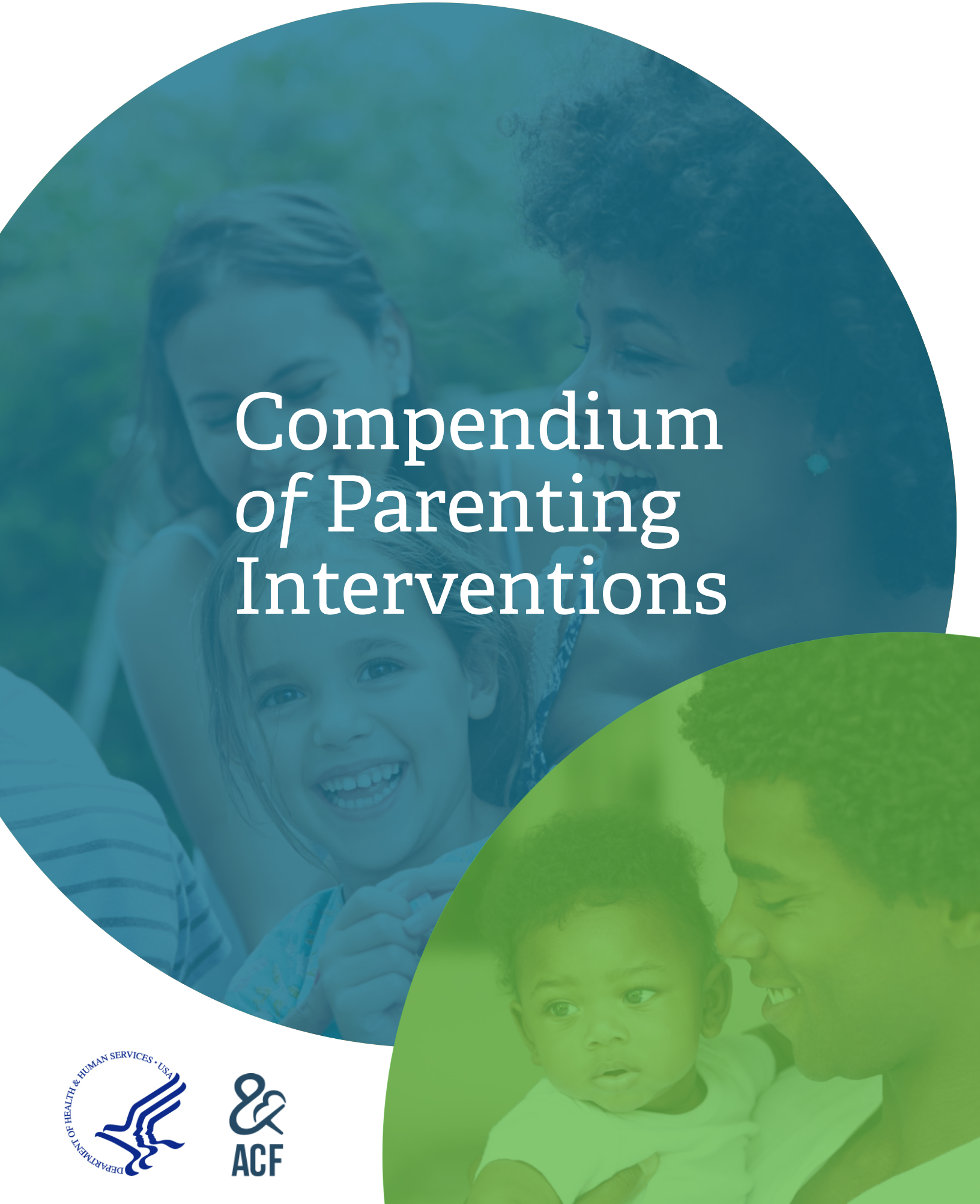
Compendium *of* Parenting Interventions



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Compendium of Parenting Interventions

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Overview

We are pleased to present you with the *Compendium of Parenting Interventions*! This collection of parenting interventions is designed to help you choose evidence-based parenting interventions that are most likely to be effective with families of young children in the settings in which you work.

We hope this resource will be helpful to you in your roles as:

- Early care and education staff and directors
- School principals
- Educators and leaders of programs, schools, communities, and state initiatives
- Parents
- Other stakeholders in the well-being of young children and their families

Our aim is to provide you with the information that you and the families you work with need to select the parenting interventions that are best for them and their children.

