

UvA-DARE (Digital Academic Repository)

Parenting Programs for Disruptive Child Behavior in China: A Meta-Analysis and Systematic Review

Hua, N.; Leijten, P.

DOI 10.1177/10497315211018509

Publication date 2022

Document Version Final published version

Published in Research on Social Work Practice

License Article 25fa Dutch Copyright Act

Link to publication

Citation for published version (APA):

Hua, N., & Leijten, P. (2022). Parenting Programs for Disruptive Child Behavior in China: A Meta-Analysis and Systematic Review. *Research on Social Work Practice*, *32*(1), 32-48. https://doi.org/10.1177/10497315211018509

General rights

It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations

If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: https://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.

UvA-DARE is a service provided by the library of the University of Amsterdam (https://dare.uva.nl)

Parenting Programs for Disruptive Child Behavior in China: A Meta-Analysis and Systematic Review

Research on Social Work Practice 2022, Vol. 32(1) 32–48 © The Author(s) 2021 Article reuse guidelines: sagepub.com/journals-permissions DOI: 10.1177/10497315211018509 journals.sagepub.com/home/rsw



Ningxuan Hua^{1,2} and Patty Leijten¹

Abstract

Purpose: To synthesize evidence of parenting program effects on disruptive child behavior in China and compare three program approaches: behavioral, relational, and cognitive. **Methods:** We searched five databases (four English and one Chinese) and identified 45 studies; 29 studies were included in a multilevel meta-analysis (92 effect sizes; total $N_{\text{total}} = 3,892; M_{\text{child age}} = 6.12$ years). **Results:** We found large overall effects on reduced disruptive child behavior (d = -1.28, 95% CI [-1.86, -0.70], p < .001), reduced harsh and inconsistent parenting (d = -1.70, 95% CI [-2.91, -0.49], p < .001), and improved parental warmth and positive behavioral management (d = 2.67, 95% CI [0.41, 4.93], p < .001). Behavioral programs were more effective than relational programs ($\Delta d = .89, 95\%$ CI [-1.7, -0.13], p = .034), and cognitive programs were too rare to analyze separately. **Conclusions:** Parenting programs for disruptive child behavior can effectively support Chinese families, especially those adopting a behavioral approach.

Keywords

parenting programs, child disruptive behavior, Chinese parenting, meta-analysis, systematic review

Disruptive child behavior (e.g., oppositional, hyperactive, aggressive behavior) is a problem worldwide (Canino et al., 2010). With a population of 238 million children under the age of 15 and estimated prevalence rates for disruptive behavior of 4.96% in 2018, China faces the challenge to support millions of families struggling with disruptive child behavior (Shen et al., 2018; Zheng & Zheng, 2015). Implementation and evaluation of parenting programs in China started in the 1980s (C. Leung et al., 2009) and has seen a strong increase in the past decades. Much of this work is not being picked up by the international literature, including recent systematic reviews and meta-analysis of parenting programs (Leijten et al., 2016, 2019), because many evaluation reports are in Chinese. We therefore conducted a systematic review of both the English and Chinese literature and meta-analyzed the effects of parenting programs to improve parenting and disruptive child behavior in China. In addition, we explored whether some intervention approaches (i.e., relational, behavioral, or cognitive) yield stronger effects than others.

Parenting programs for disruptive child behavior are wellknown to reduce children's disruptive behavior by improving parents' strategies to deal with this behavior (Cunningham et al., 1995). These parenting programs typically adopt one or more of three approaches. First, parenting programs with a behavioral approach aim to break "coercive cycles" where parents and children unwittingly reinforce aversive behavior in each other (Patterson, 1982) by teaching parents to reinforce positive child behavior (e.g., through praise and rewards) and to ignore or provide nonviolent negative consequences for disruptive child behavior (Bor et al., 2002). Second, parenting programs with a relational approach aim to enhance the parent-child relationship quality, an important factor shaping children's cognitions and expectations about social relationships, by teaching parents to increase their sensitivity and responsiveness to their child's needs (Moretti et al., 2009). Third, parenting programs with a cognitive approach aim to enhance parental feelings of self-efficacy to deal with disruptive behavior by systematically providing parents with positive feedback and having them reflect on mastery experiences (de Montigny & Lacharite, 2005; Mouton & Roskam, 2015). Some programs integrate multiple approaches (e.g., Sanders, 1999).

Systematic reviews and meta-analyses have repeatedly confirmed the effectiveness of parenting programs, but most of this evidence comes from "Western countries" (i.e., North America,

¹Research Institute of Child Development and Education, University of Amsterdam, Amsterdam, the Netherlands

Corresponding Author:

Email: nxhua@outlook.com

²Department of Child Health, Guangzhou Women and Childrens Medical Center, Guangzhou, Guangdong, China

Ningxuan Hua, Department of Child Health, Guangzhou Women and Children's Medical Center, No. 9 Jinsui Road, Guangzhou, Guangdong 510623, China.

Europe, and Australia; Leijten et al., 2016), and although behavioral and cognitive approaches have been reviewed often (e.g., Buchanan-Pascall et al., 2018; Leijten et al., 2018; Mouton et al., 2018), the relational approach has only been studied in single trials (e.g., Kochanska et al., 2013). In the present study, we tested therefore whether these approaches, and any of them in particular, effectively reduce disruptive child behavior in China, a culture that is in many ways different from the countries where most parenting programs have been developed.

Deeply rooted in Confucianism, China has a parenting culture that is in many ways different from Western parenting culture. Confucianism is a comprehensive system of culture norms and values which characterizes China's social, moral, and political aspects (Park & Chesla, 2007). It continues its profound influence on parenting by its notions on the important role of parents in child development (Chao, 1994; Luo et al., 2013; Shenghong & Dan, 2004). Following Confucianism principles, the developmental goal is for children to internalize and follow social norms, leading Chinese parents to put great emphasis on proper social behavior in their children (Chao, 1994). Illustrations of this are frequently discussing moral standards, social norms, and behavioral expectations (Doan &Wang, 2010). In addition, self-restraint of emotion and desires are considered the key for proper social behavior in Confucianism. Illustrations of this are that Chinese parents typically show little positive emotional expressions and do not discuss emotions and thoughts frequently-they focus more on children's behavior such as crying (Doan & Wang, 2010; Luo et al., 2013; O. Wang et al., 2000).

Regarding parenting strategies, Confucianism proposed the notion of "Guan." Guan refers to training or educating children to exhibit appropriate social behavior out of love and concern (Chao, 1994). Guan regards parents as the authority who closely monitor and modify child behavior (Xu et al., 2005). The process of Guan allows for harsh discipline in cases where this is deemed necessary, such as physical discipline (Chao, 1994). Consistent with this notion, Chinese parents believe their effort has an essential influence on children's development and feel responsible for their child's behavior (Luo et al., 2013; Mori et al., 2012).

Within Chinese culture, behavioral, relational, and cognitive aspects of parenting might each play a key role in the development of disruptive child behavior. First, behaviorally, Chinese parenting styles are typically characterized as power assertive, including limited affection, relatively much criticism, and physical punishment (Chao, 1994; Ng et al., 2014). This style increases the likelihood for coercive parent-child cycles (Patterson, 1982) in which parents model forceful behavior, increasing the likelihood that children will copy this behavior (Nelson et al., 2006; Xing & Wang, 2017). Parenting programs that adopt a behavioral approach may provide Chinese parents with techniques to redirect disruptive behavior in a noncoercive way, curtailing the development of disruptive child behavior.

Second, relationally, Chinese parenting is traditionally characterized by firm reasoning by the fathers and parental warmth and sensitivity by the mothers (Ho, 1987). In return, and in line with Guan, children were expected to take care of and respect the physical, emotional, and spiritual needs of their parents (K. S. Yang et al., 1989). This reciprocal relationship is also reflected in the notion of "Xiao" (i.e., filial piety), which could be seen as a protective factor for the development of disruptive child behavior as it promotes harmony in parent-child relationship. However, in the 60s, the acknowledgment and influence of "filial piety" decreased dramatically as traditional Chinese culture was queried by government authorities (R. Q. He, 2013). Then in the 70s, affective family life started to be restored by the open-up policy, economic growth, and the one-child policy (Way et al., 2013). But these developments came with new parenting challenges. Concerns were voiced on how parents, who as a child received unaffectionate highpower parenting, would provide parental warmth and foster independence and autonomy in their children (Way et al., 2013). Parenting programs that adopt a relationship approach may revive the notion of filial piety in Chinese families, fostering affectionate parent-child relationships and reducing disruptive child behavior.

Third, cognitively, failure by the child to live up to societal standards reflects badly on its parents in Chinese culture (J. T. Leung & Shek, 2011). When encountering disruptive child behavior, Chinese parents may therefore, relative to parents in other countries, experience more parenting inadequacy and incompetence for disruptive child behavior. This experience may intensify harsh parenting behavior known to increase disruptive child behavior (C. Leung et al., 2009). In addition, some young Chinese parents struggle with incorporating both traditional Chinese parenting value and Western parenting ideologies, which could further evoke parental anxiety and compromise self-efficacy (Way et al., 2013). Parenting programs that adopt a cognitive approach may boost Chinese parents' sense of competence and increase motivation to exert influence on their child's behavior, reducing disruptive behavior.

Research in China also demonstrated the risk factors targeted in parenting programs rooted in Western culture, focusing on breaking coercive interaction patterns and enhancing the parent–child relationship, can be effective for Chinese families because patterns of risk factors and child outcomes are similar. For example, Chinese parents more inclined to use coercive parenting practices tend to have children who display more aggressive behavior (Nelson et al., 2006), and a poor parent– child relationship contributes to disruptive behavior in Chinese children, including aggressive behavior (X. Chen et al., 2000), attention deficit hyperactive behavior (Chang et al., 2013), and oppositional deviant behavior (T. He et al., 2018). However, it is uncertain whether parenting programs targeting these three risk factors yield similar effects in China.

Although each of these different parenting program approaches thus could fit well with the needs of Chinese families, some of them may be more effective for Chinese families than others. The behavioral approach might align particularly well with the notion of Guan as to manage child behavior with parental discipline, and the cognitive approach might ease Chinese parents' anxiety caused by their enormous parental responsibility. The relationship enhancement approach, however, might fit less well with Chinese parenting beliefs of self-restraining emotions. Parents might not agree with the equal parent–child relationship promoted by Western parenting programs (C. Leung et al., 2009). In addition, parental warmth and nurturance in China are typically provided in more subtle and indirect ways than is often promoted in parenting programs (Chao, 1994; H. Fung, 1999; D. Y. Wu, 1985). Chinese parents, who are used to restraining emotional expressions, might find the relational approach hard to register to.

Therefore, we hypothesized that, first, parenting programs for disruptive child behavior are effective in China; second, programs with a behavioral or cognitive approach are more effective than those with a relational approach. Understanding the effects of parenting programs in China not only has clinical relevance but also informs us about the extent to which parenting program effects are context specific—if effect sizes (ESs) are similar or different from those typically found in Western countries. In addition, understanding which approaches are particularly effective to reduce disruptive child behavior suggests which risk factors in the family dynamic seem to play a key role in the development of disruptive child behavior in Chinese families.

Method

Search and Information Sources

We searched for studies published between 1970 and 2019 in four English databases (i.e., PsycINFO, MEDLINE, Web of Science, and Scopus) and one Chinese database (i.e., China National Knowledge Infrastructure [CNKI]). CNKI (known as "Zhongguozhiwang" in Chinese) is a key full-text online database of digital publications. Sponsored by the Ministry of Education of the People's Republic of China and lead by Tsinghua University, CNKI has built a comprehensive knowledge system, covering "90% of China knowledge and information resources" (CNKI, 2019). To identify articles, we used four categories of key words describing: (1) content of parenting programs (e.g., "parent training," "father child interaction," and "child behaviour management"); (2) intervention (e.g., "training," "therapy," and "trial"); (3) China (e.g., "China" and "Chinese"); and (4) disruptive child behavior ("aggressive behaviour," "behaviour problems," and "externalizing"). In addition, we identified and contacted key experts and family research centers in China. This review was not preregistered. No formal protocol was written.

Eligibility Criteria

In terms of Participant, Intervention, Comparison, Outcome and Study (Richardson et al., 1995), inclusion criteria for our systematic review were (1) participants: The intervention program served for parents of children between 2 and 13 years old. (2) We excluded special populations such as children in temporary foster care or children with chronic illnesses. Intervention: The intervention focused primarily on parenting practices (i.e., >50% of sessions focusing on parenting, using any theoretical approach, e.g., behavioral or relational) and any methods (e.g., individual or group delivery). General family services to reduce disruptive child behavior, without a focus on changing parenting practices, were excluded. (3) Comparison: No criteria were set for the comparison. (4) Outcomes: Measures of disruptive child behavior (e.g., conduct, oppositional, hyperactive, aggressive behavior) and/or positive parental behavior management (e.g., involvement, praise, clear commands) and/or harsh and inconsistent parenting (e.g., criticism and corporal punishment). All types of methods (e.g., survey and observations) and informants (e.g., parents and teachers) were included. (5) Study design: Because we aimed to review the whole literature and expected experimental studies to be scarce, we included all between-person quantitative study designs, from pre-post test studies without a control condition to randomized controlled trials.

Study Selection and Screening

The first author screened titles and abstracts of all identified articles in the databases to identify potentially eligible studies. For studies that seemed to meet the criteria, we retrieved full texts that were reviewed by the first author and checked against inclusion and exclusion criteria. Uncertainties were resolved through discussion by the first and second authors.

Data Extraction

For each study, we coded its general study characteristics (e.g., design and sample characteristics), and program approach, based on information provided in the paper, was coded as three separate dichotomous variables. The behavioral approach included teaching parents techniques to redirect children's behavior such as positive reinforcement (e.g., praise or rewards) and nonviolent disciplining (e.g., ignore or time-out). The relational approach included teaching parents techniques to enhance the parent-child relationship, such as parent-child play, active listening, and empathy. The cognitive approach included providing positive feedback to parents, such as through verbal persuasion, mastery experience, or social comparison. This approach enabled a parenting program to be coded as one single or two or three approaches or missing at any three approach according to the primary components of the program. The first author collected data. Uncertainties (e.g., about the approaches adopted by the parenting program) were discussed by the first and second authors. To calculate the interrater reliability, 27% of the total studies was double-coded by two graduate students (one English speaking and one Chinese speaking) included in the meta-analysis. Interrater reliability was good with Cronbach's $\alpha = .81$.

