008
- *Drugli, M., Larsson, B., & Clifford, G. (2007). Changes in social competence in young children treated because of conduct problems as viewed by multiple informants. *European Child & Adolescent Psychiatry*, 16(6), 370-378. doi:10.1007/s00787-007-0609-0

- *Dubey, D. R., O'Leary, S. G., & Kaufman, K. F. (1983). Training parents of hyperactive children in child management: A comparative outcome study. *Journal of Abnormal Child Psychology*, *11*(2), 229-246. doi:10.1007/BF00912088
- *Dumas, J. E. (1984). Interactional correlates of treatment outcome in behavioral parent training. *Journal of Consulting & Clinical Psychology*, *52*(6), 946-954. doi:10.1037/0022-006X.52.6.946
- *Dumas, J. E., & Albin, J. B. (1986). Parent training outcome: Does active parental involvement matter? *Behaviour Research & Therapy*, *24*(2), 227-230. doi:10.1016/0005-7967(86)90097-5
- Dumas, J. E., Nissley-Tsiopinis, J., & Moreland, A. D. (2007). From intent to enrollment, attendance, and participation in preventive parenting groups. *Journal of Child & Family Studies*, *16*(1), 1-26. doi:10.1007/s10826-006-9042-0
- *DuPaul, G. J., Kern, L., Volpe, R., Caskie, G. I., Sokol, N., Arbolino, L., ... & Pipan, M. (2013). Comparison of parent education and functional assessment-based intervention across 24 months for young children with attention deficit hyperactivity disorder. *School Psychology Review*, *42*(1), 56-75.
- *Eames, C. C., Daley, D. D., Hutchings, J. J., Whitaker, C. J., Jones, K. K., Hughes, J. C., & Bywater, T. T. (2009). Treatment fidelity as a predictor of behaviour change in parents attending group-based parent training. *Child: Care, Health & Development*, *35*(5), 603-612. doi:10.1111/j.1365-2214.2009.00975.x
- *Eisenstadt, T. H., Eyberg, S., McNeil, C. B., Newcomb, K., & Funderburk, B. (1993). Parent-child interaction therapy with behavior problem children: Relative effectiveness of two

- stages and overall treatment outcome. *Journal of Clinical Child Psychology*, 22(1), 42-51. doi:10.1207/s15374424jccp2201_4
- *Ercan, E. S., Ardic, U. A., Kutlu, A., & Durak, S. (2012). No beneficial effects of adding parent training to methylphenidate treatment for ADHD+ ODD/CD children: a 1-year prospective follow-up study. *Journal of Attention Disorders*, 18(2), 145-157, 1087054711432884.
- *Ercan, E. S., Kose, S., Kutlu, A., Akyol, O., Durak, S., & Aydin, C. (2012). Treatment duration is associated with functioning and prognosis in children with attention deficit hyperactivity disorder. *Bulletin of Clinical Psychopharmacology*, 22(2), 148-160. doi: 10.5455/bcp.20120412021635
- *Ercan, E., Varan, A., & Deniz, Ü. (2005). Effects of combined treatment on Turkish children diagnosed with Attention-Deficit/Hyperactivity Disorder: A preliminary report. *Journal of Child and Adolescent Psychopharmacology*, 15(2), 203-219. doi:10.1089/cap.2005.15.203
- Evans, S. W., Owens, J., & Bunford, N. (2014). Evidence-based psychosocial treatments for children and adolescents with attention-deficit/hyperactivity disorder. *Journal of Clinical Child & Adolescent Psychology*, 43(4), 527-551. doi:10.1080/15374416.2013.850700
- *Eyberg, S. M., & Johnson, S. M. (1974). Multiple assessment of behavior modification with families: Effects of contingency contracting and order of treated problems. *Journal of Consulting & Clinical Psychology*, 42(4), 594-606. doi:10.1037/h0036723
- *Eyberg, S. M., & Matarazzo, R. G. (1980). Training parents as therapists: A comparison between individual parent-child interaction training and parent group didactic training. *Journal of Clinical Psychology*, 36(2), 492-499. doi:10.1002/jclp.6120360218

- Eyberg, S. M., Nelson, M. M., & Boggs, S. R. (2008). Evidence-based psychosocial treatments for children and adolescents with disruptive behavior. *Journal of Clinical Child & Adolescent Psychology, 37*(1), 215-237. doi:10.1080/15374410701820117
- *Eyberg, S. M., & Robinson, E. A. (1982). Parent-child interaction training: Effects on family functioning. *Journal of Clinical Child Psychology, 11*(2), 130-137.
doi:10.1080/15374418209533076
- *Fabiano, G. A., Chacko, A., Pelham, W. r., Robb, J., Walker, K. S., Wymbs, F., & ... Pirvics, L. (2009). A comparison of behavioral parent training programs for fathers of children with attention-deficit/hyperactivity disorder. *Behavior Therapy, 40*(2), 190-204.
doi:10.1016/j.beth.2008.05.002
- *Fabiano, G. A., Pelham, W. E., Cunningham, C. E., Yu, J., Gangloff, B., Buck, M., ... & Gera, S. (2012). A waitlist-controlled trial of behavioral parent training for fathers of children with ADHD. *Journal of Clinical Child & Adolescent Psychology, 41*(3), 337-345.
doi:10.1080/15374416.2012.654464
- *Farris, J. R., Bert, S. S. C., Nicholson, J. S., Glass, K., & Borkowski, J. G. (2013). Effective intervention programming: Improving maternal adjustment through parent education. *Administration & Policy in Mental Health & Mental Health Services Research, 40*(3), 211-223. doi:10.1007/s10488-011-0397-1
- *Fayyad, J. A., Farah, L., Cassir, Y., Salamoun, M. M., & Karam, E. G. (2010). Dissemination of an evidence-based intervention to parents of children with behavioral problems in a developing country. *European Child & Adolescent Psychiatry, 19*(8), 629-636.
doi:10.1007/s00787-010-0099-3

- *Feinfield, K., & Baker, B. L. (2004). Empirical support for a treatment program for families of young children with externalizing problems. *Journal of Clinical Child & Adolescent Psychology, 33*(1), 182-195. doi:10.1207/S15374424JCCP3301_17
- *Ferber, H., Keeley, S. M., & Shemberg, K. M. (1974). Training parents in behavior modification: Outcome of and problems encountered in a program after Patterson's work. *Behavior Therapy, 5*(3), 415-419. doi:10.1016/S0005-7894(74)80010-9
- Fernandez, M.A., Butler, A.M., & Eyberg, S.M. (2011). Treatment outcome for low socioeconomic status african american families in parent-child interaction therapy: A pilot study. *Child & Family Behavior Therapy, 33*(1), 32–48. doi: 10.1080/07317107.2011.545011
- *Fernandez, M. A., & Eyberg, S. M. (2009). Predicting treatment and follow-up attrition in parent–child interaction therapy. *Journal of Abnormal Child Psychology, 37*(3), 431-441. doi:10.1007/s10802-008-9281-1
- *Ferrin, M., Moreno-Granados, J. M., Salcedo-Marin, M. D., Ruiz-Veguilla, M., Perez-Ayala, V., & Taylor, E. (2014). Evaluation of a psychoeducation programme for parents of children and adolescents with ADHD: immediate and long-term effects using a blind randomized controlled trial. *European Child & Adolescent Psychiatry, 23*(8), 637-647. doi:10.1007/s00787-013-0494-7
- *Firestone, P., Kelly, M. J., & Fike, S. (1980). Are fathers necessary in parent training groups? *Journal of Clinical Child Psychology, 9*(1), 44-47. doi:10.1080/15374418009532943
- *Firestone, P., & Witt, J. E. (1982). Characteristics of families completing and prematurely discontinuing a behavioral parent-training program. *Journal of Pediatric Psychology, 7*(2), 209-222. doi:10.1093/jpepsy/7.2.209

- *Fleischman, M. J. (1981). A replication of Patterson's 'Intervention for boys with conduct problems.'. *Journal of Consulting & Clinical Psychology, 49*(3), 342-351.
doi:10.1037/0022-006X.49.3.342
- *Fleischman, M. J. (1979). Using parenting salaries to control attrition and cooperation in therapy. *Behavior Therapy, 10*(1), 111-116. doi:10.1016/S0005-7894(79)80014-3
- *Fleischman, M. J., & Szykula, S. A. (1981). A community setting replication of a social learning treatment for aggressive children. *Behavior Therapy, 12*(1), 115-122.
doi:10.1016/S0005-7894(81)80112-8
- *Forehand, R., & King, H. (1977). Noncompliant children: Effects of parent training on behavior and attitude change. *Behavior Modification, 1*(1), 93-108. doi:10.1177/014544557711006
- Forehand, R., Middlebrook, J., Rogers, T., & Steffe, M. (1983). Dropping out of parent training. *Behaviour Research & Therapy, 21*(6), 663-668. doi:10.1016/0005-7967(83)90084-0
- *Forehand, R., Sturgis, E. T., McMahon, R. J., Aguar, D. D., Green, K. K., Wells, K. C., & Breiner, J. J. (1979). Parent behavioral training to modify child noncompliance: Treatment generalization across time and from home to school. *Behavior Modification, 3*(1), 3-25. doi:10.1177/014544557931001
- *Forgatch, M. S., & Toobert, D. J. (1979). A cost-effective parent training program for use with normal preschool children. *Journal of Pediatric Psychology, 4*(2), 129-145.
doi:10.1093/jpepsy/4.2.129
- *Forgatch, M. S., & DeGarmo, D. S. (2011). Sustaining fidelity following the nationwide PMTO implementation in Norway. *Prevention Science, 12*(3), 235-246.