To get the most out of the compendium, we recommend that you begin by reading this overview. In it, we provide answers to the following questions:

- What is the purpose of the compendium?
- How does a parenting intervention work?
- What definition of a parenting intervention does this compendium use?
- How did we decide which parenting interventions to include?
- What should you consider when choosing a parenting intervention?
- What information does this compendium provide about parenting interventions?

In the next section, you will find two tables, the At-A-Glance Table to help you compare parenting interventions, and the Research and Outcomes Table, which includes research about and outcomes of each of the interventions, and profiles for each parenting intervention. The tables and profiles in this compendium can help you compare and select interventions that have the potential to support parents' efforts to be the kind of parent they long to be, and to lead to positive outcomes for young children and their families. The profiles are based on the research and other material publicly available at the time of publication of this compendium. There is also a glossary that you can use to look up any unfamiliar terms.

Our *Compendium of Parenting Interventions* is accompanied by a second volume, *Implementing Parenting Interventions in Early Care and Education Settings: A Guidebook for Implementation*. This implementation guidebook provides a road map for program, network, or state leaders to follow to successfully implement a parenting intervention.[1]

Parents are children's first and lifelong educators. Conversely, parents' most important teacher about parenting is their own child. As they watch, listen and learn, parents become the experts on their children, and know them better than anyone else. Because children are each unique, there is no single "right" way to raise them. Parents who are eager to learn more, or who are struggling with a child's difficult behaviors or with their own challenges and those of their circumstances, often turn—when they can—to family members, friends, other parents, and pediatric healthcare providers, or to books, magazines, and the Internet. Parents may also look to early care and education staff for information, guidance, and support. Evidence-based parenting interventions can be a source of all three.

There is broad consensus among early childhood researchers, policymakers, and practitioners that parenting has a profound effect on child development: healthy parenting leads to better outcomes for children and supports their resilience in the face of adversity (Belsky, 1984; Masten, 2001; Werner, 2000). Parents are their children's first nurturers, teachers, advocates, and buffers from stress. Positive parent-child relationships set the stage for children's success in school and in life. Therefore, parents are our most important partners for supporting the development and well-being of young children.

Parenting interventions are defined as interventions that have a central focus on parenting. They offer a structured set of activities that engage parents directly in ways that will influence parenting behaviors such as nurturing, discipline, teaching, monitoring, and management.

Accordingly, a primary goal of parenting interventions, as we define them in this compendium, is to promote positive child outcomes by enhancing parents' capacity to provide their young children with the sensitive and responsive care they need for learning and optimal development.

Parenting interventions are important because they have the potential to help support children and families along positive developmental pathways (Substance Abuse and Mental Health Services Administration, Center for Mental Health Services,

[1] See Halle, T., Paulsell, D., Daily, S., Douglass, A., Moodie, S., & Metz, A. (2015). Implementing parenting interventions in early care and education settings: A guidebook for implementation. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

2007). Interventions delivered early in a child's life can have a particularly powerful effect on child and parent/family outcomes compared to interventions that begin later in childhood or during adolescence (Brooks-Gunn, 2003). Those interventions that lead to positive outcomes for parents and families also are likely to have considerable benefits for their young children. In this compendium, we review parenting interventions beginning during pregnancy and for families with children between birth and eight years of age.

All of the interventions included in this compendium have a central focus on parenting. As defined here, a parenting intervention is a structured set of activities for children's primary adult caregivers that is intended to positively influence parenting behaviors and achieve positive outcomes for children. These interventions are implemented over a specific time period and offer a standardized manual for staff delivering the intervention. They can be offered in early care and education settings (center- and home-based), schools, and other community-based settings, and engage parents in promoting their infants' and young children's development and learning.

Here, *parents* refers not only to biological, adoptive, and step-parents, but also to other primary caregivers, such as grandparents, other adult family members, and foster parents. We use the term *parenting intervention* to refer to interventions for many types of primary caregivers.

Depending on their focus, parenting interventions have been shown to bring about positive child outcomes including:

- Increased social and emotional competence
- Increased language and literacy
- Increased cognitive development
- Increased child attachment and/or relationship with parent
- Decreased problem behaviors

What is the Purpose of the Compendium?

The purpose of the compendium is to provide you with the information you need to make informed judgments about which parenting interventions to use to improve child outcomes. The compendium is intended to assist you in choosing parenting interventions that align with:

- The data you collect in your program, community, network, or state about the needs, strengths, and goals of the families with whom you partner
- Your program, community, network, or state mission, goals, resources and capacities
- Head Start Program Performance Standards and as well as state quality rating and improvement systems
- Head Start and state early learning guidelines[2]

[2] For more information on using data to guide programming and professional development in your center, see *Measuring What Matters*, from the National Center on Parent, Family, and Community Engagement, at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/assessing.