Data Synthesis Strategy

Extracting ESs. We computed the ES of each child and parenting outcome measured with a specific method by a specific kind of informant. For example, both the ESs of teacher and parents' observation of a child's conduct behavior from one evaluation study were computed. ESs were represented as Cohen's (1988) d values based on means and standard deviations of the outcome variables. Means and standard deviations of the ESs were used to indicate the general ES and variations among programs. Specifically, Cohen's d reflected the standardized mean differences in child and parenting outcomes between families participating in the parenting program and control families. It is usually considered a large effect when Cohen's (1988) d is larger than 0.80, a median effect between 0.80 and 0.50, a small effect smaller between 0.50 and 0.20. In case no means and standard deviations are reported, we extracted other summary statistics (e.g., p values and sample sizes, or t-test statistics) to calculate the ESs.

Data inspection and outliers. ESs and standard errors extracted were inspected for outliers. Outliers were the statistics that were two standard deviations above or below their mean. We brought down the outliers to the value that is .001 less (i.e., when the outliers were two standard deviations below the mean) or more than two standard deviations (i.e., when the outliers were two standard deviations (i.e., when the outliers were two standard deviations above the mean). Data set dealt with outliers were used to analyze the general effects of parenting programs and compare the intervention approaches.

Robust variance estimation (RVE) and multilevel approach. We conducted RVE with small sample adjustments to synthesize ESs. RVE takes the dependence of *ESs* nested within one study into account (Hedges et al., 2010). We first estimated an overall ES for disruptive child behavior and the two parenting outcomes. To determine the existence of potential moderators of program effects, a three-level, multilevel meta-analysis was conducted to examine within- and between-studies variance (Weisz et al., 2013). We then estimated the difference in ES between program approaches. We used the small sample correlation method developed by Tipton (2015) with a default value of r = 0.8 to indicate the correlation among *ESs*. We used "RobuMeta" and "Metaphor" package in R (R Core Team, 2019) with α at .05 as the level of significance for all analyses.

Publication bias. We assessed publication bias with a funnel plot and Egger's weighted regression test (Egger et al., 1997) and used trim and fill procedure if needed (Duval & Tweedie, 2000). We assessed the methodological quality of the included studies by examining the risk of bias with Cochrane Collaboration's tool (Higgins et al., 2011; Sterne et al., 2016, 2019) for random sequence generation, allocation concealment, performance bias, detection bias, attrition bias, reporting bias, and other sources of bias (e.g., mainly baseline differences between conditions).

Results

Study Characteristics

We identified 45 studies for our systematic review (see Table 1), of which 29 studies were included in the meta-analysis (Figure 1). Excluded studies did not provide sufficient statistics to compute ESs (k = 4; e.g., C. Leung et al., 2011), were case studies rather than between-subject comparisons (k = 4; e.g., Sun, 2018), or combined parenting programs with other interventions, such as child behavior training, leaving the effect of parenting programs confounded with that of other interventions (k = 8; e.g., C. Leung, Tsang, & Lo, 2017).

Region and time. The programs took place in 20 regions/cities in China, with the majority concentrated in relatively developed urban cities. More specifically, 36% of the parenting programs were implemented in Hong Kong, 12% in Shanghai, 6% in Taiwan, and the rest 46% scattered in major cities of different provinces. Social–economic status was not clearly documented. Studies that did report on family social–economic status (23%) did so using different indices (e.g., income level or education level). Evaluations of parenting programs started within a 20-year period ranging from 1999 to 2019.

Sample and participants. In total, 3,892 families participated in these parenting program evaluation studies with sample sizes ranging from n = 16 to n = 660. Most often, we saw 40–200 parents participated in each parenting program. However, 12 studies had relatively small sample sizes (n < 30). Generally, participants were mothers ranging from 60% to 89% percent across programs. Two programs involved fathers and independently reported paternal reports of parenting and child behavior. None of the programs specifically targeted grandparents. Low-income and disadvantaged family (i.e., immigrant family from mainland China) were targeted by four studies in Hong Kong. We did see one program dedicated to the so-called leftbehind children who lived with family members in a rural because their parents worked in a city. As for the children of the participants, their ages ranged from 3 to 14, with a mean age of 6.12 (SD = 1.35). Most studies included more boys than girls, with boys usually having higher percentage than girls.

Program design, settings, and evaluation. Nineteen programs were randomized control trials, with 16 being randomized by the individual and three cluster-randomized by the school. The majority of parenting programs were delivered in group format (k= 34), seven in individual format, and three programs in combined manner. All of the programs were delivered by professionals such as qualified behavior family therapists. While 31 programs included a control group, 12 programs used a pre–post test design. As for the evaluation method, 17 programs had follow-up evaluation which usually took place 3–6 months after immediate posttest.

Intervention characteristics. Almost half of the programs (k = 24) were imported from a Western country (e.g., the United States), of which three were reported to be adapted to the local culture.