- *Frankel, F., & Simmons, J. Q. (1992). Parent behavioral training: Why and when some parents drop out. *Journal of Clinical Child Psychology, 21*(4), 322-330.
doi:10.1207/s15374424jccp2104_1
- *Franz, M., Weihrauch, L., & Schäfer, R. (2011). PALME: a preventive parental training program for single mothers with preschool aged children. *Journal of Public Health, 19*(4), 305-319. doi:10.1007/s10389-011-0396-4
- *Frey, A. J., Small, J., Feil, E., Seeley, J., Walker, H., & Golly, A. (2013). The feasibility of First Step to Success with preschoolers. *Children & Schools, 35*(3), 171-186.
doi:10.1093/cs/cdt014
- *Fung, M. P., Fox, R. A., & Harris, S. E. (2014). Treatment Outcomes for At-Risk Young Children With Behavior Problems: Toward a New Definition of Success. *Journal of Social Service Research, 40*(5), 623-641. doi:10.1080/01488376.2014.915283
- *Fung, A. C., & Tsang, S. M. (2006). Parent-child parallel-group intervention for childhood aggression in Hong Kong. *Emotional & Behavioural Difficulties, 11*(1), 31-48.
doi:10.1080/13632750500393300
- *Furey, W. M., & Basili, L. A. (1988). Predicting consumer satisfaction in parent training for noncompliant children. *Behavior Therapy, 19*(4), 555-564. doi:10.1016/S0005-7894(88)80023-6
- *Gardner, F., Burton, J., & Klimes, I. (2006). Randomised controlled trial of a parenting intervention in the voluntary sector for reducing child conduct problems: outcomes and mechanisms of change. *Journal of Child Psychology & Psychiatry, 47*(11), 1123-1132.
doi:10.1111/j.1469-7610.2006.01668.x

- *Garvey, C., Julion, W., Fogg, L., Kratovil, A., & Gross, D. (2006). Measuring participation in a prevention trial with parents of young children. *Research in Nursing & Health, 29*(3), 212-222. doi:10.1002/nur.20127
- *Gavița, O. A., David, D., Bujoreanu, S., Tiba, A., & Ionuțiu, D. R. (2012). The efficacy of a short cognitive-behavioral parent program in the treatment of externalizing behavior disorders in Romanian foster care children: Building parental emotion-regulation through unconditional self-and child-acceptance strategies. *Children & Youth Services Review, 34*(7), 1290-1297. doi:10.1016/j.chilyouth.2012.03.001
- *Gerdes, A. C., Haack, L. M., & Schneider, B. W. (2012). Importance of clinically meaningful change: Parental functioning in families of children with ADHD: Evidence for behavioral parent training. *Journal of Attention Disorders, 16*, 147-156.
- *Ghanizadeh, A., & Shahrivar, F.Z. (2009). The effect of parent management training on children with Attention Deficit Hyperactivity Disorder. *Journal of Child & Adolescent Mental Health, 17*(1), 31-34. doi:10.2989/17280580509486590
- *Granic, I., O'Hara, A., Pepler, D., & Lewis, M. D. (2007). A dynamic systems analysis of parent-child changes associated with successful 'real-world' interventions for aggressive children. *Journal of Abnormal Child Psychology, 35*(5), 845-857. doi:10.1007/s10802-007-9133-4
- *Graziano, P. A., Bagner, D. M., Sheinkopf, S. J., Vohr, B. R., & Lester, B. M. (2012). Evidence-based intervention for young children born premature: Preliminary evidence for associated changes in physiological regulation. *Infant Behavior & Development, 35*(3), 417-428. doi:10.1016/j.infbeh.2012.04.001

- *Graziano, P. A., Bagner, D. M., Slavec, J., Hungerford, G., Kent, K., Babinski, D., ... & Pasalich, D. (2015). Feasibility of intensive parent–child interaction therapy (I-PCIT): Results from an open trial. *Journal of Psychopathology & Behavioral Assessment*, 37(1), 1-12. doi:10.1007/s10862-014-9435-0
- *Griest, D. L., Forehand, R., Rogers, T., Breiner, J., Furey, W., & Williams, C. A. (1982). Effects of parent enhancement therapy on the treatment outcome and generalization of a parent training program. *Behaviour Research & Therapy*, 20(5), 429-436. doi:10.1016/0005-7967(82)90064-X
- *Griffin, C., Guerin, S., Sharry, J., & Drumm, M. (2010). A multicentre controlled study of an early intervention parenting programme for young children with behavioural and developmental difficulties. *International Journal Of Clinical & Health Psychology*, 10(2), 279-294.
- *Gross, D., Fogg, L., Webster-Stratton, C., Garvey, C., Julion, W., & Grady, J. (2003). Parent training of toddlers in day care in low-income urban communities. *Journal of Consulting & Clinical Psychology*, 71(2), 261-278. doi:10.1037/0022-006X.71.2.261
- *Gross, D., Garvey, C., Julion, W., Fogg, L., Tucker, S., & Mokros, H. (2009). Efficacy of the Chicago parent program with low-income African American and Latino parents of young children. *Prevention Science*, 10(1), 54-65. doi:10.1007/s11121-008-0116-7
- Gustafson, D.H., Boyle M.G., Shaw B.R....Johnson, K. (2011). An e-Health solution for people with alcohol problems. *Alcohol Research and Health*, 33: 327-337.
- *Hagen, K. A., Ogden, T., & Bjørnebekk, G. (2011). Treatment outcomes and mediators of parent management training: A one-year follow-up of children with conduct problems.

- Journal of Clinical Child & Adolescent Psychology*, 40(2), 165-178.
doi:10.1080/15374416.2011.546050
- *Hamilton, S. B., & MacQuiddy, S. L. (1984). Self-administered behavioral parent training: Enhancement of treatment efficacy using a time-out signal seat. *Journal of Clinical Child Psychology*, 13(1), 61-69. doi:10.1080/15374418409533171
- *Hampson, R. B., Schulte, M. A., & Ricks, C. C. (1983). Individual vs. group training for foster parents: Efficiency/effectiveness evaluations. *Family Relations: An Interdisciplinary Journal Of Applied Family Studies*, 32(2), 191-201. doi:10.2307/584678
- *Hanisch, C., Freund-Braier, I., Hautmann, C., Jänen, N., Plück, J., Brix, G., ... & Döpfner, M. (2010). Detecting effects of the indicated prevention programme for externalizing problem behaviour (PEP) on child symptoms, parenting, and parental quality of life in a randomized controlled trial. *Behavioural & Cognitive Psychotherapy*, 38(01), 95-112.
- *Hanisch, C., Hautmann, C., Plück, J., Eichelberger, I., & Döpfner, M. (2014). The prevention program for externalizing problem behavior (PEP) improves child behavior by reducing negative parenting: analysis of mediating processes in a randomized controlled trial. *Journal of Child Psychology & Psychiatry*, 55(5), 473-484. doi:10.1111/jcpp.12177
- *Harrison, R., Boyle, S. W., & Farley, O. (1999). Evaluating the outcomes of family-based intervention for troubled children: A pretest-posttest study. *Research on Social Work Practice*, 9(6), 640-655. doi:10.1177/104973159900900602
- *Harvey, E., Danforth, J. S., Eberhardt McKee, T., Ulaszek, W. R., & Friedman, J. L. (2003). Parenting of children with Attention-Deficit/Hyperactivity Disorder (ADHD): The role of parental ADHD symptomatology. *Journal of Attention Disorders*, 7(1), 31-42.
doi:10.1177/108705470300700104

- *Havighurst, S. S., Wilson, K. R., Harley, A. E., & Prior, M. R. (2009). Tuning into kids: An emotion-focused parenting program—Initial findings from a community trial. *Journal of Community Psychology, 37*(8), 1008-1023. doi:10.1002/jcop.20345
- *Harwood, M. D., & Eyberg, S. M. (2004). Therapist verbal behavior early in treatment: Relation to successful completion of parent-child interaction therapy. *Journal of Clinical Child & Adolescent Psychology, 33*(3), 601-612. doi:10.1207/s15374424jccp3303_17
- *Harwood, M. D., & Eyberg, S. M. (2006). Child-directed interaction: Prediction of change in impaired mother-child functioning. *Journal of Abnormal Child Psychology, 34*(3), 335-347. doi:10.1007/s10802-006-9025-z
- *Hautmann, C., Stein, P., Hanisch, C., Eichelberger, I., Plück, J., Walter, D., & Döpfner, M. (2009). Does parent management training for children with externalizing problem behavior in routine care result in clinically significant changes? *Psychotherapy Research, 19*(2), 224-233. doi:10.1080/10503300902777148
- *Hautmann, C., Hoijsink, H., Eichelberger, I., Görtz-Dorten, A., Hanisch, C., Plück, J., ... & Döpfner, M. (2013). Any indication for bias due to participation? Comparison of the effects of a parent management training rated by participating and non-participating parents. *Clinical Psychology & Psychotherapy, 20*(5), 384-393.
- *Hautmann, C., Stein, P., Eichelberger, I., Hanisch, C., Plück, J., Walter, D., & Döpfner, M. (2011). The severely impaired do profit most: differential effectiveness of a parent management training for children with externalizing behavior problems in a natural setting. *Journal of Child & Family Studies, 20*(4), 424-435.