How et al. (1959) Present franking B Pre-post C + 1 25 27 4.00 CECL PCC C. Leung et al. (2003) Triple P Exerce for all and the product of an and the product product product of an and the product of an and the product	Author	Program	Approach	Evaluation Design	Program Delivery	z	Percentage of boys (%)	Age Range (Mean Age)	Measure (Disruptive Child Behavior)	Measure (Parenting)	Dropout (%)	E
Circular pranticity B Pre-post G C Dist Cells SDC Comparison Dist Dist <thdist< th=""></thdist<>	Ho et al. (1999)	Parent Management Training	В	Pre-post		25	92	4-10 (7.01)	CBCL	PCI	17	Ŷ
L C frager al. (200) L C frager al. (200) L C frager al. (200) L C frager al. (200) L C frager al. (200) Research of Trajhy Coping Training E R R R R R R R R R R R R R R R R R R R	H. L. Huang et al. (2003)	BPT	8	Pre-post	ט	23	87	3-6 (5.43)	DBRS-PF	z	39	٥Z
L. C. Fing and Tang Prener. Club famile Group Anger B. R. R. T G 12 100 7(30) Colog Colo France France Colo France France Colo France France Colo France	C. Leung et al. (2003)	Triple P	в	RCT	ט	46	85.5	3-7 (4.23)	ECBI; SDQ	PS	28	Yes
2006) Coping Training B Pre-post G 35.4 -12 (3.2) CEBI ECBI and Vong (2005) Preventing Training B Record G 3 3 4-13 (3) (3) (3) (3) (3) (3) (3) (3) (4) (3) (4) (4) (4) (4) (5) <td>A. L. C. Fung and Tsang</td> <td>Parent–Child Parallel Group Anger</td> <td>$\mathbf{B} + \mathbf{R}$</td> <td>RCT</td> <td>ט</td> <td>12</td> <td>001</td> <td>b (9.08)</td> <td>CBCL</td> <td>z</td> <td>P</td> <td>0 Z</td>	A. L. C. Fung and Tsang	Parent–Child Parallel Group Anger	$\mathbf{B} + \mathbf{R}$	RCT	ט	12	001	b (9.08)	CBCL	z	P	0 Z
Leng et al. (2005) Preventor Training B Pre-post G 400 (5.4 -1.3 (7.3) (5.6 LB) and Alving (2007) Breentor Training B Pre-post G 20 88.33 4-1.2 (10) 0.5 MAV Lenware et al. (2009) Breentor Training B Pre-post G -1 1 2 5 6.5 7 2.4 (5.31) (5.6 LB) Leng et al. (2001) Systematic Family Theorypy R Pre-post G -1 1 2 3 5 6.5 7 2.4 (5.31) (5.6 LB) Leng et al. (2001) Systematic Family Theorypy R Pre-post G -1 1 2 3 5 6.5 7 2.4 (5.31) (5.6 LB) Leng et al. (2001) Systematic Family Theorypy R Pre-post G -1 1 2 3 5 6.5 7 2.4 (5.31) (5.6 LB) Leng et al. (2001) Systematic Family Theorypy R Pre-post G -1 1 2 3 5 6.5 7 2.4 (5.31) (5.6 LB) (5.6	(2006) ^a	Coping Training										
and Wave (2007) Preventing Training B RCT G 2 71.2 6.13 (3) CBCL L Hawag et al. (2009) Prerent (and prevent Gamma) B Pre-post G 27 66.7 26.12 (10) D56ML Dawag et al. (2000) PCT B Pre-post G 27 66.7 26.63 15.61 CBCL Dawag et al. (2010) Stassel Bankley Pierent Training B Pre-post G 23 25 7-12 (7) CBCL Levng et al. (2011) Russel Bankley Pierent Training B R Control G 23 25 7-12 (7) CBCL Levng et al. (2011) Prevents Training B R Control G 23 8 5 (11) First gade (20) Lange et al. (2013) Franking Training B R Control G 23 8 6 12 (11) First gade (20) 7-12 (7) 2005 7-12 (7) 2005	C. Leung et al. (2006)	Triple P	в	Pre-post	ט	480	65.4	2-12 (3.28)	ECBI	z	0	Yes
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Lu et al. (2006)	Parenting Training	В	RCT	ں	29	71.2	6–13 (^b)	CBCL	z	0	Yes
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	Liu and Wang (2007)	Russell Barkley Parent Training	В	Pre-post	ט	30	83.3	6-12 (10)	DSM-IV	z	0	٩
Learner et al. (2010) FCT Manuer et al. (2011) FCT Manuer et al. (2012) FCT Manuer et al. (2013) FCT Manuer et al. (2013) FCT Manuer et al. (2014) FCT Manue	H. L. Huang et al. (2009)	BPT	В	Pre-post	ט	27	66.7	4–6 (<u>5</u> .41)	CBCI; TRF	z	53	٥ Z
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	C. Leuns et al. (2009)	PCIT	8	Control		23	66.7	2-8 (5.28)	ECBI	DPICS-A	0	Z
Zhang et al. (2017) and et al. (2017) Systematic Family Therapy Nussell Barkley Parent Training B + R Nu et al. (2011) Parenting Training Parent Training B + R Nu et al. (2011) Parenting Training Parent Training B + R Parent Training B + R RCT 		HOPE	о <i>с</i> с	Pre-nost		<u>, «</u>	55.6	3-5 (4 15)	ECBI	n Z	2	ŻŻ
m (2010) Leurg et al. (2011)Kussell Barkley Parent TrainingB + R B + R ControlCB + R 	S. Zhang et al. $(2010)^a$	Svstematic Family Therapy	1 🗠	RCT		32	95	$7-12^{(b)}$	CBCL	z	12	Z
Leurg et al. (2011)*HOFEHer ControlG6346 (4.5) DBDRSWu et al. (2011)Russell Barkley Parent TrainingBRCTG33 10 10 DBDRSZama et al. (2012)Farent TrainingBRCTG33 10 10 DBDRSWu et al. (2012)Farent TrainingBRCTG33 10 10 ConnersisWu et al. (2012)Farent TrainingBRCTG33 10 10 ConnersisWu et al. (2013)Farent TrainingRRCTG33 11 11 11 ConnersisWu et al. (2013)Parenting TrainingRRCTG33 11 11 11 11 11 ProgramWU et al. (2014)Parenting TrainingBRCTG34 11 11 11 11 11 Vang et al. (2014)Parenting TrainingBRRCTG34 12 11	Xian (2010)	Russell Barklev Parent Training	8 + 2	RCT	ი თ		75	First grader (^b)	DSM-IV	z	0	Z
Wu et al. (2011)*ParentingBPre-postG73bScond-JourthSDQZhang et al. (2012)Family TherapyFamily TherapyBRCTG37b $\theta + 12$ (*)DBDRsR et al. (2012)Family TherapyRRG33b $\theta + 12$ (*)ConnersWu et al. (2012)Family TherapyRRControlG4386.5 $\theta (9.4)$ (*)ConnersWu et al. (2012)The Challenging YearsRPre-postG4385.5 $\theta (9.4)$ (*)ConnersWu et al. (2013)The Challenging YearsRControlG65b11-14 (14.16)SDQw (2013)The Challenging YearsRControlG65b11-14 (14.16)SDQw (2013)The Challenging YearsRControlG65b11-14 (14.16)SDQw (2013)The Preuning TrainingBRRCTG33 43.1 $b^{-12}(16)$ Connersw (2014)Parenting TrainingBRRCTG34 $b^{-12}(16)$ ConnersWang et al. (2014)Parenting TrainingBRR7232-6 (4.3)CEBI SDQVang et al. (2014)Rasel Barkley Parent TrainingBRR22732-6 (4.3)CEBI SDQVang et al. (2015)BFTParenting TrainingBRR22732-6 (4.3)CEBI SDQVang et al. (20	C. Leung et al. $(2011)^a$	HOPE	8 + - - - - - - - - - - - - - - - - - -	Control	U U	63	48	^b (4.51)		z	ч С	٥Z
Zhang et al. (2011)Russell Barkley Parent TrainingBRCTG37bclock (2)DBDRS ng et al. (2012)Family TherapyRRCTG37bconnersNuConners W us al. (2012)Family TherapyRRControlG4386.5b (3.4)CBDRS W us al. (2012)The Challenging TrainingBRControlG4386.5b (3.4)Conners W (2013)The Challenging TrainingBRControlG65b 11-14(14.16)SDQ w (2013)Prenting TrainingBRCTG32b 44.6(3.17)Conners w (2013)Prenting TrainingBRCTG32b 41.1-14(14.16)SDQ w (2014)Prepring TrainingBRCTG32b 41.1-16(14.16)SDQ w (2014)Prepring TrainingBRCTG3231.52-3.1(2.37)ECBI w (2014)Prepring TrainingBRCTG3231.52-3.1(2.37)ECBI w (2014)Prepring TrainingBRCTG3232.32-3.1(2.37)ECBI w (2015)Preming Training for ParentBRCTG3232.32-3.1(2.37)ECBI w (2015)Strematic Training for ParentBRCTG3232.32-3.1(2.37)ECBI w (2015)Strematic Training for Parent <td< td=""><td>Z. Wu et al. $(2011)^{a}$</td><td>Parenting Training</td><td>В</td><td>Pre-post</td><td>ט</td><td>73</td><td>р</td><td>Second-fourth</td><td>SDQ</td><td>z</td><td>0</td><td>٥N</td></td<>	Z. Wu et al. $(2011)^{a}$	Parenting Training	В	Pre-post	ט	73	р	Second-fourth	SDQ	z	0	٥N
Zhang et al. (2011)Russell Backley Parent TrainingBRCTG37bclob (21, comers $met al. (2012)$ Family TherapyRRCTG33b(9,4)Comers $met al. (2012)$ Structured Family TherapyRPre-post0007-12 (*)DBDBS $W_{0.013}$ Structured Family TherapyRPre-post0007-12 (*)DBDBS $W_{0.013}$ The Challenging YearsRCommol G32b9,4)Comers $W_{0.013}$ The Challenging YearsRCommol G32b46 (*)Comers $W_{0.014}$ The Challenging YearsRRCTG3243.52-3 (2.37)ECBI $W_{0.014}$ Parenting TrainingBRCTG34b6-12 (*)SNAP $W_{0.014}$ Parenting TrainingBRCTG3243.52-3 (2.37)ECBI $W_{0.014}$ Parenting TrainingBRCTG34b6-12 (*)SNAP $W_{0.014}$ Parenting TrainingBRCTG3243.52-3 (2.37)ECBI $W_{0.014}$ Parenting TrainingBRCTG34b6-12 (*)SNAP $W_{0.014}$ Parenting TrainingBRCTG34b6-14 ((10)Comers $W_{0.014}$ Parenting TrainingBRCTG34b6-14 ((10)Comers $W_{0.015}$ Structured Eanil								graders (^b)				
and Taning R RCT G 43 86.5 b $(9,4)$ Conners H. Huaz Control G G G G G G G G G G G G G G G G G G G Conners Con	Y. Zhang et al. (2011)	Russell Barkley Parent Training	8	RCT	ט	37	٩	6-12 (^b)	DBDRS	z	61	٩
H. Huarg et al. (2015)Pareni TrainingBControlG45 90 $1-12$ (h)ConnersW. vet al. (2013)The curcured family TherapyRPere-postb46 (h)500W. vet al. (2013)The curcured family TherapyRPre-postb46 (h)500Yan et al. (2014)Tarenting TrainingBRCTIG32b46 (h)500Yan et al. (2014)Parenting TrainingBRCTIG32b46 (h)500Yang et al. (2014)Parenting TrainingBRCTIG3233.323.37500Yang et al. (2014)Parenting TrainingBRRCTIG3246 (h)500Yang et al. (2014)Parenting TrainingBRRCTIG3246 (h)500Yang et al. (2014)Parenting TrainingBRRCTIG3332.37500Wang et al. (2014)Family InterventionRPre-postG20752.261.1 (10)500Wang et al. (2015)Systematic TrainingBRRCTIG3081.761.6 (s)500Wang et al. (2015)Systematic Training for ParentBRCTIG3081.761.1 (10)500Wang et al. (2015)Systematic Training for ParentBRCTIG3081.761.1 (10)500Wang et al. (2015)Systematic Training for ParentBRCTIG<	Hang et al. (2012)	Family Therapy	Я	RCT	ں	43	86.5	^b (9.4)	Conners	z	0	٩
Wu et al. (2012)Structured Family TherapyRPre-postb4090 $7-12$ (3)Connersw (2013)The Challenging YearsRControlG55b11-14 (14.16)500w (2013)Triple PTriple PTriple PStructured Family TherapyRControlG55b11-14 (14.16)500w (2014)Triple PTriple PTriple PRCG34b6-613133132300Ware et al. (2014)Triple PPreveningBRRTG34b6-12 (8)ConnersWare et al. (2014)PreveningBRPre-postG234352-3 (2.33)ECBIWare et al. (2015)BTPreveningB+RPre-post122732-6 (4.3)CBCLWare et al. (2015)Systematic TrainingB+RPre-post122732-6 (4.3)CBCLLeung et al. (2015)Systematic Training for ParentB+RPre-post2232-1 (4.51)CBILeung et al. (2015)Systematic TrainingB+RRCTG308177-1 (6.0)CBCLLang et al. (2015)Systematic TrainingB+RRCTG308176-13 (865)SNAPLang et al. (2015)Systematic TrainingB+RRCTG308176-13 (865)SNAPLang et al. (2015)Systematic TrainingBRCT <t< td=""><td>Y. H. Huang et al. (2015)^a</td><td></td><td>В</td><td>Control</td><td>ט</td><td>45</td><td>82.5</td><td>b (8.4)</td><td>CBCL; SNAP</td><td>z</td><td>٩</td><td>Yes</td></t<>	Y. H. Huang et al. (2015) ^a		В	Control	ט	45	82.5	b (8.4)	CBCL; SNAP	z	٩	Yes
w (2013) The Challenging Years R Control G 55 b 11–14 (14,16) SDQ Yan et al. (2014) Parenting Training B RCT G 32 b 14.6 (h) SNAP Leung et al. (2014) Parent and Child Enhancement B RCT G 33 43.1 2.337) ECBI: SDQ Yang et al. (2014) Parent and Child Enhancement B RCT G 34 b 6.12 (88) Comers Yang et al. (2014) Parenting Training B RCT G 34 b 6.12 (88) Comers Yang et al. (2015) Parenting Training B RCT G 34 b 6.12 (88) Comers Wang et al. (2015) Farmily Intervention R R Pre-post G 207 52.2 6.11 (10) Comers Zhang et al. (2015) Farmily Intervention R R Pre-post G 207 52.8 6.413 (10) Cell Zhang et al. (2015) Farmily Intervention R R Pre-post G 207 <td< td=""><td>M. Wu et al. (2012)</td><td></td><td>Я</td><td>Pre-post</td><td>q</td><td>6</td><td>90</td><td>7-12(b)</td><td>Conners</td><td>z</td><td>7</td><td>٥Z</td></td<>	M. Wu et al. (2012)		Я	Pre-post	q	6	90	7-12(b)	Conners	z	7	٥Z
Yan et al. (2013)Parenting TrainingBRCTG32b4.6 (^b)SNAPet al. (2014)Triple PTriple PBRCTG39.4.1b.7.68)ECBILeung et al. (2014)Prena and Child EnhancementBPre-postG34.1.5b.7.68)ECBIProgramProgramBRCTG34b6-12 (8.8)ConnersYang et al. (2014)Parenting TrainingBRPre-post122722-6 (4.3)CBCLWang et al. (2015)BRmily InterventionRPre-post122725-14 (8.8)ConnersWang et al. (2015)BRPre-post122738.26-11 (10)ConnersWang et al. (2015)Systematic Training for ParentBRCTG30816-13 (8.65)SNAPLeung et al. (2015)Systematic Training for ParentsBRCTG30817.451)ECBILeung et al. (2015)Systematic Training for ParentsBRCTG30806-14 (10)ConnersLang et al. (2015)Systematic Training for ParentsBRCTG30806.14 (10)ConnersLeung et al. (2015)Systematic Training for ParentsBRCTG30806.14 (10)ConnersLeung et al. (2015)Systematic Training for ParentsBRCTG30806.14 (10)Conner	Low (2013)	The Challenging Years	Я	Control	ט	65	٩	11–14 (14.16)	sdQ	z	0	٥ Z
et al. (2014) Triple P E RCT G 8 94.1 b (7.66) ECBI Leung et al. (2014) Parenti ad Child Enhancement B Pre-post G 23 43.5 2-3 (2.37) ECBI: SDQ Yang et al. (2014) Parenting Training B RCT G 34 b 6-12 (8.8) Conners et al. (2015) BFT Wang et al. (2014) Farenting Training B R RCT G 3 34 b 6-12 (8.8) Conners et al. (2014) Farenting Training B R RCT G 3 34 b 6-12 (8.8) Conners et al. (2015) BFT Wang et al. (2014) Farenting Training B R RCT G 3 34 b 6-12 (8.8) Conners et al. (2015) BFT Wang et al. (2015) Systematic Training B R RCT G 3 0 81.7 6-13 (8.6) b 6-14 (10) Conners E al. (2015) Systematic Training for Parent B RCT G 30 81.7 6-13 (8.6) b 7-2 (4.51) FCBI an et al. (2015) Systematic Training C Parentis B R RCT G 48 80.3 8-14 (10) Conners E al. (2015) Systematic Training for Parenti B R RCT G 48 80.3 8-14 (10) Conners C C a 1. (2015) Systematic Training C Parentis B R RCT G 48 80.3 8-14 (10) Conners E al. (2015) Systematic Training B R RCT G 48 80.3 8-14 (10) Conners C C a 1. (2015) Systematic Training B R RCT G 48 80.3 8-14 (10) Conners C C a 1. (2017) Solution-Focused Family Therapy R C Case study I I 100 First grader (b) Clinical Impression at al. (2017) Family Intervention B R RCT G 76 51.7 6.5) b Conners C C C C 1 3.2 87.5 2-4 (5.5) ECBI Leung Training RT-aining B + R RCT G 76 10 80 b (6.6) b 100 First grader (b) Clinical Impression at al. (2017) Systematic Training B + R RCT G 76 10 80 b (6.6) b 100 First grader (b) Clinical Impression at al. (2017) Family Intervention B + R RCT G 76 73 6 (7 5 51.7 2.2 (7 51.1 FCBI Leung Tang, & Rvan HOF-20 B + R CT G 7 7 6 71.0 51.0 FCBI Clinical Impression at al. (2017) Family Intervention B + R RCT G 7 7 6 73 2 6 (7 5 51.1 FCBI Leung Tang, & Rvan HOF-20 B + R CT G 7 7 6 110 51.8 2-12 (2.52) ECBI Leung Tang, & Rvan HOF-20 B + R COT G 7 7 6 31.7 7.6 73 4 (7 51.1 FCBI Leung Tang, & Rvan HOF-20 B + R COT G 7 7 6 7 3 6 (7 5 7 3 - 6 (7 5 7 3 - 6 (7 5 7 3 - 6 (7 5 7 3 - 6 (7 5 7 3 - 6 (7 5 7 3 - 6 (7 5 7 3 - 6 (7 5 7 3 - 6 (7 5 7 3 - 6 (7 5 7 3 - 6 (7 5 7 3 - 6 (7 5 7 3 - 6 (7	G. Yan et al. (2013)	Parenting Training	В	RCT	ט	32	q	4-6 (^b)	SNAP	BCS	9	٥Z
Leung et al. (2014)*Parent and Child EnhancementBPre-postG234.3.5 2.3 (2.37)ECBI: SDQYang et al. (2014)*ProngramProgramBR CTG34b6-12 (8)ConnersYang et al. (2015)BFTBFTB + RPre-post122792-6 (4.3)CBCLUsing et al. (2015)BFTMussell Barkley Parent TrainingB + RPre-postG20752.26-11 (10)CBCLUsing et al. (2015)Systematic Training for ParentsBRCTG3081.76-14 (10)CBCLLeung et al. (2015)Systematic Training for ParentsBRCTG3081.76-14 (10)CBCLLeung et al. (2015)Systematic Training for ParentsBRCTG3081.76-13 (8.5)SNAPLeung et al. (2015)Systematic Training for ParentsBRCTG3081.76-13 (8.5)SNAPChen (2017)*Solution-Focused Family TherapyBRCTG3081.76-13 (8.5)SNAPChen (2017)*Solution-Focused Family TherapyBRCTG3081.76-13 (8.5)SNAPChen (2017)*Solution-Focused Family TherapyBRCTG3081.76-13 (8.5)SNAPChen (2017)*Solution-Focused Family TherapyBRCTG3081.76-13 (8.5)SNAPChen (2017)*Solution-Focused Family TherapyB <td>Au et al. (2014)</td> <td>Triple P</td> <td>В</td> <td>RCT</td> <td>ט</td> <td>œ</td> <td>94.1</td> <td>^b (7.68)</td> <td>ECBI</td> <td>z</td> <td>12</td> <td>٩</td>	Au et al. (2014)	Triple P	В	RCT	ט	œ	94.1	^b (7.68)	ECBI	z	12	٩
Program Yang et al. (2014)*Program Parenting Training Family InterventionR BR R RR CG R R R R RG R R R R R R R R R R RB R 	C. Leung et al. (2014) ^a	Parent and Child Enhancement	В	Pre-post	ڻ	23	43.5	2-3 (2.37)	ECBI; SDQ	z	0	٩
Yang et al. (2014)*Parenting TrainingBRCTG34b6-12 (8.8)Connerset al. (2015)BFTBFTBFTBFTCBCLCBCLWang et al. (2014)*Family InterventionBRPre-post G20752.2792-6 (4.3)CBCLWang et al. (2015)BFTKussell Barkley Parent TrainingBRPre-post G20752.2792-6 (4.3)CBCLUpper et al. (2015)Current BR RCTG20752.2792-6 (4.3)CBCLLeung et al. (2015)Systematic Training for ParentBR RCTG3081.76-13 (8.65)SNAPZhang et al. (2015)Systematic Training for ParentsBR RCTG3081.76-13 (8.65)SNAPZhang et al. (2015)Systematic Training for ParentsBR RCTG203081.76-13 (8.65)SNAPZhang et al. (2017)Systematic TrainingBR RCTG203081.76-13 (8.65)SNAPZhang et al. (2017)Systematic TrainingBR RCTG203081.76-13 (8.65)SNAPZhang et al. (2017)Systematic TrainingBR RCTG203081.76-13 (8.65)SNAPLeung Tsang, & LoPACEBR RCTG767676767676Leung Tsang, & LoPACEBR RCTG767676<)	Program		-				~				
et al. (2015)BFTB + RPre-postI22792-6 (4.3)CBCLVang et al. (2014)*Family InterventionRPre-postG20752.26-111 (10)CBCLZhang et al. (2015)PCITRPre-postG59886-14 (10)CBCLClauge et al. (2015)PCITBR.CTG3081.76-13 (8.55)SNAPReurg et al. (2015)Systematic Training for ParentsBRCTG3081.76-13 (8.55)SNAPTana et al. (2015)Systematic Training for ParentsBRCTG3081.76-13 (8.55)SNAPZhang et al. (2015)Systematic TrainingBRCTG3081.76-13 (8.55)SNAPZhang et al. (2015)Systematic TrainingBRCTG4880.36-12 (8.2)ComersLeu (2017)Solution-Focused Family TherapyBRCTG1080.36-12 (8.2)Comersu (2015)Family InterventionBRCTG7651.73-6 (7)Cinical Impressionu (2017)Family InterventionBRCTG7676767676u (2017)Family InterventionBRCTG7676767676u (2017)Family InterventionBRCTG7676767676u (2017)Family InterventionBRCTG7	M. Yang et al. (2014) ^a	Parenting Training	В	RCT	ט	34	q	6-12 (8.8)	Conners	z	0	٥ Z
Wang et al. (2014) Tamily InterventionR Fre-postPre-postG G20752.26-11 (10)CBCL 	Yu et al. (2015)	BFT	$\mathbf{B} + \mathbf{R}$	Pre-post	_	22	79	2-6 (4.3)	CBCL	z	4	٥
Zhang et al. (2014)Russell Barkley Parent Training $B + R$ Pre-post G 5988 $6 - 14 (10)$ ConnersLeung et al. (2015)PCITBRCT15473.8 $2 - 7 (4.51)$ ECBILeung et al. (2015)BFTBFTRCTG30 $81.7 (4.51)$ ECBITang et al. (2015)Systematic Training for ParentsBRCTG30 $81.7 (4.51)$ ECBITang et al. (2015)Systematic Family RehabilitationbRCTG30 $81.7 (4.51)$ ECBIu (2016)Parenting TrainingbRCTG48 $80.3 (4.6)$ $b^{-1} (6.6)$ $b^{-1} (6.6)$ Chen (2017) ^a Solution-Focused Family TherapyRCase study I1100First grader (^b)Clinical Impressionu (2016)Family InterventionBRCTG767676767676(2017)Family InterventionBRCTI3287.5 2-7(5.51)ECBILeung, Tsang, & LoPACEI3287.5 2-7(5.51)ECBI(2017)Leung, Tsang, & KwanHOFE-20BRCTI3776.9 8-12 (2.52)ECBI(2017)Leung, Tsang, & KwanHOFE-20BRCTG1051.8 2-12 (2.52)ECBI(2017)Leung, Tsang, & KwanHOFE-20BRRCTG1051.8 2-12 (2.52)ECBI(2017)Leung, Tsang, & KwanHOFE-20BR <td>Y. Wang et al. (2014)^a</td> <td>Family Intervention</td> <td>R</td> <td>Pre-post</td> <td>ט</td> <td>207</td> <td>52.2</td> <td>6–11 (10)</td> <td>CBCL</td> <td>z</td> <td>0</td> <td>٩</td>	Y. Wang et al. (2014) ^a	Family Intervention	R	Pre-post	ט	207	52.2	6–11 (10)	CBCL	z	0	٩
Leurg et al. (2015) PCIT B RCT I 54 73.8 $2-7$ (4.51) ECBl an et al. (2015) Systematic Training for Parents B RCT G 30 81.7 $6-13$ (8.65) SNAP Zhang et al. (2015) Systematic Training for Parents B RCT G 30 81.7 $6-13$ (8.65) SNAP Zhang et al. (2016) Systematic Family Rehabilitation b Control G 20 b $6(ourth grade)$ CBCL u (2016) Parenting Training B RCT G 20 b $6(ourth grade)$ CBCL u (2017) ⁴ Solution-Focused Family Therapy R Case study I 1 100 First grader (b) Cinical Impression teut Tang, R. Lo PACE Eaug Zang, & Lo FCI 1 100 First grader (b) CBCL Leung, Tsang, & Lo PACE Eaug Zang RCT G 76 76.751 ECBI <	Y. Zhang et al. (2014)	Russell Barkley Parent Training	B + R	Pre-post	ט	59	88	6-14 (10)	Conners	z	0	٩
an et al. (2015) Systematic Training for Parents B RCT G 30 81.7 6–13 (8.65) SNAP Zhang et al. (2015) ^a BFT B RCT G 10 80 ^b (6.6) ^b et al. (2006) Systematic Family Rehabilitation ^b Control G 20 ^b (6.6) ^b (6.0) ^b (6.0) ^b (6.0) ^b Parenting Training B RCT G 48 80.3 6–12 (8.2) Conners Chen (2017) ^a Solution-Focused Family Therapy R Case study I I 1000 First grader (^b) CBCL Leung, Tsang, & Lo PACE B + R RCT G 76 51.7 ^b (2.29) ECBI (2017) Leung, Tsang, & RCT G 76 51.7 ^b (2.29) ECBI Choi (2017) Leung, Tsang, & Mvan HOPE-20 B RCT I 32 87.5 2–7(5.51) ECBI Choi (2017) Leung, Tsang, & Kwan HOPE-20 B RCT G 110 51.8 2–12 (2.52) ECBI (2017) L. C. Fung (2018) Cognitive Behavioral Training B + R Control G 37 76.9 8–12 (9.49) RPQ-PRF	C. Leung et al. (2015)	PCIT	В	RCT	_	54	73.8	2–7 (4.51)	ECBI	DPICS	6	Yes
Zhang et al. (2015) ^a BFTBRCTG1080 b (6.6) b et al. (2006)Systematic Family Rehabilitation b ControlG20 b b (fourth grade)CBCLu (2016)Parenting TrainingBRCTG4880.3 b -12 (8.2)ConnersChen (2017) ^a Solution-Focused Family TherapyRCase study I11100First grader (^b)Clinical Impressionct al. (2017)Family InterventionBRCTG7651.7 b (2.29)ECBILeung, Tsang, & LoPACEB+RRCTG7651.7 b (2.29)ECBI(2017)Leung, Tsang, Ng, & PCITBRCTI3287.5 2 -7(5.51)ECBI(2017)Leung, Tsang, & KwanHOF-20BRCTG11051.8 2 -12 (5.51)ECBI(2017)Leung, Tsang, & KwanHOF-20BRCTG11051.8 2 -12 (5.52)ECBI(2017)Leung, Tsang, & KwanHOF-20BRCTG11051.8 2 -12 (5.52)ECBI(2017)Leung, Tsang, & KwanHOF-20BRRCTG11051.8 2 -12 (5.52)ECBI(2017)Leung, Tsang, & KwanHOF-20BRRCG11051.8 2 -12 (5.9)R(2017)Leung, Tsang, & KwanHOF-20BRR	Qian et al. (2015)	Systematic Training for Parents	В	RCT	ט	õ	81.7	6-13 (8.65)	SNAP	z	0	٩
et al. (2006) Systematic Family Rehabilitation ^b Control G 20 ^b (fourth grade) CBCL u (2016) Parenting Training B RCT G 48 80.3 6–12 (8.2) Conners Chen (2017) Family Intervention B RCT G 48 80.3 6–12 (8.2) Conners at (2017) Family Intervention B Control G 17 65.7 3–6 (^b) Clinical Impression et al. (2017) Early Intervention B RCT G 76 51.7 ^b (2.29) ECBI Leung, Tsang, & Lo PACE B + R RCT G 76 51.7 ^b (2.29) ECBI (2017) Leung, Tsang, & PCIT B R RCT I 32 87.5 2–7(5.51) ECBI Choi (2017) Leung, Tsang, & Kwan HOPE-20 B RCT G 110 51.8 2–12 (2.52) ECBI Leung, Tsang, & Kwan HOPE-20 B RCT G 110 51.8 2–12 (2.52) ECBI (2017) Leung, Tsang, & Cognitive Behavioral Training B + R Control G 37 76.9 8–12 (9.49) RPQ-PRF	T. Zhang et al. (2015) ^a	BFT	₽.	RCT	ט	2	80	b (6.6)	٩	z	0	٩
u(2016)Parenting TrainingBRCTG4880.36–12(8.2)ConnersChen (2017)Solution-Focused Family TherapyRCase study I1100First grader (^b)Clinical Impressionet al. (2017)Family InterventionBRControlG1765.73-6 (^b)Clinical ImpressionLeung, Tsang, & LoPACEBRRCTG7651.7 ^b (2.29)ECBI(2017)Leung, Tsang, Ng, &PCITBRRCTI3287.52-7(5.51)ECBI(2017)Leung, Tsang, Ng, &PCITBRCTI3287.52-7(5.51)ECBI(2017)Leung, Tsang, Ng, &PCITBRCTI3287.52-7(5.51)ECBI(2017)Leung, Tsang, & KwanHOPE-20BRRCTGI1051.82-12(2.52)ECBI(2017)Leung, Tsang, & KwanHOPE-20BRRGI1051.82-12(2.52)ECBI(2017)Leung, Tsang, & KwanHOPE-20BRRGI1051.82-12(2.52)ECBI(2017)Leung, Tsang, & KwanHOPE-20BRCGI1051.82-12(2.52)ECBI(2017)Leung (2018)Cognitive Behavioral TrainingB + RControlG3776.98-12(9.49)RQ-FRF <td>Li et al. (2006)</td> <td>Systematic Family Rehabilitation</td> <td>٩</td> <td>Control</td> <td>ט</td> <td>20</td> <td>۵</td> <td>^b (fourth grade)</td> <td>CBCL</td> <td>z</td> <td>0</td> <td>٩</td>	Li et al. (2006)	Systematic Family Rehabilitation	٩	Control	ט	20	۵	^b (fourth grade)	CBCL	z	0	٩
Chen (2017) ^a Solution-Focused Family TherapyRCase study II100First grader (^b)Clinical Impressionet al. (2017)Family InterventionBRControlG1765.7 $3-6$ (^b)Clinical ImpressionLeung, Tsang, & LoPACEB+RRCTG76 51.7 ^b (2.29)ECBI(2017)Leung, Tsang, Ng, &PCITBRCTI 32 87.5 $2-7(5.51)$ ECBI(2017)Leung, Tsang, Ng, &PCITBRCTI 32 87.5 $2-7(5.51)$ ECBI(2017)Leung, Tsang, & KwanHOPE-20BRCTGII0 51.8 $2-12$ (2.52)ECBI(2017)Leung, Tsang, & KwanHOPE-20BRCTGII0 51.8 $2-12$ (2.52)ECBI(2017)Leung, Tsang, & KwanHOPE-20BRCTGII0 51.8 $2-12$ (2.52)ECBI(2017)Leung, Tsang, & KwanHOPE-20BRCTGII0 51.8 $2-12$ (2.52)ECBI(2017)Leung (2018)Cognitive Behavioral TrainingB+RControlG 37 76.9 $8-12$ (9.49)RPQ-PRF	Zhu (2016)	Parenting Training	в	RCT	ט	48	80.3	6-12 (8.2)	Conners	z	0	٩
et al. (2017) Family Intervention B Control G 17 65.7 3–6 (^b) CBCL Leung, Tsang, & Lo PACE B+R KCT G 76 51.7 ^b (2.29) ECBI (2017) Leung, Tsang, Ng, & PCIT B RCT I 32 87.5 2–7(5.51) ECBI Choi (2017) Leung, Tsang, & Kwan HOPE-20 Leung, Tsang, & Kwan HOPE-20 (2017) L. C. Fung (2018) Cognitive Behavioral Training B+R Control G 37 76.9 8–12 (9.49) RPQ-PRF	S. Chen (2017) ^a	Solution-Focused Family Therapy	R	Case study	_	_	00	First grader (^b)	Clinical Impression	z	0	٥Z
Leung, Tsang, & Lo PACE B + R RCT G 76 51.7 b (2.29) ECBI (2017) Leung, Tsang, Ng, & PCIT B RCT I 32 87.5 2–7(5.51) ECBI Choi (2017) Leung, Tsang, & Kwan HOPE-20 B RCT G I10 51.8 2–12 (2.52) ECBI (2017) Leung, Tsang, & Kwan HOPE-20 B RCT G I10 51.8 2–12 (2.52) ECBI (2017) Loung (2018) Cognitive Behavioral Training B + R Control G 37 76.9 8–12 (9.49) RPQ-PRF		Family Intervention	в	Control	ט	17	65.7	3-6 (^b)	CBCL	z	0	°Z
& PCIT B RCT I 32 87.5 2–7(5.51) ECBI (wan HOPE-20 B RCT G I10 51.8 2–12 (2.52) ECBI Cognitive Behavioral Training B + R Control G 37 76.9 8–12 (9.49) RPQ-PRF		PACE	+	RCT	U	76	51.7	^b (2.29)	ECBI	z	_	Yes
(wan HOPE-20 B RCT G I I 0 51.8 2–12 (2.52) ECBI Cognitive Behavioral Training B + R Control G 37 76.9 8–12 (9.49) RPQ-PRF		PCIT	В	RCT	_	32	87.5	2–7(5.51)	ECBI	DPICS-III	٢	Yes
cwan HOPE-20 B RCT G II0 51.8 2–12 (2.52) ECBI Cognitive Behavioral Training B + R Control G 37 76.9 8–12 (9.49) RPQ-PRF	Choi (2017)											
Cognitive Behavioral Training B + R Control G 37 76.9 8–12 (9.49) RPQ-PRF	C. Leung, Tsang, & Kwan (2017)		в	RCT	IJ	0	51.8	2–12 (2.52)	ECBI	z	m	Yes
	A. L. C. Fung (2018)	Cognitive Behavioral Training	${\sf B}+{\sf R}$	Control	U	37	76.9	8–12 (9.49)	RPQ-PRF	Z	Ξ	
											(cont	(continued)