- *Hawes, D. J., & Dadds, M. R. (2005). The treatment of conduct problems in children with callous-unemotional traits. *Journal Of Consulting & Clinical Psychology, 73*(4), 737-741. doi:10.1037/0022-006X.73.4.737
- *Heinrichs, N., Bertram, H., Kuschel, A., & Hahlweg, K. (2005). Parent recruitment and retention in a universal prevention program for child behavior and emotional problems: Barriers to research and program participation. *Prevention Science, 6*(4), 275-286. doi:10.1007/s11121-005-0006-1
- *Helfenbaum-Kun, E. D., & Ortiz, C. (2007). Parent-training groups for fathers of head start children: A pilot study of their feasibility and impact on child behavior and intra-familial relationships. *Child & Family Behavior Therapy, 29*(2), 47-64. doi:10.1300/J019v29n02_04
- *Hemphill, S. A., & Littlefield, L. (2001). Evaluation of a short-term group therapy program for children with behavior problems and their parents. *Behaviour Research & Therapy, 39*(7), 823-841. doi:10.1016/S0005-7967(00)00058-9
- *Herbert, S. D., Harvey, E. A., Roberts, J. L., Wichowski, K., & Lugo-Candelas, C. I. (2013). A randomized controlled trial of a parent training and emotion socialization program for families of hyperactive preschool-aged children. *Behavior Therapy, 44*(2), 302-316. doi:10.1016/j.beth.2012.10.004
- *Herman, K. C., Borden, L. A., Reinke, W. M., & Webster-Stratton, C. (2011). The impact of the Incredible Years parent, child, and teacher training programs on children's co-occurring internalizing symptoms. *School Psychology Quarterly, 26*(3), 189.
- *Hiscock, H., Bayer, J. K., Price, A., Ukoumunne, O. C., Rogers, S., & Wake, M. (2008). Universal parenting programme to prevent early childhood behavioural problems: Cluster

- randomised trial. *British Medical Journal*, 336(7639), 318-321.
doi:10.1136/bmj.39451.609676.AE
- *Ho, T., Chow, V., Fung, C., Leung, K., Chiu, K., Yu, G., & ... Lieh-Mak, F. (1999). Parent management training in a Chinese population: Application and outcome. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(9), 1165-1172.
doi:10.1097/00004583-199909000-00022
- *Hoath, F. E., & Sanders, M. R. (2002). A feasibility study of enhanced group Triple P - Positive Parenting Program for parents of children with Attention-deficit/Hyperactivity Disorder. *Behaviour Change*, 19(4), 191-206. doi:10.1375/behc.19.4.191
- *Hobbel, S., & Drugli, M. B. (2013). Symptom changes of Oppositional Defiant Disorder after treatment with the Incredible Years Program. *Nordic Journal of Psychiatry*, 67(2), 97-103.
- *Högström, J., Enebrink, P., & Ghaderi, A. (2013). The moderating role of child callous-unemotional traits in an Internet-based parent-management training program. *Journal of Family Psychology*, 27(2), 314. doi:10.1037/a0031883
- *Holtz, C. A., Carrasco, J. M., Mattek, R. J., & Fox, R. A. (2009). Behavior problems in toddlers with and without developmental delays: Comparison of treatment outcomes. *Child & Family Behavior Therapy*, 31(4), 292-311. doi:10.1080/07317100903311018
- *Horn, W. F., Ialongo, N. S., Pascoe, J. M., Greenberg, G., Packard, T., Lopez, M., Wagner, A., & Puttler, L. (1991). Additive effects of psychostimulants, parent training, and self-control therapy with ADHD children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 30(2), 233-240. doi:10.1097/00004583-199103000-00011

- *Horn, W. F., Ialongo, N., Popovich, S., & Peradotto, D. (1987). Behavioral parent training and cognitive-behavioral self-control therapy with ADD-H children: Comparative and combined effects. *Journal of Clinical Child Psychology, 16*(1), 57-68.
doi:10.1207/s15374424jccp1601_8
- *Horn, W. F., Ialongo, N., Greenberg, G., Packard, T., & Smith-Winberry, C. (1990). Additive effects of behavioral parent training and self-control therapy with attention deficit hyperactivity disorder children. *Journal of Clinical Child Psychology, 19*(2), 98-110.
doi:10.1207/s15374424jccp1902_1
- *Huang, H., Chao, C., Tu, C., & Yang, P. (2003). Behavioral parent training for Taiwanese parents of children with attention-deficit/hyperactivity disorder. *Psychiatry & Clinical Neurosciences, 57*(3), 275-281. doi:10.1046/j.1440-1819.2003.01117.x
- *Hukkelberg, S. S., & Ogden, T. (2013). Working alliance and treatment fidelity as predictors of externalizing problem behaviors in parent management training. *Journal of Consulting & Clinical Psychology, 81*(6), 1010.
- *Hughes, R. C., & Wilson, P. H. (1988). Behavioral parent training: Contingency management versus communication skills training with or without the participation of the child. *Child & Family Behavior Therapy, 10*(4), 11-23. doi:10.1300/J019v10n04_02
- *Hutchings, J. (1996). Evaluating a behaviourally based parent training group: Outcomes for parents, children and health visitors. *Behavioural & Cognitive Psychotherapy, 24*(2), 149-170. doi:10.1017/S1352465800017410
- *Hutchings, J., Appleton, P., Smith, M., Lane, E., & Nash, S. (2002). Evaluation of two treatments for children with severe behaviour problems: Child behaviour and maternal

mental health outcomes. *Behavioural & Cognitive Psychotherapy*, 30(3), 279-295.

doi:10.1017/S1352465802003041

*Hutchings, J., Bywater, T., Williams, M. E., Whitaker, C., Lane, E., & Shakespeare, K. (2011).

The extended school aged Incredible Years parent programme. *Child & Adolescent Mental Health*, 16(3), 136-143.

*Hutchings, J., Gardner, F., Bywater, T., Daley, D., Whitaker, C., Jones, K., & ... Edwards, R. T.

(2007). Parenting intervention in Sure Start services for children at risk of developing conduct disorder: Pragmatic randomised controlled trial. *British Medical Journal*, 334(7595), 678. doi:10.1136/bmj.39126.620799.55

Ingoldsby, E. M. (2010). Review of interventions to improve family engagement and retention in

parent and child mental health programs. *Journal of Child & Family Studies*, 19(5), 629-645. doi:10.1007/s10826-009-9350-2

*Ireland, J. L., Sanders, M. R., & Markie-Dadds, C. (2003). The impact of parent training on

marital functioning: A comparison of two group versions of the Triple P-positive parenting program for parents of children with early-onset conduct problems.

Behavioural & Cognitive Psychotherapy, 31(2), 127-142.

doi:10.1017/S1352465803002017

Kuhne, M., Schachar, R., & Tannock, R. (1997). Impact of comorbid oppositional or conduct

problems on attention-deficit hyperactivity disorder. *Journal of the American Academy of*

Child & Adolescent Psychiatry, 36(12), 1715-1725. doi:10.1097/00004583-199712000-

00020

- *Jensen, S. A., & Grimes, L. K. (2010). Increases in parent attendance to behavioral parent training due to concurrent child treatment groups. *Child & Youth Care Forum, 39*(4), 239-251. doi:10.1007/s10566-010-9101-y
- Jensen, S. A., & Lowry, L. S. (2012). Payment schedules do not affect attendance/completion of group behavioral parent training. *Psychological Services, 9*(1), 101-109. doi:10.1037/a0027101
- *Karoly, P., & Rosenthal, M. (1977). Training parents in behavior modification: Effects on perceptions of family interaction and deviant child behavior. *Behavior Therapy, 8*(3), 406-410. doi:10.1016/S0005-7894(77)80076-2
- Kazdin, A. E., & Mazurick, J. L. (1994). Dropping out of child psychotherapy: Distinguishing early and late dropouts over the course of treatment. *Journal of Consulting & Clinical Psychology, 62*(5), 1069-1074. doi:10.1037/0022-006X.62.5.1069
- Kazdin, A. E., Mazurick, J. L., & Bass, D. (1993). Risk for attrition in treatment of antisocial children and families. *Journal of Clinical Child Psychology, 22*(1), 2-16. doi:10.1207/s15374424jccp2201_1
- *Kazdin, A. E., & Wassell, G. (2000). Predictors of barriers to treatment and therapeutic change in outpatient therapy for antisocial children and their families. *Mental Health Services Research, 2*(1), 27-40. doi:10.1023/A:1010191807861
- *Kazdin, A. E., & Whitley, M. K. (2006). Pretreatment social relations, therapeutic alliance, and improvements in parenting practices in parent management training. *Journal of Consulting & Clinical Psychology, 74*(2), 346-355. doi:10.1037/0022-006X.74.2.346
- *Kazdin, A. E., Esveldt-Dawson, K., French, N. H., & Unis, A. S. (1987). Effects of parent management training and problem-solving skills training combined in the treatment of

- antisocial child behavior. *Journal of the American Academy of Child & Adolescent Psychiatry*, 26(3), 416-424. doi:10.1097/00004583-198705000-00024
- *Kern, L., DuPaul, G. J., Volpe, R. J., Sokol, N. G., Lutz, J., Arbolino, L. A., & ... VanBrakle, J. D. (2007). Multisetting assessment-based intervention for young children at risk for attention deficit hyperactivity disorder: Initial effects on academic and behavioral functioning. *School Psychology Review*, 36(2), 237-255.
- *Kierfeld, F., Ise, E., Hanisch, C., Görtz-Dorten, A., & Döpfner, M. (2013). Effectiveness of telephone-assisted parent-administered behavioural family intervention for preschool children with externalizing problem behaviour: A randomized controlled trial. *European Child & Adolescent Psychiatry*, 22(9), 553-565. doi:10.1007/s00787-013-0397-7
- *Kimonis, E. R., Bagner, D. M., Linares, D., Blake, C. A., & Rodriguez, G. (2014). Parent training outcomes among young children with callous–unemotional conduct problems with or at risk for developmental delay. *Journal of Child & Family Studies*, 23(2), 437-448. doi:10.1007/s10826-013-9756-8
- *Kjøbli, J., Hukkelberg, S., & Ogden, T. (2013). A randomized trial of group parent training: Reducing child conduct problems in real-world settings. *Behaviour Research & Therapy*, 51(3), 113-121. doi:10.1016/j.brat.2012.11.006
- *Kjøbli, J., & Ogden, T. (2009). Gender differences in intake characteristics and behavior change among children in families receiving parent management training. *Children & Youth Services Review*, 31(8), 823-830. doi:10.1016/j.childyouth.2009.03.004
- *Kjøbli, J., & Ogden, T. (2012). A randomized effectiveness trial of brief parent training in primary care settings. *Prevention Science*, 13(6), 616-626. doi:10.1007/s11121-012