36

Table 1. Characteristics of Included Studies.

Research on Social Work Practice 32(1)

Author	Program	Evaluati Approach Design	Evaluation Design	Program Delivery	N N	Percentage N of boys (%)	Age Range (Mean Age)	Measure (Disruptive Child Behavior)	Measure (Parenting)	Dropout (%)	
Lai et al. (2018) Ma et al. (2017) ^a Jiang (2018) ^a Sun (2018) ^a J. Yan (2018) ^a T. Zhang & Fu, (2018) ^a Zhang et al. (2018) Du et al. (2019) ^a	MFT MFT Structural Family Therapy Family Intervention BFT Parenting Training BFT Parental Group Training	ққақ аваа + + + қ қ қ	Control Control Case study Case study Case study Control RCT RCT	 ʊʊʊʊʊ	49 16 78 33 49 78 10	85 63.3 0 33.3 33.3 63.1 75 82.6	6-12 (8.4) 5-11 (8.19) Fourth grader (^b) Seventh grader (^b) b 6-12 (7.31) 5-6 (5.51) 6-12 (8)	SWAN b Clinical Impression Behavior Problem Scale Conners; DSM-IV Conners CBCL-C	ZZZZ ZZZZ	20 17 0000000000000000000000000000000000	°°°°°°°°°°°
Note. CBCL = Child Behavior Checklist; HOP Rating Scale-Parent Form; Hope-20 = Hands control trial; BFY = behavioral family therapy; I Rating Scale for hyperactivity; CBCL-C = Child and Pelhan Teacher and Parent Rating Scale; Interaction Observation; DPICS = Dyadic Pa Interaction Coding System–Abbreviated Versi, Behavior Checklist; ITT = Intention to Treat. ^a Excluded from meta-analysis. ^b Missing data.	Note. CBCL = Child Behavior Checklist; HOPE = Hands-On Parent Empowerment Program; PACE = Parent-Child Enhancement Program; DBRS= Disruptive Behavior Rating Scale; DBRS-PF = Disruptive Behavior Rating Scale-Parent Form; Hope-20 = Hands-On Parent Empowerment Program—Universal Parenting; PCIT = Parent-Child Interaction Therapy; BPT = Behavioral Parent Therapy; RCT = randomized control trial; BFY = behavioral family therapy; B = behavioral approach; R = relational approach; Control = controlled trial; I = individual; G = group; SDQ = Strength and Difficulties Questionnaire; Conners = Parent Rating Scale for hyperactivity; CBCL-C = Child Behavior Checklist-Chinese Version; <i>DSM-IV</i> = <i>Dignostic and Statistical Manual of Mental Disorders</i> , fourth edition; TRF = Teacher Rating Form; SNAP = Swanson, Nolan, and Pelhan Teacher and Parent Rating Scale; ECBl = Eyberg Child Behavior Inventory; SWAN = SNAP-IV; RPQ-PRF = Reactive—Proactive Aggression Questionnaire—Parent Report Form; PCI = Parent-Child Interaction Observation; DPICS = Dyadic Parent-Child Interaction Coding System—Abbreviated (Third Version); DPICS-A = Dyadic Parent-Child Interaction Coding System—Abbreviated Version; BCS = Behavioral Coding System; PS = Parenting Scale; N = no measurement; BFT = Behavioral Family Therapy; CBCI = Child Behavior Interaction Coding System; PS = Parenting Scale; N = no measurement; BFT = Behavioral Family Therapy; CBCI = Child Behavioral Coding System; PS = Parenting Scale; N = no measurement; BFT = Behavioral Family Therapy; CBCI = Child Behavioral Coding System, PME = Multiple Family Therapy; CBCI = Child Behavioral Coding System; PS = Parenting Scale; N = no measurement; BFT = Behavioral Family Therapy; CBCI = Child Behavioral Coding System-Abbreviated Version; BCS = Behavioral Coding System; PS = Parenting Scale; N = no measurement; BFT = Behavioral Family Therapy; CBCI = Child Behavioration to Treat.	owerment Pr- i. Program—UJ = relational a se Version; D5 avior Inventoi ding System; Pi ling System; P	gram; PACE = niversal Parent pproach; Cont (M-IV = Diogno 75; SWAN = DPICS-III = C DPICS-III = C S = Parenting	= Parent-Chil ing Training; rol = control stic and Statist SNAP-IV; RP0 Svadic Parent Scale; N = no	d Enhar PCIT = PCIT = ced trial ical Mar CPRF -Child D measu	ncement Prog = Parent-Chil ; 1 = individue <i>uud of Mental</i> = Reactive-I Interaction C urement; BFT	gram; DBRS= Disrupti d Interaction Therapy II: G = group; SDQ = 3 Disorders, fourth editio Proactive Aggression (Proactive Aggression (Proacting System–Abbrev = Behavioral Family	ve Behavior Rating Scale; : BPT = Behavioral Paret strength and Difficulties C m: TRF = Teacher Rating m: TRF = Teacher Rating Uestionnaire-Parent Rep Juestionnaire-Parent Rep iated (Third Version); D Therapy; MFT = Multiple	DBRS-PF = Di nt Therapy; RC Juestionnaire; (Form; SNAP = Form; SNAP = ont Form; PC PICS-A = Dys PICS-A = Dys	ruptive Beh T = randor Conners = P. Swanson, N = Parent- dic Parent- y; CBCI = y;	avior nized arent olan, Child Child Child

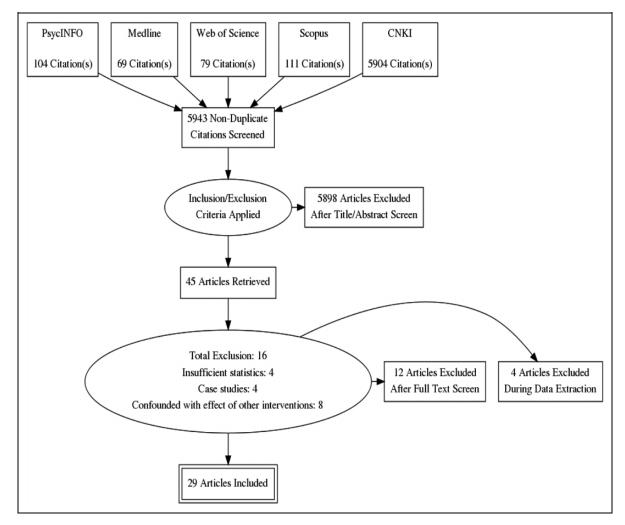


Figure I. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Flow chart of study selection.

The other 23 programs were homegrown parenting interventions. Generally, the intervention consisted of five to 10 sessions of 1–2 hr in a period of 1–2 months. Thirty-six programs utilized a behavioral approach, among which 19 programs used a single behavioral approach. While 14 programs had a particular focus to enhance the parent–child relationship, none of the programs seemed to have a particular focus to change parents' cognitions. In addition, psychoeducation about diagnosed behavioral disorders, mainly attention deficit hyperactivity disorder (ADHD), for parents was a major intervention component of 44% of the programs. Other components include parent mindfulness training (k = 2) and cognitive behavioral therapy (k = 1). Eight programs also involved children and implemented child training or parent– child interaction training together with parenting training.

Measurements and outcomes. While the majority of disruptive child behaviors were reported by the parents (k = 43), all of the parenting measurements were observed by researchers. Six categories of disruptive child behavior were measured to indicate child outcomes, including hyperactivity, aggression, impulsivity, oppositional deviant behavior, conduct behavior, and the intensity of these behaviors. For parenting outcomes,

among the originally intended parenting behavior, parental harshness was measured by four programs, while parental warmth and behavioral control were not measured in any of these parenting programs. As for the parenting outcomes investigated in the meta-analysis, six programs measured parenting changes in positive behavioral management, and five programs measured changes in harsh and inconsistent parenting.

Parenting Program Effects

Synthesized program effects were displayed in Table 2. The overall effect of parenting programs on disruptive child behavior was large: d = -0.93, 95% CI [-1.35, -0.50], p < .001. This suggests that when parents participated in a parenting program, children's disruptive behavior reduced on average with almost one standard deviation. Large effects were also found on reduced harsh and inconsistent parenting, d = -1.70, 95% CI [-2.91, -0.49], p < .001, and increased improving positive behavioral management, d = 2.67, 95% CI [0.41, 4.93], p < .001. We found considerable heterogeneity, $I^2 = 57.40\%$; Q (91) = 298.206; p < .001, among the ESs for disruptive child behavior, especially at the between-study level,

 $\sigma_v^2 = 59.97\%$; χ^2 (1) = 17.235, p < .001, supporting our test of whether ESs were moderated by program approach (i.e., behavioral, relational, or cognitive).

Comparison Between Approaches

The behavioral approach yielded a significant large effect on disruptive child behavior (d = -1.28, 95% CI [-1.86, -0.70], p < .001). The relational approach yielded a nonsignificant effect (d = 0.19, 95% CI [-0.50, 0.13], p = .099). Comparing the effects of the behavioral and relational approaches in moderation analyses confirmed that the behavioral approach was superior in reducing disruptive child behavior ($\Delta d = .89$, p = .034; see Table 3). Regarding effects on parenting

Table 2. Estimated Parenting Program Effects.

Outcome/Approach	k	Ν	d	SE	df	95% CI
Child disruptive behavic	or					
Behavioral		62	-1.28	.27	13.9	[-1.86, -0.70]
Relational	4	7	-0.19	.05	1.37	[50, 0.13]
Cognitive	0	0	_	_		
Behavioral +	5	18	-0.72	.34	2.86	[-1.41, -0.03]
relational						
Overall	29	92	-0.93	.20	22.9	[-1.35, -0.50]
Positive behavior manag	gemer	nt				
Overall	5	13	2.67	.81	3.95	[0.41, 4.93]
Harsh and inconsistent	parer	nting				
Overall	6	23	-1.70	.44	4.05	[-2.91, -0.49]

Note. k = number of studies; N = number of effect sizes; d = effect size; SE = standard error; df = degrees of freedom; 95% CI = 95% confidence interval.

 Table 3. Comparison Between Parenting Program Approaches.

Outcome/Approach	Δd	SE	df	95% CI
Behavioral vs. relational	.89	.25	3.26	[-1.7, -0.13]
Integrative vs. behavioral	.24	.29	4.59	[-1.01, 0.52]
Integrative vs. relational	.57	.22	3.96	[-0.04, 1.17]

Note. Δd = changes in effect size; SE = standard error; df = degrees of freedom; 95% CI = 95% confidence interval; integrative = parenting programs with a combination of behavioral and relational approach.

behavior, only one program adopted a relational approach. Therefore, we did not statistically compare the effects of approaches in changing parenting practices.

A post hoc analysis assessing the relative effect of combining the behavioral and relational approaches suggests the combined approach yields a significant effect (d = -0.72, 95% CI [-1.41, -0.03], p = .026; see Table 3). Compared programs with a combination of these two approaches to those of behavioral approach or relational approach, we found no evidence suggesting programs with a combination of two approaches are superior to those with one approach only.

There was no evidence for publication bias for program effect in child outcome (Figure 2; Egger's test z = .30, p = 765), nor parenting outcomes (Figure 3; Egger's test for warmth and positive behavioral management z = 1.44, p = .151; Figure 4; Egger's test for harsh and inconsistent parenting, z = .84, p = .402). Risk of bias assessments are presented in Figures 5 and 6. With regard to random sequence generation, 14 of 29 studies explained their randomization procedure and were therefore rated as low risk of bias. As for allocation concealment, three of 29 studies used envelopes to allocate participants and were rated as low risk of bias. Eleven studies posed a high risk of attrition bias as they excluded data from families who dropped out prematurely and were therefore rated as high risk of bias. The remaining 18 studies were rated low risk of bias. In terms of reporting bias, one study showed indications of selective reporting and was consequently rated low risk of selective reporting. For baseline comparability, 12 studies showed no significant differences between baseline conditions and were rated low risk of bias. Another five studies had substantial difference between groups and were rated high risk of bias. The remaining 12 studies provided no adequate information to assess the risk of bias in baseline equivalence.

Discussion and Applications to Practice

It is unknown whether Chinese family with disruptive child behavior can benefit from parenting programs for disruptive child behavior to the same extent as Western family does because most programs are developed in Western cultures. To our best knowledge, our study is among the first to review

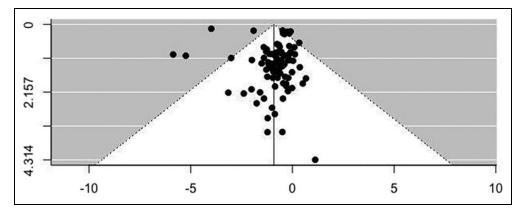


Figure 2. Funnel plot of effect sizes of parenting programs on disruptive child behavior. Note. x-axis = Cohen's d; y-axis = standard error.

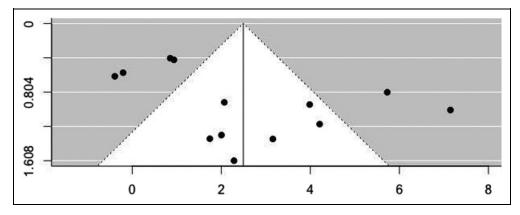


Figure 3. Funnel plot of effect sizes of parenting programs on positive behavior management. Note x-axis = Cohen's d; y-axis = standard error.

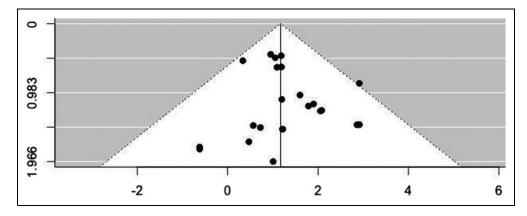


Figure 4. Funnel plot of effect sizes of parenting programs on harsh and inconsistent parenting. *Note: x*-axis = Cohen's *d*; *y*-axis = standard error.

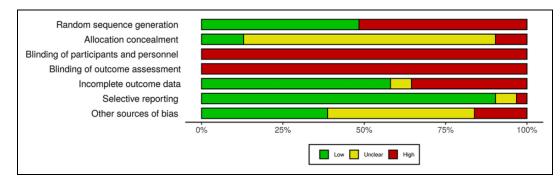


Figure 5. Risk of bias graph.

existing literature in both Chinese and English databases and synthesized available evidence on the effects of parenting programs for disruptive child behavior in China, utilizing a multilevel meta-analysis. Additionally, we compared the effectiveness of three different intervention approaches. We found a considerable number of evaluation studies in this field. From this evidence base, parenting programs for disruptive child behavior appeared to be effective in reducing disruptive child behavior and enhancing parenting practices. The majority of programs evaluated used a behavioral approach, which was found generally more effective than relational approach. None of the studies seemed to adopt a cognitive approach. These results are discussed regarding their contributions to the knowledge of parenting program for disruptive child behavior and implications for future parenting program evaluation research.

Summary of the Studies in the Systematic Review

In general, most evaluation studies reported positive changes in disruptive child behavior. Evaluations are mainly short-term evaluations and cover a wide age range of children. A number of evaluation studies took place in public clinical settings,

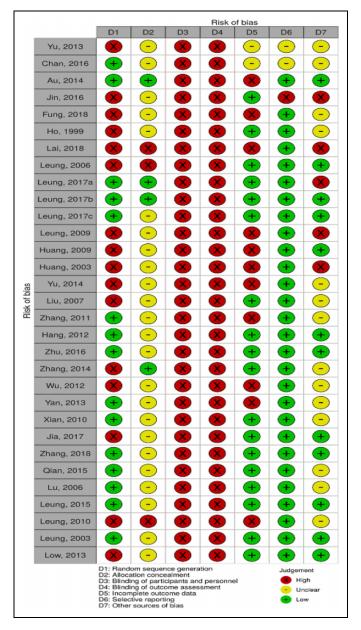


Figure 6. Risk of bias summary.

indicating Chinese family can relatively easily access parenting programs. The majority of the evaluations of programs developed in China adopted a randomized control design, suggesting that the effects of these programs were investigated rigorously. These findings suggest that parenting programs is an effective treatment option for Chinese family with disruptive child behavior.