- Kline, R., Mannuzza, S., Olazagatsi, M., Roizen, E., Hutchinson, J.A., Lashua, E.C., & Castellanos, X. (2012). Clinical and functional outcome of childhood attention-deficit/hyperactivity disorder 33 years later. *Archives of General Psychiatry*, *69*, 1295-1303.
- *Kling, Å., Forster, M., Sundell, K., & Melin, L. (2010). A randomized controlled effectiveness trial of parent management training with varying degrees of therapist support. *Behavior Therapy*, *41*(4), 530-542. doi:10.1016/j.beth.2010.02.004
- *Knapp, P. A., & Deluty, R. H. (1989). Relative effectiveness of two behavioral parent training programs. *Journal of Clinical Child Psychology*, *18*(4), 314-322.
doi:10.1207/s15374424jccp1804_4
- *Kratowill, T. R., Elliott, S. N., Loitz, P., Sladeczek, I., & Carlson, J. S. (2003). Conjoint consultation using self-administered manual and videotape parent-teacher training: Effects on children's behavioral difficulties. *School Psychology Quarterly*, *18*(3), 269-302. doi:10.1521/scpq.18.3.269.22574
- *Lakes, K. D., Kettler, R. J., Schmidt, J., Haynes, M., Feeney-Kettler, K., Kamptner, L., & ... Tamm, L. (2009). The CUIDAR early intervention parent training program for preschoolers at risk for behavioral disorders: An innovative practice for reducing disparities in access to service. *Journal of Early Intervention*, *31*(2), 167-178.
doi:10.1177/1053815109331861
- *Lakes, K. D., Vargas, D., Riggs, M., Schmidt, J., & Baird, M. (2011). Parenting intervention to reduce attention and behavior difficulties in preschoolers: A CUIDAR evaluation study. *Journal of Child & Family Studies*, *20*(5), 648-659. doi:10.1007/s10826-010-9440-1

- *Lanier, P., Kohl, P. L., Benz, J., Swinger, D., Moussette, P., & Drake, B. (2011). Parent–child interaction therapy in a community setting: Examining outcomes, attrition, and treatment setting. *Research on Social Work Practice, 21*(6), 689-698.
doi:10.1177/1049731511406551
- *Lanier, P., Kohl, P. L., Benz, J., Swinger, D., Moussette, P., & Drake, B. (2011). Parent–child interaction therapy in a community setting: Examining outcomes, attrition, and treatment setting. *Research on Social Work Practice, 21*(6), 689-698.
doi:10.1177/1049731511406551
- *Larsson, B., Fossum, S., Clifford, G., Drugli, M., Handegård, B., & Mørch, W. (2009). Treatment of oppositional defiant and conduct problems in young Norwegian children: Results of a randomized controlled trial. *European Child & Adolescent Psychiatry, 18*(1), 42-52. doi:10.1007/s00787-008-0702-z
- *Lau, A. S., Fung, J. J., Ho, L. Y., Liu, L. L., & Gudiño, O. G. (2011). Parent training with high-risk immigrant Chinese families: A pilot group randomized trial yielding practice-based evidence. *Behavior Therapy, 42*(3), 413-426. doi:10.1016/j.beth.2010.11.001
- *Lavigne, J. V., LeBailly, S. A., Gouze, K. R., Binns, H. J., Keller, J., & Pate, L. (2010). Predictors and correlates of completing behavioral parent training for the treatment of oppositional defiant disorder in pediatric primary care. *Behavior Therapy, 41*(2), 198-211. doi:10.1016/j.beth.2009.02.006
- *Lavigne, J. V., LeBailly, S. A., Gouze, K. R., Cicchetti, C., Pochyly, J., Arend, R., & ... Binns, H. J. (2008). Treating oppositional defiant disorder in primary care: A comparison of three models. *Journal of Pediatric Psychology, 33*(5), 449-461.
doi:10.1093/jpepsy/jsm074

- *Leathers, S. J., Spielfogel, J. E., McMeel, L. S., & Atkins, M. S. (2011). Use of a parent management training intervention with urban foster parents: A pilot study. *Children & Youth Services Review, 33*(7), 1270-1279. doi:10.1016/j.chidyouth.2011.02.022
- Lee, C. M., Horvath, C., & Hunsley, J. (2013). Does it work in the real world? The effectiveness of treatments for psychological problems in children and adolescents. *Professional Psychology: Research & Practice, 44*(2), 81-88. doi:10.1037/a0031133
- *Lees, D. G., & Ronan, K. R. (2008). Engagement and effectiveness of parent management training (incredible years) for solo high-risk mothers: A multiple baseline evaluation. *Behaviour Change, 25*(2), 109-128. doi:10.1375/behc.25.2.109
- Leijten, P., Raaijmakers, M. J., de Castro, B., & Matthys, W. (2013). Does socioeconomic status matter? A meta-analysis on parent training effectiveness for disruptive child behavior. *Journal of Clinical Child & Adolescent Psychology, 42*(3), 384-392.
- Lendingham, J. E. (1990). Recent developments in high risk research. In B. B. Lahey, A. E. Kazdin (Eds.), *Advances in Clinical Child Psychology, Vol. 13* (pp. 91-137). New York, NY: Plenum Press.
- *Letarte, M., Normandeau, S., & Allard, J. (2010). Effectiveness of a parent training program “incredible years” in a child protection service. *Child Abuse & Neglect, 34*(4), 253-261. doi:10.1016/j.chiabu.2009.06.003
- *Leung, C., Sanders, M. R., Leung, S., Mak, R., & Lau, J. (2003). An outcome evaluation of the implementation of the triple P-Positive Parenting Program in Hong Kong. *Family Process, 42*(4), 531-544. doi:10.1111/j.1545-5300.2003.00531.x

- *Leung, C., Tsang, S., Heung, K., & Yiu, I. (2009). Effectiveness of Parent—Child Interaction Therapy (PCIT) among Chinese families. *Research On Social Work Practice, 19*(3), 304-313. doi:10.1177/1049731508321713
- *Lewis, W. M. (1986). Group training for parents of children with behavior problems. *Journal for Specialists in Group Work, 11*(4), 194-199. doi:10.1080/01933928608411856
- Lindsey, M.A., Brandt, N.E., Becker, K.D., Lee, B., Barth, R., Daleiden, E.L., & Chorpita, B.F. (2014). Identifying the common elements of treatment engagement in child mental health services. *Clinical Child & Family Psychology Review, 17*, 283-298.
- Littlejohn, C. (2006). Does socio-economic status influence the acceptability of, attendance for, and outcome of, screening and brief interventions for alcohol misuse: A review. *Alcohol & Alcoholism, 41*(5), 540-545. doi:10.1093/alcalc/agl053
- *Lundeen, R. (1977). Modifying children's misbehavior through parent workshops. *Journal of Clinical Child Psychology, 6*(1), 36-37. doi:10.1080/15374417709532741
- *MacKenzie, E. P., Fite, P. J., & Bates, J. E. (2004). Predicting Outcome in Behavioral Parent Training: Expected and Unexpected Results. *Child & Family Behavior Therapy, 26*(2), 37-53. doi:10.1300/J019v26n02_03
- *MacKenzie, E. P., & Hilgedick, J. M. (1999). The Computer-Assisted Parenting Program (CAPP): The use of a computerized behavioral parent training program as an educational tool. *Child & Family Behavior Therapy, 21*(4), 23-44. doi:10.1300/J019v21n04_02
- *Malik, T. A., & Tariq, N. (2014). Parent training in reduction of Attention-Deficit/Hyperactivity Disorder and Oppositional Defiant Disorder symptoms in children. *Pakistan Journal of Psychological Research, 29*(1), 151-169.

- *Malti, T., Ribeaud, D., & Eisner, M. P. (2011). The effectiveness of two universal preventive interventions in reducing children's externalizing behavior: A cluster randomized controlled trial. *Journal of Clinical Child & Adolescent Psychology, 40*(5), 677-692. doi:10.1080/15374416.2011.597084
- *Markie-Dadds, C., & Sanders, M. R. (2006). Self-directed Triple P (Positive Parenting Program) for mothers with children at-Risk of developing conduct problems. *Behavioural & Cognitive Psychotherapy, 34*(3), 259-275. doi:10.1017/S1352465806002797
- *Martinez, C. r., & Eddy, J. (2005). Effects of culturally adapted parent management training on Latino youth behavioral health outcomes. *Journal of Consulting & Clinical Psychology, 73*(5), 841-851. doi:10.1037/0022-006X.73.5.841
- *Matos, M., Bauermeister, J. J., & Bernal, G. (2009). Parent-child interaction therapy for Puerto Rican preschool children with ADHD and behavior problems: A pilot efficacy study. *Family Process, 48*(2), 232-252. doi:10.1111/j.1545-5300.2009.01279.x
- *Matos, M., Torres, R., Santiago, R., Jurado, M., & Rodríguez, I. (2006). Adaptation of parent-child interaction therapy for Puerto Rican families: A preliminary study. *Family Process, 45*(2), 205-222. doi:10.1111/j.1545-5300.2006.00091.x
- *Matsumoto, Y., Sofronoff, K., & Sanders, M. R. (2007). The efficacy and acceptability of the Triple P-Positive Parenting Program with Japanese parents. *Behaviour Change, 24*(4), 205-218. doi:10.1375/bech.24.4.205
- *McCabe, K., & Yeh, M. (2009). Parent-child interaction therapy for Mexican Americans: A randomized clinical trial. *Journal of Clinical Child & Adolescent Psychology, 38*(5), 753-759. doi:10.1080/15374410903103544

- McCart, M. R., Priester, P. E., Davies, W., & Azen, R. (2006). Differential effectiveness of behavioral parent-training and cognitive-behavioral therapy for antisocial youth: A meta-analysis. *Journal of Abnormal Child Psychology*, *34*(4), 527-543. doi:10.1007/s10802-006-9031-1
- *McGilloway, S., Mhaille, G. N., Bywater, T., Furlong, M., Leckey, Y., Kelly, P., & ... Donnelly, M. (2012). A parenting intervention for childhood behavioral problems: A randomized controlled trial in disadvantaged community-based settings. *Journal of Consulting & Clinical Psychology*, *80*(1), 116-127. doi:10.1037/a0026304
- *McKee, T., Harvey, E., Danforth, J. S., Ulaszek, W. R., & Friedman, J. L. (2004). The relation between parental coping styles and parent-child interactions before and after treatment for children with ADHD and Oppositional Behavior. *Journal of Clinical Child & Adolescent Psychology*, *33*(1), 158-168. doi:10.1207/S15374424JCCP3301_15
- *McMahon, Forehand, & Griest (1981). Effects of knowledge of social learning principles on enhancing treatment outcome and generalization in a parent training program. *Journal of Consulting & Clinical Psychology*, *49*, 526-532. doi:10.1037/0022-006X.49.4.526
- *McMahon, Forehand, Griest, & Wells (1981). Who drops out of parent behavioral training? *Behavioral Counseling Quarterly*, *1*, 79-85.
- *McNeil, C. B., Eyberg, S., Eisenstadt, T. H., Newcomb, K., & Funderburk, B. (1991). Parent-child interaction therapy with behavior problem children: Generalization of treatment effects to the school setting. *Journal of Clinical Child Psychology*, *20*(2), 140-151. doi:10.1207/s15374424jccp2002_5

- *McNeil, C. B., Herschell, A. D., Gurwitch, R. H., & Clemens-Mowrer, L. (2005). Training foster parents in parent-child interaction therapy. *Education & Treatment of Children*, 28(2), 182-196.
- *Menting, A. A., de Castro, B. O., Wijngaards-de Meij, L. V., & Matthys, W. (2014). A trial of parent training for mothers being released from incarceration and their children. *Journal of Clinical Child & Adolescent Psychology*, 43(3), 381-396.
doi:10.1080/15374416.2013.817310
- Michelson, D., Davenport, C., Dretzke, J., Barlow, J., & Day, C. (2013). Do evidence-based interventions work when tested in the “real world?” A systematic review and meta-analysis of parent management training for the treatment of child disruptive behavior. *Clinical Child & Family Psychology Review*, 16(1), 18-34. doi:10.1007/s10567-013-0128-0
- Miller, G. E., & Prinz, R. J. (1990). Enhancement of social learning family interventions for childhood conduct disorder. *Psychological Bulletin*, 108(2), 291-307. doi:10.1037/0033-2909.108.2.291
- *Miller, G. E., & Prinz, R. J. (2003). Engagement of families in treatment for childhood conduct problems. *Behavior Therapy*, 34(4), 517-534. doi:10.1016/S0005-7894(03)80033-3
- Mohr, D.C. Burns, M.N., Schueller, S.M., Clarke G., & Klinkman, M. (2013). Behavioral intervention technologies: Evidence review and recommendations for future research in mental health. *General Hospital Psychiatry*, 35: 332-338.

- *Morawska, A., & Sanders, M. R. (2006). Self-administered behavioural family intervention for parents of toddlers: Effectiveness and dissemination. *Behaviour Research & Therapy*, 44(12), 1839-1848. doi:10.1016/j.brat.2005.11.015
- *Morawska, A., & Sanders, M. (2009). An evaluation of a behavioural parenting intervention for parents of gifted children. *Behaviour Research & Therapy*, 47(6), 463-470. doi:10.1016/j.brat.2009.02.008
- *Morawska, A., Haslam, D., Milne, D., & Sanders, M. R. (2011). Evaluation of a brief parenting discussion group for parents of young children. *Journal of Developmental & Behavioral Pediatrics*, 32(2), 136-145. doi:10.1097/DBP.0b013e3181f17a28
- *Mullin, E., Proudfoot, R., & Glanville, B. (1990). Group parent training in the Eastern Health Board: Programme description and evaluation. *The Irish Journal of Psychology*, 11(4), 342-353.
- *Mullin, E., Quigley, K., & Glanville, B. (1994). A controlled evaluation of the impact of a parent training programme on child behaviour and mothers' general well-being. *Counselling Psychology Quarterly*, 7(2), 167-180. doi:10.1080/09515079408254143
- *Myers, H. F., Alvy, K. T., Arrington, A., Richardson, M. A., Marigna, M., Huff, R., & ... Newcomb, M. D. (1992). The impact of a parent training program on inner-city African-American families. *Journal Of Community Psychology*, 20(2), 132-147. doi:10.1002/1520-6629(199204)20:2<132::AID-JCOP2290200204>3.0.CO;2-Z
- *Niccols, A. (2009). Immediate and short-term outcomes of the 'COPEing with Toddler Behaviour' parent group. *Journal of Child Psychology & Psychiatry*, 50(5), 617-626. doi:10.1111/j.1469-7610.2008.02007.x

- *Nicholson, J. M., & Sanders, M. R. (1999). Randomized controlled trial of behavioral family intervention for the treatment of child behavior problems in stepfamilies. *Journal of Divorce & Remarriage*, 30(3-4), 1-23. doi:10.1300/J087v30n03_01
- *Nidiffer, F. Don.(1980). Inhibiting discrimination of skills as a strategy for obtaining transfer of parent training. *Child Behavior Therapy*, 2, pp. 57-66.
- *Nieter, L., Thornberry, T. J., & Brestan-Knight, E. (2013). The effectiveness of group parent–child interaction therapy with community families. *Journal of Child & Family Studies*, 22(4), 490-501. doi:10.1007/s10826-012-9601-5
- *Nilsen, W. (2007). Fostering futures: A preventive intervention program for school-age children in foster care. *Clinical Child Psychology & Psychiatry*, 12(1), 45-63.
doi:10.1177/1359104507071055
- *Nix, R. L., Bierman, K. L., & McMahon, R. J. (2009). How attendance and quality of participation affect treatment response to parent management training. *Journal of Consulting & Clinical Psychology*, 77(3), 429-438. doi:10.1037/a0015028
- *Nixon, R. V., Sweeney, L., Erickson, D. B., & Touyz, S. W. (2003). Parent-child interaction therapy: A comparison of standard and abbreviated treatments for oppositional defiant preschoolers. *Journal of Consulting & Clinical Psychology*, 71(2), 251-260.
doi:10.1037/0022-006X.71.2.251
- Nock, M. K. (2003). Progress review of the psychosocial treatment of child conduct problems. *Clinical Psychology: Science & Practice*, 10(1), 1-28. doi:10.1093/clipsy/10.1.1
- Nock, M. K., & Ferriter, C. (2005). Parent management of attendance and adherence in child and adolescent therapy: A conceptual and empirical review. *Clinical Child & Family Psychology Review*, 8(2), 149-166. doi:10.1007/s10567-005-4753-0

- *Nock, M. K., & Kazdin, A. E. (2005). Randomized controlled trial of a brief intervention for increasing participation in parent management training. *Journal of Consulting & Clinical Psychology, 73*(5), 872-879. doi:10.1037/0022-006X.73.5.872
- Ollendick, T. H., Jarrett, M. A., Grills-Taquechel, A. E., Hovey, L. D., & Wolff, J. C. (2008). Comorbidity as a predictor and moderator of treatment outcome in youth with anxiety, affective, attention deficit/hyperactivity disorder, and oppositional/conduct disorders. *Clinical Psychology Review, 28*(8), 1447-1471.
- *Orrell-Valente, J. K., Pinderhughes, E. E., Valente, E. J., & Laird, R. D. (1999). If it's offered, will they come? Influences on parents' participation in a community-based conduct problems prevention program. *American Journal of Community Psychology, 27*(6), 753-783. doi:10.1023/A:1022258525075
- *Östberg, M., & Rydell, A. (2012). An efficacy study of a combined parent and teacher management training programme for children with ADHD. *Nordic Journal of Psychiatry, 66*(2), 123-130. doi:10.3109/08039488.2011.641587
- *Oveisi, S., Ardabili, H., Dadds, M. R., Majdzadeh, R., Mohammadkhani, P., Rad, J., & Shahrivar, Z. (2010). Primary prevention of parent-child conflict and abuse in Iranian mothers: A randomized-controlled trial. *Child Abuse & Neglect, 34*(3), 206-213. doi:10.1016/j.chiabu.2009.05.008
- *Pade, H., Taube, D. O., Aalborg, A. E., & Reiser, P. J. (2006). An immediate and long-term study of a temperament and parent-child interaction therapy based community program for preschoolers with behavior problems. *Child & Family Behavior Therapy, 28*(3), 1-28. doi:10.1300/J019v28n03_01

- *Pancer, S. M., Nelson, G., Hasford, J., & Loomis, C. (2013). The better beginnings, better futures project: Long-term parent, family, and community outcomes of a universal, comprehensive, community-based prevention approach for primary school children and their families. *Journal of Community & Applied Social Psychology, 23*(3), 187-205. doi:10.1002/casp.2110
- Patterson, G. R., & Chamberlain, P. (1994). A functional analysis of resistance during parent training therapy. *Clinical Psychology: Science & Practice, 1*(1), 53-70. doi:10.1111/j.1468-2850.1994.tb00006.x
- *Patterson, G. R., DeGarmo, D., & Forgatch, M. (2004). Systematic changes in families following prevention trials. *Journal of Abnormal Child Psychology, 32*(6), 621-633. doi:10.1023/B:JACP.0000047211.11826.54
- *Patterson, G. R., Chamberlain, P., & Reid, J. B. (1982). A comparative evaluation of a parent-training program. *Behavior Therapy, 13*(5), 638-650. doi:10.1016/S0005-7894(82)80021-X
- *Peed, S., Roberts, M., & Forehand, R. (1977). Evaluation of the effectiveness of a standardized parent training program in altering the interaction of mothers and their noncompliant children. *Behavior Modification, 1*(3), 323-350. doi:10.1177/014544557713003
- Pelham, W. R., & Fabiano, G. A. (2008). Evidence-based psychosocial treatments for attention-deficit/hyperactivity disorder. *Journal of Clinical Child & Adolescent Psychology, 37*(1), 184-214. doi:10.1080/15374410701818681
- Pellerin, K. A., Costa, N. M., Weems, C. F., & Dalton, R. F. (2010). An examination of treatment completers and non-completers at a child and adolescent community mental