The current evidence base also has important knowledge gaps. Few parenting programs were evaluated in rural areas in China where family culture is different from those in urban Chinese cities. Chinese rural population composite 41% of the total population (World Bank, 2018), including 6 million so-called left-behind children who live with their grandparents in rural areas while their parents work in cities (China Women's Federation, 2013; The State Council of the People's Republic of China, 2018). While it might be hard to involve parents of these children to participate in parenting programs, children with disruptive child behavior living in rural area might have much more to gain from parenting programs since they on average show higher levels of disruptive behavior (e.g., aggression, anger, and physical attack) than children living in urban cities (Hao et al., 2020). More parenting program evaluation research that takes the conditions of rural children's family and life into account is needed.

Chinese fathers seem to be underrepresented in parenting program evaluation studies. However, father–child interactions seem to have a stronger association with child disruptive behavior than mother–child interactions (Lundahl et al., 2008; Patterson & Dishion, 1988). Including fathers in parenting programs can lead to stronger changes in children's behavior and parenting practices (see a meta-analysis, Lundahl et al., 2008). Consistent with literature in the Western societies (Harper & MClanahan, 2004), Chinese fathers also play an important role in child social and behavioral development (X. Zhang, 2013). For example, there is evidence to suggest that Chinese fathers' coercive parenting impacted child aggression more than Chinese mothers' (C. Yang et al., 2004; X. Zhang, 2013). Whether this means that increasing fathers' involvement in parenting programs increases program effects should be further investigated.

Studies evaluating parenting programs developed in other, mainly Western, countries accommodated to parents' concerns regarding certain intervention settings and techniques (Yu et al., 2015). Actual cultural adaptations seemed limited, in line with evidence that imported programs without cultural adaptation can work well in countries that are culturally different (Gardner et al., 2016). However, few studies documented cultural adaptation processes, making it difficult to understand the programs' actual level of cultural adaptation and how this related to program fidelity. Similarly, only a few studies reported on key parent psychopathology characteristics and demographic characteristics that might account for the heterogeneity of the parenting program outcomes (Gardner et al., 2009; Smith et al., 2018).

Overall Effects From the Meta-Analysis

Consistent with our hypothesis, parenting programs for disruptive child behavior were effective in reducing disruptive child behavior and improving parenting practices for Chinese families. In fact, the overall ESs (d = -0.93) were larger than typically seen in meta-analysis aggregating study findings from mainly Western countries (e.g., d = -0.47; Leijten et al., 2018). This suggests that not only does the evidence base supporting the effectiveness of parenting programs for disruptive child behavior extend to China, but programs seem particularly effective in China.

The larger ESs in China might suggest that Chinese children and parents have gained more from the parenting programs. One possible explanation for this is that Chinese children might show higher levels of child disruptive behavior as a result of some key family risk factors of disruptive child behavior being more salient in China (e.g., high-power social structure and less tolerance toward disruptive behavior; Chao, 1994; J. T. Leung & Shek, 2011; Ng et al., 2014). Although research on prevalence rates regarding disruptive child behavior yield contradictory results, it was found that Chinese children with ADHD exhibit higher level of hyperactivity and conduct behavior, comparing to children with ADHD in the Western societies (Luk et al., 1988). Chinese schoolboys on average also score higher on hyperactivity than Western schoolboys (Ho et al., 1996). Given that higher baseline level of behavior problems tends to be associated with more improvements in parenting programs (Leijten et al., 2013), the larger intervention effect for reduced disruptive child behavior in China might potentially be driven by more severe disruptive child behavior in Chinese families who then have more room and motivation for

improvement. A second possible explanation is that Chinese parents took in more from the support of parenting programs. Our findings show that parents' parenting behavior changed to a large extent (for positive behavior, d = 2.67; for harsh and inconsistent behavior, d = -1.70). Children may have benefited from these significant changes in their parents' behavior. First, Chinese parents might be more motivated to practice the techniques from the programs as indicted by a saying "it is parents' fault if their children misbehave (子不教父之过)," meaning child's misbehaving reflects badly on the parents due to the collectivistic culture where children were encouraged to behave well and promote group harmony (X. Chen et al., 2001). Second, due to the traditional authoritarian parenting styles, there might be a larger scope for parenting improvements for Chinese parents who might score higher in harsh parenting and lower in effective behavioral management before the parenting program.

However, the larger effect in Chinese children might be biased by the child outcome measurement which was mainly parent report of child disruptive behavior. It was found that citizens of countries, such as China, that are less individualistic, tend to overreport socially desirable activities with selfreport measurements (Bernardi, 2006). Considering the clear parental expectation on appropriate child behavior, it could be that Chinese parents are more vulnerable to social desirability bias and underestimated the amount of child disruptive behavior. Nevertheless, changes in parenting behavior were mostly observed by researchers rather than parent-reported. The large effect of parenting programs for disruptive child behavior in improving parenting practices was, therefore, less subject to parents' biases. We call for future research directly comparing parenting programs conducting in different cultures to improve our understanding of how culture may interact with intervention effects and pathways to disruptive child behavior

Different Effects of Different Intervention Approaches

In line with previous research (Eisenstadt et al., 1993), the behavioral approach reduced child disruptive behavior to a larger extent than the relational approach. One explanation could be that most studies only included immediate effects of the program on children's behavior. For a relational approach, specifically, there might be a delayed ("sleeper") effect. This is because the relational approach does not focus on changing children's behavior directly, but on promoting parental warmth and understanding, which further nurtures the child and eventually reduces child behavior. This process may take time. Especially when the relationship might already be hindered by disruptive child behavior, it might require more time for relationship to gradually unfold its effect (Bernier et al., 2010).

Additionally, there might be a relational enhancement bonus within the behavioral approach, in that nonharsh discipline helps avoid parent-child conflict and prevent parent-child relationship going down. Less disruptive behavior, resulted from a behavioral approach, was also associated with a better parentchild relationship since it is easier for parents to express warmth and care for the child (Combs-Ronto et al., 2009). This added relational enhancement effect in behavioral approach therefore allows behavioral approach to produce multiple intervention effects, which may explain why the approach yields stronger effects than the relational approach. Future research should focus on the long-term effect of relational approach for Chinese family where a stronger long-term effect could be expected since the relational enhancement strategy matches the interdependent Chinese culture where interpersonal relatedness is emphasized (Keller et al., 2006).

Another finding worth noticing is that a cognitive approach was not seen in any of the parenting programs. This might result from the lack of documentation. While we recognize some program brand often has a cognitive component (e.g., providing positive feedback to parents to promote mastery experience), we were unable to identify this component based on the information provided. It could also be that the cognitive approach is still relatively new in China. In line with our findings, techniques of cognitive approach were not mentioned in the latest Chinese reviews introducing parenting programs for disruptive child behavior to China (see Lin et al., 2013, for oppositional defiant disorder symptoms; see Pan et al., 2018, for ADHD symptoms). Only parenting programs with a relational or behavioral approach were discussed in these two reviews. Importantly, however, parental self-efficacy was discussed in these reviews as a possible parental outcome of parenting interventions. This suggests that although Chinese researchers see parental self-efficacy as an important construct, enhancing parental self-efficacy as an intervention approach is not yet common.

Practical Implications

Our findings support the use of parenting programs to reduce disruptive child behavior and improve parenting practices for Chinese families. More specifically, our findings support the use of parenting programs that teach parents behavioral management techniques (e.g., praise and time-out) over the programs that enhance parent-child relationship (e.g., promoting parental warmth) or using both behavioral and relational approaches for disruptive child behavior in Chinese context, although the number of studies evaluating the relational approach and the integrative approach was too small for a rigorous test of differential effects.

In addition, while this study focused on children's disruptive behavior specifically, it is important in parenting programs to keep children's general well-being in mind-above and beyond disruptive behavior only. Programs may have additional goals, such as cultivating children's happiness, life satisfaction, and psychological strengths, and each is important for a positive development (Pollard & Lee, 2003). Having a close relationship with parents seems to play an important role in cultivating these elements that enable children to thrive (Cotterell, 1992; Nickerson & Nagle, 2004). In addition, a close parent-child relationship also smoothens parent-child interaction. There may be cases where adding relational enhancement components could increase the effects of behavior management programs such as in treatment settings where disruptive child behavior is more severe (Leijten et al., 2018). Therefore, we call for more research on the two approaches currently less used in Chinese programs (i.e., relational and cognitive approach), and on how to maximize the effects of behavioral approach for Chinese families, to support policy makers and practitioners making decisions about what parenting program components to implement in China.

Strengths and Limitations

The present study is the first study to systematically review evidence for the effectiveness of parenting programs for disruptive child behavior in China, a country with around 12 million children displaying disruptive behavior and with cultural traditions is distinctively different from Western cultures. Our findings confirmed that parenting programs for disruptive child behavior are effective in China, adding to the evidence base about the cross-cultural effectiveness of these programs. We also looked into different intervention approaches, which allowed us to test whether some approaches are more effective than others.

We used an RVE and a multilevel approach, two state-ofthe-art methods to enhance robustness, accuracy, and power of our analyses. RVE accounts for the dependency of ESs within studies, even in a small sample (Tipton, 2015). Taking into account, this dependency allowed us to synthesize multiple relevant ESs and to model within-study variances. Therefore, we were able to keep all information instead of simply averaging ESs within one study (Hedges et al., 2010). Multilevel method was used to model between-study variances in the present study, which gave us a clear indication of the existence of potential moderators that should be further investigated in future research (Cheung, 2014).

Some limitations of our study warrant attention. One methodological limitation lies in the uneven numbers of studies using different approaches (k = 19 for behavioral and k = 4for relational). The large difference in sample size between the two approaches indicates low power and inflated Type I errors (Rusticus & Lovato, 2014), meaning that there is less possibility to detect true difference between behavioral approach and relational approach, and greater chances that any detected difference is false positive. This is indicated by the small sample corrected degrees of freedom (df = 3.26), less than four, comparing these two approaches (Tipton, 2015). Therefore, we interpret the difference between these two intervention approaches with caution and conservatively.

We also found some inconsistent reporting practices in the field, which might hinder the reliability of our findings. Specifically, some programs may adopt intervention approaches that we were unable to identify based on the information provided. Additionally, we were limited in comparing the exact effectiveness of each approach because some studies only provide a general description or name of the intervention (e.g., "parenting therapy"), making it difficult to carefully code which approach was used. That said, we coded the intervention approach in a reliable way, confirmed by the good interrater reliability. We recommend future parenting program evaluation studies to follow standard reporting guideline, such as Consolidated Standards of Reporting Trials (Glasziou et al., 2008), which promotes the reporting of five Ws (i.e., who, what, where, when, and why), allowing meta-analyses to include this information.

Conclusion

Parenting programs seem an effective intervention option to reduce Chinese children's disruptive behavior and to reduce harsh and inconsistent parenting practices and increase positive behavioral management in Chinese parents. In fact, the evidence as synthesized in our meta-analysis seems to suggest that ESs in Chinese families are at least as large as those typically found in Western families. We found evidence that a behavioral approach (i.e., changing child behavior through differential attention) may outperform a relational approach (i. e., changing child behavior through improved parent–child relationship quality). Our review provides an overview of research on parenting program for disruptive child behavior in China and adds to the evidence base demonstrating that parenting programs for disruptive child behavior are effective across cultures.

Authors' Note

Data are presented in Table 1. Code and other materials are available upon request from the first author.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: No financial support was received for this work. Nonfinancial support was provided by the University of Amsterdam and Guangzhou Women nor the Childrens Medical Center, Guangzhou. These two sponsors had no role in the design, analysis, reporting, and publication of this work.

ORCID iD

Ningxuan Hua D https://orcid.org/0000-0003-3092-8208

References

- Studies included in the systematic review were marked with an asterisk.
- *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.
- Bernardi, R. A. (2006). Associations between Hofstede's cultural constructs and social desirability response bias. *Journal of Business Ethics*, 65(1), 43–53.
- Bernier, A., Carlson, S. M., & Whipple, N. (2010). From external regulation to self-regulation: Early parenting precursors of young children's executive functioning. *Child Development*, 81(1), 326–339.
- 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.
- Buchanan-Pascall, S., Gray, K. M., Gordon, M., & Melvin, G. A. (2018). Systematic review and meta-analysis of parent group interventions for primary school children aged 4–12 years with externalizing and/or internalizing problems. *Child Psychiatry & Human Development*, 49(2), 244–267.
- Canino, G., Polanczyk, G., Bauermeister, J. J., Rohde, L. A., & Frick, P. J. (2010). Does the prevalence of CD and ODD vary across cultures? *Social Psychiatry and Psychiatric Epidemiology*, 45(7), 695–704.
- Chang, L. R., Chiu, Y. N., Wu, Y. Y., & Gau, S. S. F. (2013). Father's parenting and father–child relationship among children and adolescents with attention-deficit/hyperactivity disorder. *Comprehensive Psychiatry*, 54(2), 128–140.
- Chao, R. K. (1994). Beyond parental control and authoritarian parenting style: Understanding Chinese parenting through the cultural notion of training. *Child Development*, 65(4), 1111–1119.
- *Chen, S. (2017). Duodongzheng Ertong de "Jiaodian Jiejue Moshi" Jiating Xitong Zhiliao Gean Yanjiu [A case study of "Solution Focused Model" of family system therapy treatment for children with hyperactivity disorder]. *Mental Health Education in Primary* and Secondary School, 9, 32–35.
- Chen, X., Liu, M., & Li, D. (2000). Parental warmth, control, and indulgence and their relations to adjustment in Chinese children: A longitudinal study. *Journal of Family Psychology*, 14(3), 401–409.
- Chen, X., Wu, H., Chen, H., Wang, L., & Cen, G. (2001). Parenting practices and aggressive behaviors in Chinese children. *Parenting: Science and Practice*, 1, 159–183.
- Cheung, M. W. L. (2014). Modeling dependent effect sizes with threelevel meta-analyses: A structural equation modeling approach. *Psychological Methods*, 19, 211–229.
- China National Knowledge Infrastructure. (2019). User guide. Retrieved May 27, 2019, from http://oversea.cnki.net/kns55/User Guide/en/index.html