- health clinic. *Community Mental Health Journal*, 46(3), 273-281. doi:10.1007/s10597-009-9285-5
- *Peters, S., Calam, R., & Harrington, R. (2005). Maternal attributions and expressed emotion as predictors of attendance at parent management training. *Journal of Child Psychology & Psychiatry*, 46(4), 436-448. doi:10.1111/j.1469-7610.2004.00365.x
- *Pevsner, R. (1982). Group parent training versus individual family therapy: An outcome study. *Journal of Behavior Therapy & Experimental Psychiatry*, 13(2), 119-122. doi:10.1016/0005-7916(82)90052-0
- *Pffifner, L. J., Hinshaw, S. P., Owens, E., Zalecki, C., Kaiser, N. M., Villodas, M., & McBurnett, K. (2014). A two-site randomized clinical trial of integrated psychosocial treatment for ADHD-inattentive type. *Journal of Consulting & Clinical Psychology*, 82(6), 1115-1127. doi:10.1037/a0036887
- *Pffifner, L. J., Jouriles, E. N., Brown, M. M., Etscheidt, M. A., & Kelly, J. A. (1990). Effects of problem-solving therapy on outcomes of parent training for single-parent families. *Child & Family Behavior Therapy*, 12(1), 1-11. doi:10.1300/J019v12n01_01
- *Phillips, J., Morgan, S., Cawthorne, K., & Barnett, B. (2008). Pilot evaluation of parent-child interaction therapy delivered in an Australian community early childhood clinic setting. *Australian & New Zealand Journal of Psychiatry*, 42(8), 712-719. doi:10.1080/00048670802206320
- *Piehler, T. F., Lee, S. S., Bloomquist, M. L., & August, G. J. (2014). Moderating effects of parental well-being on parenting efficacy outcomes by intervention delivery model of the early risers conduct problems prevention program. *Journal of Primary Prevention*, 35(5), 321-337. doi:10.1007/s10935-014-0358-z

- *Pisterman, S., Firestone, P., McGrath, P., Goodman, J. T., Webster, I., Mallory, R., & Goffin, B. (1992). The role of parent training in treatment of preschoolers with ADHD. *American Journal of Orthopsychiatry*, 62(3), 397-408. doi:10.1037/h0079356
- *Pisterman, S., McGrath, P., Firestone, P., Goodman, J. T., Webster, I., & Mallory, R. (1989). Outcome of parent-mediated treatment of preschoolers with attention deficit disorder with hyperactivity. *Journal Of Consulting & Clinical Psychology*, 57(5), 628-635. doi:10.1037/0022-006X.57.5.628
- *Porzig-Drummond, R., Stevenson, R. J., & Stevenson, C. (2014). The 1-2-3 Magic parenting program and its effect on child problem behaviors and dysfunctional parenting: A randomized controlled trial. *Behaviour Research & Therapy*, 5852-64. doi:10.1016/j.brat.2014.05.004
- Prinz, R.J. & Miller, G.E. (1994). Family-based treatment for childhood antisocial behavior: Experimental influences on dropout and engagement. *Journal of Consulting and Clinical Psychology*, 62(3), 645-650.
- *Reedtz, C., Handegård, B. H., & Mørch, W. (2011). Promoting positive parenting practices in primary care: Outcomes and mechanisms of change in a randomized controlled risk reduction trial. *Scandinavian Journal of Psychology*, 52(2), 131-137. doi:10.1111/j.1467-9450.2010.00854.x
- *Reid, J. B., Eddy, J., Fetrow, R., & Stoolmiller, M. (1999). Description and immediate impacts of a preventive intervention for conduct problems. *American Journal of Community Psychology*, 27(4), 483-517. doi:10.1023/A:1022181111368

- Reyno, S. M., & McGrath, P. J. (2006). Predictors of parent training efficacy for child externalizing behavior problem--a meta-analytic review. *Journal of Child Psychology & Psychiatry*, *47*(1), 99-111. doi:10.1111/j.1469-7610.2005.01544.x
- *Rinn, Markle, & Wise. (1981). Positive parent training for foster parents: A one-year follow-up. *Behavioral Counseling Quarterly*, *1*, 213-220.
- *Rogers, H., Cann, W., Cameron, D., Littlefield, L., & Lagioia, V. (2003). Evaluation of the family intervention service for children presenting with characteristics associated with Attention Deficit Hyperactivity Disorder. *Australian E-Journal for the Advancement of Mental Health*, *2*(3), 216. doi:10.5172/jamh.2.3.216
- Ros, R., Hernandez, J., Graziano, P.A., & Bagner, D.M., (2016). Parent training for children with or at risk for developmental delay: The role of parental homework completion. *Behavior Therapy*, *47*(1), 1-13**
- *Rose, Sheldon D. (1974). Training parents in groups as behavior modifiers of their mentally retarded children. *Journal of Behavior Therapy and Experimental Psychiatry*, *5*(2), 135-140
- *Routh, C. P., Hill, J. W., Steele, H., Elliott, C. E., & Dewey, M. E. (1995). Maternal attachment status, psychosocial stressors and problem behaviour: Follow-up after parent training courses for conduct disorder. *Child Psychology & Psychiatry & Allied Disciplines*, *36*(7), 1179-1198. doi:10.1111/j.1469-7610.1995.tb01364.x
- *Sadler, O. W., Seyden, T., Howe, B., & Kaminsky, T. (1976). An evaluation of groups for parents: A standardized format encompassing both behavior modification and humanistic methods. *Journal of Community Psychology*, *4*(2), 157-163. doi:10.1002/1520-6629(197604)4:2<157::AID-JCOP2290040210>3.0.CO;2-Y

- *Salmon, K., Dadds, M. R., Allen, J., & Hawes, D. J. (2009). Can emotional language skills be taught during parent training for conduct problem children?. *Child Psychiatry & Human Development, 40*(4), 485-498. doi:10.1007/s10578-009-0139-8
- *Salmon, K., Dittman, C., Sanders, M., Burson, R., & Hammington, J. (2014). Does adding an emotion component enhance the Triple P– Positive Parenting Program? *Journal of Family Psychology, 28*(2), 244.
- *Sanders, M. R., Baker, S., & Turner, K. M. (2012). A randomized controlled trial evaluating the efficacy of Triple P online with parents of children with early-onset conduct problems. *Behaviour Research & Therapy, 50*(11), 675-684.
- *Sanders, M. R., Bor, W., & Morawska, A. (2007). Maintenance of treatment gains: A comparison of enhanced, standard, and self-directed Triple P-Positive parenting program. *Journal of Abnormal Child Psychology, 35*(6), 983-998. doi:10.1007/s10802-007-9148-x
- *Scahill, L., Sukhodolsky, D. G., Bearss, K., Findley, D., Hamrin, V., Carroll, D. H., & Rains, A. L. (2006). Randomized trial of parent management training in children with tic disorders and disruptive behavior. *Journal of Child Neurology, 21*(8), 650-656.
doi:10.1177/08830738060210080201
- Scholtens, S., Diamantopoulou, S., Tillman, C. M., & Rydell, A. (2012). Effects of symptoms of ADHD, ODD, and cognitive functioning on social acceptance and the positive illusory bias in children. *Journal of Attention Disorders, 16*(8), 685-696.
doi:10.1177/1087054711417398
- *Schuhmann, E. M., Foote, R. C., Eyberg, S. M., Boggs, S. R., & Algina, J. (1998). Efficacy of parent–child interaction therapy: Interim report of a randomized trial with short-term

maintenance. *Journal of Clinical Child Psychology*, 27(1), 34-45.

doi:10.1207/s15374424jccp2701_4

*Scott, S., & O'Connor, T. G. (2012). An experimental test of differential susceptibility to parenting among emotionally-dysregulated children in a randomized controlled trial for oppositional behavior. *Journal of Child Psychology & Psychiatry*, 53(11), 1184-1193.

doi:10.1111/j.1469-7610.2012.02586.x

*Scott, S., Spender, Q., Doolan, M., Jacobs, B., & Aspland, H. (2001). Multicentre controlled trial of parenting groups for childhood antisocial behaviour in clinical practice. *British Medical Journal*, 323(7306), 194. doi:10.1136/bmj.323.7306.194

*Shaffer, A., Lindhiem, O., Kolko, D. J., & Trentacosta, C. J. (2013). Bidirectional relations between parenting practices and child externalizing behavior: A cross-lagged panel analysis in the context of a psychosocial treatment and 3-year follow-up. *Journal of Abnormal Child Psychology*, 41(2), 199-210. doi:10.1007/s10802-012-9670-3

*Shapiro, J. P., Youngstrom, J. K., Youngstrom, E. A., & Marcinick, H. F. (2012). Transporting a manualized treatment for children's disruptive behavior to a community clinic. *Journal of Contemporary Psychotherapy*, 42(4), 215-225. doi:10.1007/s10879-012-9206-8

*Sharry, J., Guerin, S., Griffin, C., & Drumm, M. (2005). An Evaluation of the Parents Plus Early Years Programme: A video-based early intervention for parents of pre-school children with behavioural and developmental difficulties. *Clinical Child Psychology & Psychiatry*, 10(3), 319-336. doi:10.1177/1359104505053752

*Sibaja, M. A.D., Moreno, M. I. C., & Garcia, M. I. D. (2011). Programa EDUCA. Escuela de padres para el tratamiento de los trastornos del comportamiento perturbador. *Apuntes de Psicología*, 29(2), 243-258.

- *Sigmarsdóttir, M., Degarmo, D. S., Forgatch, M. S., & Guðmundsdóttir, E. V. (2013). Treatment effectiveness of PMTO for children's behavior problems in Iceland: Assessing parenting practices in a randomized controlled trial. *Scandinavian Journal of Psychology*, *54*(6), 468-476.
- *Smith, M. D., & Barrett, M. S. (2000). Parenting training for families of girls with attention deficit hyperactivity disorder: An analysis of three cases. *Child & Family Behavior Therapy*, *22*(4), 41-54. doi:10.1300/J019v22n04_04
- *Solomon, M., Ono, M., Timmer, S., & Goodlin-Jones, B. (2008). The effectiveness of parent-child interaction therapy for families of children on the autism spectrum. *Journal of Autism & Developmental Disorders*, *38*(9), 1767-1776. doi:10.1007/s10803-008-0567-5
- *Somech, L. Y., & Elizur, Y. (2012). Promoting self-regulation and cooperation in pre-kindergarten children with conduct problems: A randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, *51*(4), 412-422.
- Sonuga-Barke, E. S., Daley, D., Thompson, M., Laver-Bradbury, C., & Weeks, A. (2001). Parent-based therapies for preschool attention-deficit/hyperactivity disorder: A randomized, controlled trial with a community sample. *Journal of the American Academy of Child & Adolescent Psychiatry*, *40*(4), 402-408. doi:10.1097/00004583-200104000-00008
- *Sonuga-Barke, E.J.S., Thompson, M., Daley, D., & Laver-Bradbury, C. (2004). Parent training for attention-deficit/hyperactivity disorder: Is it as effective when delivered as routine rather than specialist care? *British Journal of Clinical Psychology*, *43*, 449-457. doi: 2005-02273-00910.1348/0144665042388973

- *Springer, C., & Reddy, L. A. (2010). Measuring parental treatment adherence in a multimodal treatment program for children with ADHD: A preliminary investigation. *Child & Family Behavior Therapy, 32*(4), 272-290. doi:10.1080/07317107.2010.515522
- *Stallman, H. M., & Sanders, M. R. (2014). A randomized controlled trial of family transitions Triple P: A group-administered parenting program to minimize the adverse effects of parental divorce on children. *Journal of Divorce & Remarriage, 55*(1), 33-48.
doi:10.1080/10502556.2013.862091
- Staudt, M. (2007). Treatment engagement with caregivers of at-risk children: Gaps in research and conceptualization. *Journal of Child & Family Studies, 16*(2), 183-196.
doi:10.1007/s10826-006-9077-2
- *Stein, D. B. (1999). A medication-free parent management program for children diagnosed as ADHD. *Ethical Human Sciences & Services, 1*(1), 61-79.
- *Stewart, L. S., & Carlson, J. S. (2010). Investigating parental acceptability of the incredible years self-administered parent training program for children presenting externalizing behavior problems. *Journal of Applied School Psychology, 26*(2), 162-175.
doi:10.1080/15377901003709369
- *Storebø, O. J., Gluud, C., Winkel, P., & Simonsen, E. (2012). Social-skills and parental training plus standard treatment versus standard treatment for children with ADHD – The randomised SOSTRA Trial. *Plos ONE, 7*(6), doi:10.1371/journal.pone.0037280
- *Sumargi, A., Sofronoff, K., & Morawska, A. (2014). Evaluation of a brief format of the triple P-positive parenting program: A pilot study with Indonesian parents residing in Australia. *Behaviour Change, 31*(2), 144-158. doi:10.1017/bec.2014.7

- *Sutton, C. (1995). Parent training by telephone: A partial replication! *Behavioural & Cognitive Psychotherapy*, 23(1), 1-24. doi:10.1017/S1352465800017598
- *Taylor, T. K., Webster-Stratton, C., Feil, E. G., Broadbent, B., Widdop, C. S., & Sevenson, H. H. (2008). Computer-based intervention with coaching: An example using the Incredible Years program. *Cognitive Behaviour Therapy*, 37(4), 233-246.
doi:10.1080/16506070802364511
- *Taylor, T. K., Schmidt, F., Pepler, D., & Hodgins, C. (1998). A comparison of eclectic treatment with Webster-Stratton's parents and children series in a children's mental health center: A randomized controlled trial. *Behavior Therapy*, 29(2), 221-240.
doi:10.1016/S0005-7894(98)80004-X
- *Thompson, R. W., Ruma, P. R., Schuchmann, L. F., & Burke, R. V. (1996). A cost-effectiveness evaluation of parent training. *Journal of Child & Family Studies*, 5(4), 415-429. doi:10.1007/BF02233863
- *Thompson, R. W., Ruma, P. R., Brewster, A. L., Besetsney, L. K., & Burke, R. V. (1997). Evaluation of an Air Force child physical abuse prevention project using the reliable change index. *Journal of Child & Family Studies*, 6(4), 421-434.
doi:10.1023/A:1025093328618
- *Thornton, S., & Calam, R. (2011). Predicting intention to attend and actual attendance at a universal parent-training programme: A comparison of social cognition models. *Clinical Child Psychology & Psychiatry*, 16(3), 365-383. doi:10.1177/1359104510366278
- *Timmer, S. G., Ho, L. L., Urquiza, A. J., Zebell, N. M., y Garcia, E. F., & Boys, D. (2011). The effectiveness of parent-child interaction therapy with depressive mothers: The changing

- relationship as the agent of individual change. *Child Psychiatry & Human Development*, 42(4), 406-423. doi:10.1007/s10578-011-0226-5
- *Timmer, S. G., Sedlar, G., & Urquiza, A. J. (2004). Challenging children in kin versus nonkin foster care: Perceived costs and benefits to caregivers. *Child Maltreatment*, 9(3), 251-262. doi:10.1177/1077559504266998
- *Timmer, S. G., Urquiza, A. J., Zebell, N. M., & McGrath, J. M. (2005). Parent-child interaction therapy: Application to maltreating parent-child dyads. *Child Abuse & Neglect*, 29(7), 825-842. doi:10.1016/j.chiabu.2005.01.003
- *Trillingsgaard, T., Trillingsgaard, A., & Webster-Stratton, C. (2014). Assessing the effectiveness of the 'Incredible Years parent training' to parents of young children with ADHD symptoms—A preliminary report. *Scandinavian Journal of Psychology*, 55(6), 538-545. doi:10.1111/sjop.12155
- *Turner, K. T., & Sanders, M. R. (2006). Help when it's needed first: A controlled evaluation of brief, preventive behavioral family intervention in a primary care setting. *Behavior Therapy*, 37(2), 131-142. doi:10.1016/j.beth.2005.05.004
- *Tynan, W. D., Chew, C., & Algermissen, M. (2004). Concurrent parent and child therapy groups for externalizing disorders: The rural replication. *Cognitive & Behavioral Practice*, 11(1), 99-101. doi:10.1016/S1077-7229(04)80012-9
- *van den Hoofdakker, B. J., Hoekstra, P. J., van der Veen-Mulders, L., Sytema, S., Emmelkamp, P. G., Minderaa, R. B., & Nauta, M. H. (2014). Paternal influences on treatment outcome of behavioral parent training in children with attention-deficit/hyperactivity disorder. *European Child & Adolescent Psychiatry*, 23(11), 1071-1079. doi:10.1007/s00787-014-0557-4

- *van den Hoofdakker, B. J., van der Veen-Mulders, L., Sytema, S., Emmelkamp, P. G., Minderaa, R. B., & Nauta, M. H. (2007). Effectiveness of behavioral parent training for children with ADHD in routine clinical practice: A randomized controlled study. *Journal of the American Academy Of Child & Adolescent Psychiatry*, *46*(10), 1263-1271. doi:10.1097/chi.0b013e3181354bc2
- *Van De Wiel, N. H., Matthys, W., Cohen-Kettenis, P., & Van Engeland, H. (2003). Application of the Utrecht Coping Power program and care as usual to children with Disruptive Behavior Disorders in outpatient clinics: A comparative study of cost and course of treatment. *Behavior Therapy*, *34*(4), 421-436. doi:10.1016/S0005-7894(03)80028-X
- *Villodas, M. T., McBurnett, K., Kaiser, N., Rooney, M., & Pfiffner, L. J. (2014). Additive effects of parent adherence on social and behavioral outcomes of a collaborative school-home behavioral intervention for ADHD. *Child Psychiatry & Human Development*, *45*(3), 348-360.
- *Wahler, R.G. (1980). The insular mother. *Journal of Applied Behavioral Analysis*, *13*(2). doi: <http://dx.doi.org/10.1901/jaba.1980.13-207>
- *Wahler, R. G., Cartor, P. G., Fleischman, J., & Lambert, W. (1993). The impact of synthesis teaching and parent training with mothers of conduct-disordered children. *Journal of Abnormal Child Psychology*, *21*(4), 425-440. doi:10.1007/BF01261602
- *Walle, D. L., Hobbs, S. A., & Caldwell, H. S. (1984). Sequencing of parent training procedures: Effects on child noncompliance and treatment acceptability. *Behavior Modification*, *8*, 540-552.

Walitzer, K. S., Dermen, K. H., & Conners, G. J. (1999). Strategies for preparing clients for treatment: A review. *Behavior Modification, 23*(1), 129-151.

doi:10.1177/0145445599231006

*Walle, D. L., Hobbs, S. A., & Caldwell, H. (1984). Sequencing of parent training procedures: Effects on child noncompliance and treatment acceptability. *Behavior Modification, 8*(4), 540-552. doi:10.1177/01454455840084005

*Webster-Stratton, C. (1981). Modification of mothers' behaviors and attitudes through a videotape modeling group discussion program. *Behavior Therapy, 12*(5), 634. doi: [http://dx.doi.org/10.1016/S0005-7894\(81\)80135-9](http://dx.doi.org/10.1016/S0005-7894(81)80135-9)

*Webster-Stratton, C. (1982). The long-term effects of a videotape modeling parent-training program: Comparison of immediate and 1-year follow-up results. *Behavior Therapy, 13*(5), 702-714. doi:10.1016/S0005-7894(82)80026-9

*Webster-Stratton, C. (1990). Enhancing the effectiveness of self-administered videotape parent training for families with conduct-problem children. *Journal of Abnormal Child Psychology, 18*(5), 479-492. doi:10.1007/BF00911103

*Webster-Stratton, C. (1994). Advancing videotape parent training: A comparison study. *Journal of Consulting & Clinical Psychology, 62*(3), 583-593. doi:10.1037/0022-006X.62.3.583