- China Women's Federation. (2013). A research report on the lives of left-behind children and migrant children. http://acwf.people.com. cn/n/2013/0510/c99013-21437965.html
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Lawrence Earlbaum Associates.
- Combs-Ronto, L. A., Olson, S. L., Lunkenheimer, E. S., & Sameroff, A. J. (2009). Interactions between maternal parenting and children's early disruptive behavior: Bidirectional associations across the transition from preschool to school entry. *Journal of Abnormal Child Psychology*, 37(8), 1151–1163.
- Cotterell, J. L. (1992). The relation of attachments and supports to adolescent well-being and school adjustment. *Journal of Adolescent Research*, 7(1), 28–42.
- 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. *Journal of Child Psychology and Psychiatry*, 36(7), 1141–1159.
- de Montigny, F., & Lacharité, C. (2005). Perceived parental efficacy: Concept analysis. *Journal of Advanced Nursing*, 49(4), 387–396.
- Doan, S. N., & Wang, Q. (2010). Maternal discussions of mental states and behaviors: Relations to emotion situation knowledge in European American and immigrant Chinese children. *Child Development*, 81(5), 1490–1503.
- *Du, X., Cheng, X., Zhang, W., Cheng, F., Hu, Z., Wang, B., Hu, S., & Hu, C. (2019). Fumu Xiaozu Peixun dui Zhuyi Quexian Duodong Zhangai Huaner Yaowu Zhiliao Yicongxing de Yingxiang [Effect of parental group training on drug therapy compliance in children with attention deficit hyperactivity disorder]. *Zhejiang Medical*, 41(2), 154–155.
- Duval, S., & Tweedie, R. (2000). Trim and fill: A simple funnel-plot– based method of testing and adjusting for publication bias in metaanalysis. *Biometrics*, 56(2), 455–463.
- Egger, M., Smith, G. D., Schneider, M., & Minder, C. (1997). Bias in meta-analysis detected by a simple, graphical test. *British Medical Journal*, 315(7109), 629–634.
- 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.
- *Fung, A. L. C. (2018). Reducing reactive aggression in schoolchildren through child, parent, and conjoint parent-child group interventions: An efficacy study of longitudinal outcomes. *Family Process*, 57(3), 594–612.
- *Fung, A. L. C., & Tsang, S. H. (2006). Parent–child parallel-group intervention for childhood aggression in Hong Kong. *Emotional* and Behavioural Difficulties, 11(1), 31–48.
- Fung, H. (1999). Becoming a moral child: The socialization of shame among young Chinese children. *Ethos*, 27(2), 180–209.
- Gardner, F., Connell, A., Trentacosta, C. J., Shaw, D. S., Dishion, T. J., & Wilson, M. N. (2009). Moderators of outcome in a brief family-centered intervention for preventing early problem behavior. *Journal of Consulting and Clinical Psychology*, 77, 543–553.
- Gardner, F., Montgomery, P., & Knerr, W. (2016). Transporting evidence-based parenting programs for child problem behavior (age

3–10) between countries: Systematic review and meta-analysis. *Journal of Clinical Child & Adolescent Psychology*, 45(6), 749–762.

- Glasziou, P., Meats, E., Heneghan, C., & Shepperd, S. (2008). What is missing from descriptions of treatment in trials and reviews? *BMJ*, 336(7659), 1472–1474.
- *Hang, R., Wu, M., Li, Y., & Yang, Y. (2012). Jiating Zhiliao Hebing Yaowu Zhiliao yu Danchun Yaowu Zhiliao ADHD Ertong de Bijiao [Comparison of combined family therapy with drugs and simple medications in ADHD]. *Journal of Wannan Medical School*, 32(2), 152–155.
- Hao, W., Wu, C. X., & Yu, Y. Z. (2020). Zhongguo Nongcun Liushou Ertong yu Fei Liushou Ertong Gongji Xingwei ji Yingxiang Yinsu Bijiao [Aggressive behaviors among left-behind and non-leftbehind children in rural China: A comparative analysis]. *Chinese Journal of Public Health*, 36(08).
- Harper, C. C., & McLanahan, S. S. (2004). Father absence and youth incarceration. *Journal of Research on Adolescence*, 14(3), 369–397.
- He, R. Q. (2013). Jingdai Yilai Zhongguo Ren Xiao Guannian de Chanbian [The evolution of modern Chinese concept of Xiao] [Doctoral dissertation]. CNKI Dissertations and Theses database. http://kns.cnki.net/kcms/detail/21.1234.R.20190311.1236.026. html
- He, T., Song, Z. J., Ding, W., Liu, W., & Lin, X. Y. (2018). Fumu Xinli Kongzhi yu Duiliweikang Zhangai Ertong Yiyu he Gongji Xingwei de Guanxi: Fuzi Yilian he Muzi Yilian de Zhongjie Xiaoying [The relationship between parental psychological control and internalizing and externalizing problems of children with ODD: The mediation effects of father-child attachment and mother-child attachment]. *Psychological Development and Education*, 34(2), 219–228.
- Hedges, L. V., Tipton, E., & Johnson, M. C. (2010). Robust variance estimation in meta-regression with dependent effect size estimates. *Research Synthesis Methods*, 1(1), 39–65.
- Higgins, J. P., Altman, D. G., Gøtzsche, P. C., Jüni, P., Moher, D., Oxman, A. D., Savovic, J., Schulz, K. F., Weeks, L., & Sterne, J. A. (2011). The Cochrane collaboration's tool for assessing risk of bias in randomised trials. *BMJ*, 343, d5928.
- Ho, D. Y. F. (1987). Fatherhood in Chinese culture. In M. E. Lamb (Ed.), *The father's role: Cross-cultural perspectives* (pp. 227–245). Erlbaum.
- *Ho, T. P., Chow, V., Fung, C., Leung, K., Chiu, K. Y., Yu, G., Au, Y. W., Lieh-Mak, F., & 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.
- Ho, T. P., Leung, P. W. L., Luk, E. S. L., Taylor, E., Bacon-Shone, J., & Mak, F. L. (1996). Establishing the constructs of childhood behavioral disturbance in a Chinese population: A questionnaire study. *Journal of Abnormal Child Psychology*, 24(4), 417–431.
- *Huang, H. L., Chao, C. C., Tu, C. C., & Yang, P. C. (2003). Behavioral parent training for Taiwanese parents of children with attention-deficit/hyperactivity disorder. *Psychiatry and Clinical Neurosciences*, 57(3), 275–281.
- *Huang, H. L., Lu, C. H., Tsai, H. W., Chao, C. C., Ho, T. Y., Chuang, S. F., Tsai, C. H., & Yang, P. C. (2009). Effectiveness of behavioral

parent therapy in preschool children with attention-deficit hyperactivity disorder. *The Kaohsiung Journal of Medical Sciences*, 25 (7), 357–365.

- *Huang, Y. H., Chung, C. Y., Ou, H. Y., Tzang, R. F., Huang, K. Y., Liu, H. C., Sun, F. J., Chen, S. C., Pan, Y. J., & Liu, S. I. (2015). Treatment effects of combining social skill training and parent training in Taiwanese children with attention deficit hyperactivity disorder. *Journal of the Formosan Medical Association*, 114(3), 260–267.
- *Jia, S., Fan, J., Wang, L., Shi, Y., & Li, P. (2017). Jiating Ganyu dui Xuelingqian Ertong Gongjixing Xingwei Yinxiang de Shiyanxing Yanjiu [Influence of family intervention to the preschool children with aggressive behavior—a pilot study]. *Chinese Journal of Child Health Care*, 25(5), 444–447.
- *Jiang, M. (2018). Jiegoushi Jiating Zhiliao zai Suiqian Ertong Piancha Xingwei Gean Zhong de Yingyong [Application of structural family therapy in children's deviant behavior cases] [Master thesis]. CNKI Dissertations and Theses database. https://kns.cnki.net/KCMS/detail/ detail.aspx?dbcode=CMFD&dbname=CMFD201901&filename= 1018125016.nh&v=MjAwMzFyRnkvZ1ZiN01WRjI2RnJLN kc5SE5xWkViUEISOGVYMUx1eFITN0RoMVQzcVRyV00x RnJDVVJMT2ZidVI=
- Keller, H., Lamm, B., Abels, M., Yovsi, R., Borke, J., Jensen, H., Papaligour, Z., Holub, C. K., Lo, W., Tomiyama, A. J., Wang, Y., & Su, Y. (2006). Cultural models, socialization goals, and parenting ethnotheories: A multicultural analysis. *Journal of Cross-Cultural Psychology*, 37, 155–172.
- Kochanska, G., Kim, S., Boldt, L. J., & Nordling, J. K. (2013). Promoting toddlers' positive social-emotional outcomes in lowincome families: A play-based experimental study. *Journal of Clinical Child & Adolescent Psychology*, 42(5), 700–712.
- *Lai, K. Y., Ma, J. L., & Xia, L. L. (2018). Multifamily therapy for children with ADHD in Hong Kong: The different impacts on fathers and mothers. *Journal of attention disorders*, 25(1), 115–123.
- Leijten, P., Gardner, F., Melendez-Torres, G. J., van Aar, J., Hutchings, J., Schulz, S., Knerr, W., & Overbeek, G. (2019). Metaanalyses: Key parenting program components for disruptive child behavior. *Journal of the American Academy of Child and Adolescent Psychiatry*, 58(2), 180–190.
- Leijten, P., Melendez-Torres, G. J., Gardner, F., Van Aar, J., Schulz, S., & Overbeek, G. (2018). Are relationship enhancement and behavior management "the golden couple" for disruptive child behavior? Two meta-analyses. *Child Development*, 89(6), 1970–1982.
- Leijten, P., Melendez-Torres, G. J., Knerr, W., & Gardner, F. (2016). Transported versus homegrown parenting interventions for reducing disruptive child behavior: A multilevel meta-regression study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 55(7), 610–617.
- Leijten, P., Raaijmakers, M. A., de Castro, B. O., & 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.
- *Leung, C., Sanders, M. R., Ip, F., & Lau, J. (2006). Implementation of triple P-positive parenting program in Hong Kong: Predictors of

programme completion and clinical outcomes. Journal of Children's Services, 1(2), 4–17.

- *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.
- *Leung, C., Tsang, S., & Dean, S. (2010). Evaluation of a program to educate disadvantaged parents to enhance child learning. *Research* on Social Work Practice, 20(6), 591–599.
- *Leung, C., Tsang, S., & Dean, S. (2011). Outcome evaluation of the hands-on parent empowerment (HOPE) program. *Research on Social Work Practice*, 21(5), 549–561.
- *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.
- *Leung, C., Tsang, S., & Kwan, H. W. (2017). Efficacy of a universal parent training program (HOPE-20) cluster randomized controlled trial. *Research on Social Work Practice*, 27(5), 523–537.
- *Leung, C., Tsang, S., & Leung, I. (2014). Pilot evaluation of parent and child enhancement program for disadvantaged families. *Research on Social Work Practice*, 24(4), 437–447.
- *Leung, C., Tsang, S., & Lo, C. (2017). Evaluation of parent and child enhancement (PACE) program: Randomized controlled trial. *Research on Social Work Practice*, 27(1), 19–35.
- *Leung, C., Tsang, S., Ng, G. S., & Choi, S. Y. (2017). Efficacy of parent-child interaction therapy with Chinese ADHD children: Randomized controlled trial. *Research on Social Work Practice*, 27(1), 36–47.
- *Leung, C., Tsang, S., Sin, T. C., & Choi, S. Y. (2015). The efficacy of parent–child interaction therapy with Chinese families: Randomized controlled trial. *Research on Social Work Practice*, 25(1), 117–128.
- Leung, J. T., & Shek, D. T. (2011). Expecting my child to become "dragon"—Development of the Chinese parental expectation on child's future scale. *International Journal on Disability and Human Development*, 10(3), 257–265.
- *Li, J., Xu, X., & Zhao, X. (2006). Systemic family rehabilitation for children with behavioral problems. *Chinese Journal of Tissue Engineering Research*, *10*(2), 159–161.
- Lin, X., Li, W., Zhao, Y., Shen, J., & Fang, X. (2013). Duili Weikang Zhangai Ertong Jiating Yinxiang Yinsu he Jiating Xiangguan Ganyu Fangan [The family factors and family intervention program for child who have oppositional defiant disorder]. *Advances in Psychological Science*, 21(11), 1983–1995.
- *Liu, J., & Wang, Y. F. (2007). Fumu Peixun dui Gonghuan Duili Weikang xing Zhangai de Zhuyi Quexian Dudong Zhangai de Zuoyong [An open trial on effectiveness of parent training in children with comorbid attention deficit hyperactivity disorder and oppositional defiant disorder]. *Journal of Peking University* (*Health Sciences*), 39(3), 310–314.
- *Long, J., Gong, J., & Liu, J. (2010). Shengzhenshi Xueling Ertong Xingwei Wenti Diaocha he Xitongxing Jiating Ganyu Duiqi Gongji Xingwei de Yingxiang [Epidemiological survey of behavioral problems among school-aged children in Shenzhen on influence of systemic family therapy to their aggressive behavior

problems]. Chinese Journal of Clinical Rational Drug Use, 3 (24), 28–29.

- *Low, Y. T. (2013). Can parenting programme reduce parentadolescents conflicts in Hong Kong? *Revista de Cercetare si Interventie Sociala, 42, 7–27.*
- *Lu, B., Xie, Q., Liang, H., Huang, M., & Chen, J. (2006). Fumu Jiaoyang Fangshi Ganyu dui Duodongzheng Ertong de Yingxiang [Effects of intervention on parenting styles for children with ADHD]. *Modern Clinical Nursing*, 16(5), 3–11.
- Luk, S. L., Leung, P. W. L., & Lee, P. L. M. (1988). Conners' teacher rating scale in Chinese Children in HongKong. *Journal of Child Psychology and Psychiatry*, 29(2), 165–174.
- Lundahl, B. W., Tollefson, D., Risser, H., & Lovejoy, M. C. (2008). A meta-analysis of father involvement in parent training. *Research on Social Work Practice*, 18(2), 97–106.
- Luo, R., Tamis-LeMonda, C. S., & Song, L. (2013). Chinese parents' goals and practices in early childhood. *Early Childhood Research Quarterly*, 28(4), 843–857.
- *Ma, J. L., Lai, K. Y., & Wan, E. S. (2017). Multifamily group intervention for Chinese parents and their children with attention deficit hyperactivity disorder in a Chinese context. *Social Work With Groups*, 40(3), 244–260.
- Moretti, M. M., Braber, K., & Obsuth, I. (2009). Connect: An attachment focused treatment group for parents and caregivers-A principle-based manual (Adolescent version). Simon Fraser University.
- Mori, E., Liu, C., Otsuki, E., Mochizuki, Y., & Kashiwabara, E. (2012). Comparing child-care values in Japan and China among parents with infants. *International Journal of Nursing Practice*, 18 (2), 18–27.
- Mouton, B., Loop, L., Stievenart, M., & Roskam, I. (2018). Parenting programs to reduce young Children's externalizing behavior: A meta-analytic review of their behavioral or cognitive orientation. *Child & Family Behavior Therapy*, 40(2), 115–147.
- Mouton, B., & Roskam, I. (2015). Confident mothers, easier children: A quasi-experimental manipulation of mothers' self-efficacy. *Journal of Child and Family Studies*, 24(8), 2485–2495.
- Nelson, D. A., Hart, C. H., Yang, C., Olsen, J. A., & Jin, S. (2006). Aversive parenting in China: Associations with child physical and relational aggression. *Child Development*, 77(3), 554–572.
- Ng, F. F. Y., Pomerantz, E. M., & Deng, C. (2014). Why are Chinese mothers more controlling than American mothers? "My child is my report card." *Child Development*, 85(1), 355–369.
- Nickerson, A. B., & Nagle, R. J. (2004). The influence of parent and peer attachments on life satisfaction in middle childhood and early adolescence. *Social Indicators Research*, 1(66), 35–60.
- Pan, M., Qian, Q., & Wang, Y. (2018). Ertong Zhuyi Quexian Duodong Zhangai de Jiating Ganyu Yanjiu (Zongshu) [A review of family and parenting interventions in children with attention-deficit/hyperactivity disorder]. *Chinese Mental Health Journal*, 32(1), 24–29.
- Park, M., & Chesla, C. (2007). Revisiting Confucianism as a conceptual framework for Asian family study. *Journal of Family Study*, 13 (3), 293–311.
- Patterson, G. R. (1982). Coercive family process (Vol. 3). Castalia Publishing Company.

- Patterson, G. R., & Dishion, T. J. (1988). Multilevel family process models: Traits, interactions, and relationships. In R. Hinde & J. Stevenson-Hinde (Eds.), *Relationships within families: Mutual influences* (pp. 283–310). Clarendon.
- Pollard, E. L., & Lee, P. D. (2003). Child well-being: A systematic review of the literature. Social Indicators Research, 61(1), 59–78.
- *Qian, Y., Hua, L., & Xu, L. (2015). Zhuyi Quexian Duodong Zhangai Huaner Fumu Xitong Peixun de Shijian [Systemetic training of parents of the children suffering from attention deficit hyperactivity disorder]. *Journal of Nursing Science*, 30(17), 79–80.
- R Core Team. (2019). R: A language and environment for statistical computing. R Foundation for Statistical Computing. https://www. R-project.org/
- Richardson, W. S., Wilson, M. C., Nishikawa, J., & Hayward, R. S. (1995). The well-built clinical question: A key to evidence-based decisions. ACP Journal Club, 123(3), A12–A13.
- Rusticus, S. A., & Lovato, C. Y. (2014). Impact of sample size and variability on the power and type I error rates of equivalence tests: A simulation study. *Practical Assessment, Research, and Evaluation, 19*(1), 11.
- Sanders, M. R. (1999). Triple P-positive parenting program: Towards an empirically validated multilevel parenting and family support strategy for the prevention of behavior and emotional problems in children. *Clinical Child and Family Psychology Review*, 2(2), 71–90.
- Shen, Y. M., Chan, B. S. M., Liu, J. B., Zhou, Y. Y., Cui, X. L., He, Y. Q., Fang, Y. M., Xiang, Y. T., & Luo, X. R. (2018). The prevalence of psychiatric disorders among students aged 6□ 16 years old in central Hunan, China. *BMC Psychiatry*, 18(1), 243.
- Shenghong, J., & Dan, J. W. (2004). The contemporary development of philosophy of education in Mainland China and Taiwan. *Comparative Education*, 40(4), 571–582.
- Smith, J. D., Berkel, C., Hails, K. A., Dishion, T. J., Shaw, D. S., & Wilson, M. N. (2018). Predictors of participation in the Family Check-Up program: A randomized trial of yearly services from age 2 to 10 years. *Prevention Science*, 5, 652–662.
- The State Council of the People's Republic of China. (2018). Left behind children in China decreased. http://www.gov.cn/guo wuyuan/2018-11/02/content 5336714.htm
- Sterne, J. A. C., Hernán, M. A., Reeves, B. C., Savović, J., Berkman, N. D., Viswanathan, M., Henry, D., Altman, D. G., Ansari, M. T., Boutron, I., Carpenter, J. R., Chan, A. W., Churchill, R., Deeks, J. J., Hróbjartsson, A., Kirkham, J., Jüni, P., Loke, Y. K., Pigott, T. D., Ramsay, C. R., ... Higgins, J. P. (2016). ROBINS-I: A tool for assessing risk of bias in non-randomised studies of interventions. *BMJ*, 355, i4919.
- Sterne, J. A. C., Savović, J., Page, M. J., Elbers, R. G., Blencowe, N. S., Boutron, I., Cates, C. J., Cheng, H. Y., Corbett, M. S., Eldridge, S. M., Emberson, J. R., Hernán, M. A., Hopewell, S., Hróbjartsson, A., Junqueira, D. R., Jüni, P., Kirkham, J. J., Lasserson, T., Li, T., McAleenan, A., ... Higgins, J. P. (2019). RoB 2: A revised tool for assessing risk of bias in randomised trials. *BMJ*, *366*, 14898.
- *Sun, Y. F. (2018). Chuzhongsheng Wenti Xingwei de Jiangting Ganyu [Family intervention in the behavior of junior school students] [Master dissertation]. CNKI Dissertations and Theses database. https://kns.cnki.net/kcms/detail/detail.aspx?dbcode=

CMFD&dbname=CMFD201901&filename=1018266520.nh&v= nqCnlE2YeBWf4qse7iQIXdPDqDIt2qNOAzIQ%25mmd2FBL0% 25mmd2BEs6vBNH5YFGVuEkWtiTw8yY

- Tipton, E. (2015). Small sample adjustments for robust variance estimation with meta-regression. *Psychological Methods*, 20(3), 375.
- Wang, Q., Leichtman, M. D., & Davies, K. I. (2000). Sharing memories and telling stories: American and Chinese mothers and their 3-year-olds. *Memory*, 8(3), 159–178.
- *Wang, Y., Liu, T., Wu, H., Xu, L., Qu, L., Cao, X., Zhou, X., Huang, J., & Xiong, Y. (2014). Jiating Ganyu dui Lichuanshi Nongcun Liushou Ertong Xinli Jiankang ji Xingwei Wenti Yinzi de Yingxiang [Effects of family intervention on the mental health and behavioral problem of rural left-behind children]. *Maternal and Child Health Care of China*, 29(29), 4797–4799.
- Way, N., Okazaki, S., Zhao, J., Kim, J. J., Chen, X., Yoshikawa, H., Jia, Y., & Deng, H. (2013). Social and emotional parenting: Mothering in a changing Chinese society. *Asian American Journal* of *Psychology*, 4(1), 61.
- Weisz, J. R., Kuppens, S., Eckshtain, D., Ugueto, A. M., Hawley, K. M., & Jensen-Doss, A. (2013). Performance of evidence-based youth psychotherapies compared with usual clinical care: A multi-level meta-analysis. *JAMA Psychiatry*, 70(7), 750–761.
- World Bank. (2018). Rural population (% of total population) in China. https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS
- Wu, D. Y., & Tseng, W. S.(1985). Child training in Chinese culture. In
 W. S. Tseng & D. Wu (Eds.), *Chinese culture and mental health* (pp. 113–134). Elsevier.
- *Wu, M., Jiang, Q., Li, R., & Wang, F. (2012). Jiegoushi Jiating Zhiliao dui Zhuyi Quexian Duodong Zhangai Ertong Xingwei yu Zhixing Gongneng de Yinxiang [The effect of structure family therapy on behaviors and executive functions of children with ADHD]. Chinese Journal of Health Psychology, 20(9), 1353–1354.
- *Wu, Z., Ma, Z., & Du, Y. (2011). Jiyu Xuexiao de Ertong Quexian Duodong Zhangai Zonghe Ganyu [A school-based study of comprehensive intervention for children with ADHD]. *Journal of Psychological Science*, 34(4), 974–980.
- *Xian, J. (2010). Fumu Tuanti Xunlian dui Ertong de Wenti Xingwei Gaibian zhi Xiaoguo Yanjiu [The effects of parent training for the child's problem behaviors] [Master thesis]. CNKI Dissertations and Theses database. https://kns.cnki.net/KCMS/detail/detail. aspx?dbcode=CMFD&dbname=CMFD2011&filename= 1011020539.nh&v=MTY3MjVMT2ZidVJyRnkva1VyL1B WRjI2SDdPNkh0VFBwcEViUEISOGVYMUx1eFITN0Ro MVQzcVRyV00xRnJDVVI=
- Xing, X., & Wang, M. (2017). Gender differences in the moderating effects of parental warmth and hostility on the association between corporal punishment and child externalizing behaviors in China. *Journal of Child and Family Studies*, 26(3), 928–938.
- Xu, Y., Farver, J. A. M., Zhang, Z., Zeng, Q., Yu, L., & Cai, B. (2005). Mainland Chinese parenting styles and parent–child interaction. *International Journal of Behavioral Development*, 29(6), 524–531.
- *Yan, G., Wang, P., Du, W., Qi, H., & Dong, J. (2013). Fumu Peixun dui Xuelingqian Zhuyi Quexian Duodong Zhangai Huanger Ganyu Xiaoguo de Pingjia [Evaluation of the effectiveness of parent

training for pre-schoolers with ADHD]. Maternal and Child Health Care of China, 28(1), 24–25.

- *Yan, J. (2018). Xueqian Ertong Duodong Xingwei Jiating Ganyu de Gean Yanjiu [A case study on preschool children hyperkinetic behavior intervention] [Master thesis]. CNKI Dissertations and Theses database. https://kns.cnki.net/kns/detail/detail.aspx?Quer yID=1&CurRec=1&recid=&FileName=PLHY201024025& DbName=CJFD2010&DbCode=CJFQ&yx=&pr=&URLID= &bsm=QK0203
- Yang, C., Hart, C. H., Nelson, D. A., Porter, C. L., Olsen, S. F., Robinson, C. C., & Jin, S. (2004). Fathering in a Beijing, Chinese sample: Associations with boys' and girls' negative emotionality and aggression. In R. D. Day & M. E. Lamb (Eds.), *Conceptualizing and measuring father involvement* (pp. 185–215). Erlbaum.
- *Yang, M., Wu, W., Zhu, X., & Li, L. (2014). Zonghexin Xinli ZHiliao dui Ertong Duodongzheng de Liaoxiao Yanjiu [Study on the curative effect of comprehensive psychological treatment on children with attention deficit hyperactivity disorder]. *Chinese Journal* of Child Health Care, 22(12), 1311–1313.
- Yang, K. S., Yeh, K. H., & Hwang, L. L. (1989). A social attitudinal analysis of Chinese filial piety: Concepts and assessment. *Bulletin* of the Institute of Ethnology, Academia Sinica, 56, 171–227.
- *Yu, J., Roberts, M., Shen, Y., & Wong, M. (2015). Behavioral family therapy for Chinese preschoolers with disruptive behavior: A pilot study. *Journal of Child and Family Studies*, 24(5), 1192–1202.
- *Zhang, G., Cai, Y., Zhu, Y., & Wang, Y. (2018). Jiating Fuzhu Xunlian ji Jiating Jiaoyu dui Duodongzheng Ertong Shiying Xingwei de Yingxiang [Effects of assistive family training and family education on the adaptivity of children with ADHD]. *Chinese and Foreign Medical Research*, 16(36), 177–179.
- *Zhang, S., Long, J., Gong, J., & Liu, J. (2010). Shenzhenshi Xuelingqian Ertong Xingwei Wenti Diaocha he Xitongxing Jiating Ganyu dui qi Gongji Xingwei de Yinxiang [Epidemiological survey of behavioral problems among school-aged children in

shenzhen on influence of systemic family therapy to their aggressive behavior problems]. *Chinese Journal of Clinical Rational Drug Use*, *24*, 28–29.

- *Zhang, T., Fu, H., & Wan, Y. (2015). The application of behavioral family therapy to Chinese aggressive children. *The American Journal of Family Therapy*, 43(2), 132–137.
- *Zhang, T., & Fu, H. (2018). Jiating Xingwei Liaofa dui Ertong Gongji Xingwei de Ganyu Yanjiu [The application of behavioral family therapy to aggressive children]. *Chinese Journal of Clinical Psychology*, 1(26), 184–188.
- Zhang, X. (2013). Bidirectional longitudinal relations between father– child relationships and Chinese children's social competence during early childhood. *Early Childhood Research Quarterly*, 28(1), 83–93.
- *Zhang, Y., Kang, C., Zhao, X., Xuan, X., Ding, K., Liu, R., Wang, Y., Yang, R., Li, X., & Wan, S. (2014). Jiazhang Peixun Hebing Paicujiazhi Zhiliao dui Zhuyi QUexian Duodongzheng Zhangai Huaner Jiating Guanxi de Yingxiang [Effect of parent training in combination with methylphenidate treatment on family relationships for children with attention deficit/hyperactivity disorder]. *Chinese Journal of Contemporary Paediatrics*, 16(2), 185–189.
- *Zhang, Y., Wang, X., Cheng, F., Liu, Z., Yuan, H., & Hu, Z. (2011). Jiazhang Peixun Hebing Paicujiazhi Zhiliao dui Zhuyi QUexian Duodongzheng Zhangai Huaner Jiating Guanxi de Yingxiang [A follow-up study of parent training treatment in children with attention deficit hyperactivity disorder comorbidity oppositional defiant dis order]. *Chinese Journal of School Health*, 32(9), 1086–1088.
- Zheng, Y., & Zheng, X. (2015). Current state and recent developments of child psychiatry in China. *Child and Adolescent Psychiatry and Mental Health*, 9(1), 1–10.
- *Zhu, J. (2016). Jiazhang Jiaoyu Peixun zai Zhuyi Quexian Duodong Zhangai Huanger Zhiliao Guocheng Zhong de Yingyong Xiaoguo [The effectiveness of parent education training in child ADHD treatment]. *Chinese Journal of Practical Nervous Diseases.* 19(20), 56–57.