*Webster-Stratton, C., & Hammond, M. (1990). Predictors of treatment outcome in parent training for families with conduct problem children. *Behavior Therapy, 21*(3), 319-337. doi:10.1016/S0005-7894(05)80334-X

*Webster-Stratton, C., & Hammond, M. (1997). Treating children with early-onset conduct problems: A comparison of child and parent training interventions. *Journal of Consulting & Clinical Psychology, 65*(1), 93-109. doi:10.1037/0022-006X.65.1.93

- *Webster-Stratton, C., Hollinsworth, T., & Kolpacoff, M. (1989). The long-term effectiveness and clinical significance of three cost-effective training programs for families with conduct-problem children. *Journal of Consulting & Clinical Psychology, 57*(4), 550-553. doi:10.1037/0022-006X.57.4.550
- *Webster-Stratton, C. H., Reid, M. J., & Beauchaine, T. (2011). Combining parent and child training for young children with ADHD. *Journal of Clinical Child & Adolescent Psychology, 40*(2), 191-203. doi:10.1080/15374416.2011.546044
- *Webster-Stratton, C., Reid, M., & Hammond, M. (2004). Treating children with early-onset conduct problems: Intervention outcomes for parent, child, and teacher training. *Journal of Clinical Child & Adolescent Psychology, 33*(1), 105-124. doi:10.1207/S15374424JCCP3301_11
- Wehmeier, P. M., Schacht, A., & Barkley, R. A. (2010). Social and emotional impairment in children and adolescents with ADHD and the impact on quality of life. *Journal of Adolescent Health, 46*(3), 209-217. doi:10.1016/j.jadohealth.2009.09.009
- *Weinberg, H. A. (1999). Parent training for attention-deficit hyperactivity disorder: Parental and child outcome. *Journal of Clinical Psychology, 55*(7), 907-913. doi:10.1002/(SICI)1097-4679(199907)55:7<907::AID-JCLP11>3.0.CO;2-3
- Weisz, J. R., Weiss, B., & Donenberg, G. R. (1992). The lab versus the clinic: Effects of child and adolescent psychotherapy. *American Psychologist, 47*(12), 1578-1585. doi:10.1037/0003-066X.47.12.1578
- Weisz, J. R., Ugueto, A. M., Cheron, D. M., & Herren, J. (2013). Evidence-based youth psychotherapy in the mental health ecosystem. *Journal of Clinical Child & Adolescent Psychology, 42*(2), 274-286.

- *Wells, K. C., & Egan, J. (1988). Social learning and systems family therapy for childhood oppositional disorder: Comparative treatment outcome. *Comprehensive Psychiatry*, 29(2), 138-146. doi:10.1016/0010-440X(88)90006-5
- *Wells, K. C., Forehand, R. L., & Griest, D. L. (1980). Generality of treatment effects from treated to untreated behaviors resulting from a parent training program. *Journal of Clinical Child Psychology*, 9(3), 217-219. doi:10.1080/15374418009532993
- *Wells, K. C., Griest, D. L., & Forehand, R. (1980). The use of a self-control package to enhance temporal generality of a parent training program. *Behaviour Research & Therapy*, 18(4), 347-353. doi:10.1016/0005-7967(80)90094-7
- Welsh, B. C., Loeber, R., Stevens, B. R., Stouthamer-Loeber, M., Cohen, M. A., & Farrington, D. P. (2008). Costs of juvenile crime in urban areas a longitudinal perspective. *Youth Violence & Juvenile Justice*, 6(1), 3-27.
- *Werba, B. E., Eyberg, S. M., Boggs, S. R., & Algina, J. (2006). Predicting outcome in parent-child interaction therapy: Success and attrition. *Behavior Modification*, 30(5), 618-646. doi:10.1177/0145445504272977
- *Williams, J. L., Armstrong, K. H., Agazzi, H., & Bradley-Klug, K. L. (2010). Helping Our Toddlers, Developing Our Children's Skills (HOT DOCS): A parenting intervention to prevent and address challenging behavior in young children. *Journal of Early Childhood & Infant Psychology*, 61-20.
- *Wiggins, T. L., Sofronoff, K., & Sanders, M. R. (2009). Pathways Triple P-positive parenting program: Effects on parent-child relationships and child behavior problems. *Family Process*, 48(4), 517-530. doi:10.1111/j.1545-5300.2009.01299.x

*Wolfe, D. A., Edwards, B., Manion, I., & Koverola, C. (1988). Early intervention for parents at risk of child abuse and neglect: A preliminary investigation. *Journal of Consulting & Clinical Psychology, 56*(1), 40-47. doi:10.1037/0022-006X.56.1.40

Wymbs, F. A., Cunningham, C. E., Chen, Y., Rimas, H. M., Deal, K., Waschbusch, D. A., & Pelham Jr, W. E. (2015). Examining parents' preferences for group and individual parent training for children with ADHD symptoms. *Journal of Clinical Child & Adolescent Psychology, 1-18.*

*Worland, Carney, Weinberg, & Milich (1982). Dropping out of group behavioral training. *Behavioral Counseling Quarterly, 2*, 37-41.

*Zangwill, W. M. (1983). An evaluation of a parent training program. *Child & Family Behavior Therapy, 5*(4), 1-16. doi:10.1300/J019v05n04_01

*Zubrick, S. R., Ward, K. A., Silburn, S. R., Lawrence, D., Williams, A. A., Blair, E., & ... Sanders, M. R. (2005). Prevention of child behavior problems through universal implementation of a group behavioral family intervention. *Prevention Science, 6*(4), 287-304. doi:10.1007/s11121-005-0013-2

* = study included in analysis

Figure 1. Gathering and Inclusion/Exclusion of Studies.

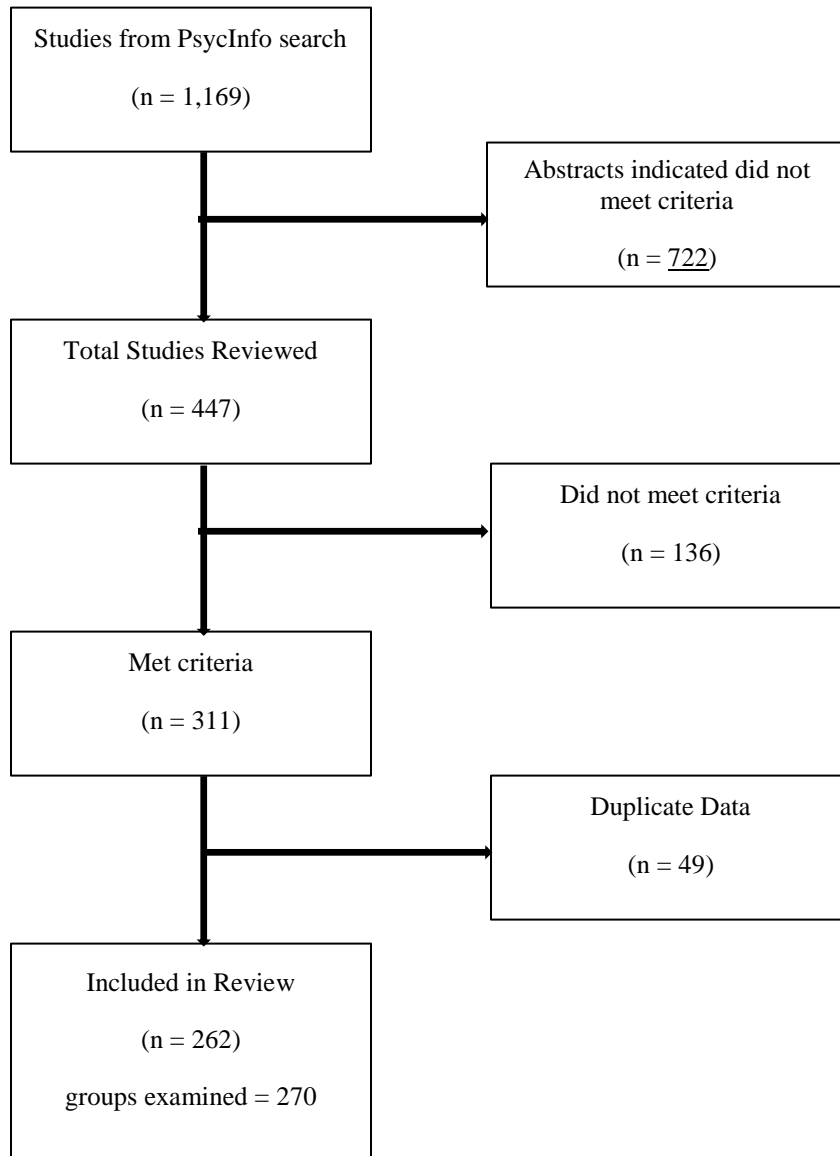


Table 1

Comparison of Attrition Rate by Treatment Variables.

Variable	Category	Total Studies included	Attrition Rate	<i>F</i>	<i>p</i>	<i>Cohen's d</i>
SES	Low	44	34%	8.68	<.01**	.58
	Not Low	59	24%			
Study Intent	Efficacy	<u>84</u>	25%	<u>.847</u>	<u>.36</u>	<u>-.14</u>
	Effectiveness	<u>100</u>	<u>28%</u>			
Format	Individual	41	26%	.028	.87	-.03
	Group	92	27%			
Child Age	0-6	86	25%	.006	.939	.01
	7-12	71	25%			

** $p < .01$

Table 2

Comparison of Attendance Rate by Treatment Variables.

Variable	Category	Total Studies included	Attendance Rate	<i>F</i>	<i>p</i>	<i>Cohen's d</i>
SES	Low	18	66%	2.89	.10	-.54
	Not Low	22	75%			
Study Intent	Efficacy	36	72%	.024	.88	-.04
	Effectiveness	30	72%			
Format	Individual	7 ^a	84%	4.24	<.05*	.83 (Hedges g)
	Group	41	71%			
Child Age	0-6	21	67%	1.56	.218	-.36
	7-12	26	74%			

* $p < .05$; a = homogeneity of variance assumed (Levene's $F = .324$; $p = .725$)