Parenting interventions address a wide range of family strengths and challenges, and they use a variety of approaches to working with parents.[3] Yet not all of them will be appropriate for the context in and families with whom you work, and not all are equally effective. Therefore, it is critical that you—as a stakeholder in early childhood who may be interested in selecting an intervention—have an in-depth understanding of existing parenting interventions. This includes knowing what activities the parenting invention includes, how the activities are implemented, and what it would take for you to implement those activities.

Choosing the right intervention also requires knowing whether the intervention has demonstrated success in achieving its intended outcomes.[4] Most early childhood stakeholders do not have the time and resources to review existing evidence and to note whether there is enough evidence to support using an intervention. This is one of the ways the compendium may be particularly useful to you. We have summarized our methodical review of parenting interventions to create a resource that you can use to inform your choice about the right intervention for your program, school, community, or state, and the families with whom you work. We also give a brief overview of the research on parenting interventions, including their potential benefits, important gaps in our current knowledge, and ongoing research and implementation challenges.

The compendium also provides information about the resources and capacities you will need to implement specific parenting interventions, and the types of supports available to do so. The accompanying *Implementation Guidebook* can help you develop a process to assess your readiness for implementation of the parenting intervention you choose, and to help you advance toward readiness if you are not ready yet. You can also use it to help you select and implement an intervention that is a good fit with your needs and strengths.[5]

How Does a Parenting Intervention Work?

Theories of Change

There are many valuable approaches to partnering with parents to improve child outcomes. Because both parents' individual characteristics and their environments affect their interactions with their young children (Belsky, 1984; Bronfenbrenner, 1979), there are many possible avenues for intervention. A parenting intervention's *theory of change* describes how the intervention developer thinks the intervention will bring about the outcomes that it was designed to achieve (e.g., school readiness or positive parent-child relationships). When the information is available, we briefly report on an intervention's theory of change.[6]

> A *theory of change* describes how the intervention developer thinks the intervention will bring about the outcomes that it was designed to achieve, and the possible pathways and processes through which change will occur.

Parents' interactions with their children, and their capacity to seek and use information, skills, and support to enhance their children's development, may be shaped by a variety of factors. These include the child's and the parent's temperament, strengths and challenges, past experiences, and their current living situation and supports. The availability of concrete resources such as healthy food, safe streets and housing, and employment and educational opportunities can also play a role (Child Welfare Information Gateway, 2014). Although many

[3] Parent refers to any primary caregiver for a child.
[4] See "Exploration Stage, Hexagon Model" in Halle, T., et al. *Implementing parenting interventions.*
[5] See "Introduction" in Halle, T., et al. *Implementing parenting interventions.*
[6] For information about the theory of change for programs engaging in the process of implementation, see "Exploration Stage" in Halle, T., et al. *Implementing parenting interventions.*

parents facing adversity are very effective in optimizing their children's school readiness, some may be challenged by a pile-up of stressors.

Depending on an intervention's theory of change, it may promote effective parenting by:

- Focusing on parents' strengths, self-efficacy (Bandura, 1977), and empowerment by, for example, identifying, using, and expanding on what parents do well, and creating opportunities for parents to feel successful and to reinforce their experiences of mastery
- Affirming parents' cultural traditions, beliefs, and practices related to raising children
- Sharing information with parents, such as information about child development and learning
- Teaching or modeling parenting and discipline skills, such as strategies for managing challenging behaviors or supporting a child's learning
- Modeling healthy interactions with children, such as how to follow a child's lead during play or how to set an appropriate limit
- Changing parents' attitudes and beliefs, such as shifting parents' negative views of their child or improving their satisfaction with parenting by decreasing parental stress, increasing understanding of child development, and helping them understand and accept what can reasonably be expected of a child at a particular age
- Reducing parental stress by improving access, through case management or referrals, to material resources and services, such as healthy food, safe housing, employment and educational opportunities, and health and mental health services
- Improving social support, such as by providing opportunities for parents to connect with each other and with other community members to exchange resources, solve problems, and establish shared expectations for their children (Sampson, Morenoff, & Earls, 1999), or facilitating parents' participation in community social activities
- Working with parents on areas other than parenting (which may indirectly affect parenting), such as helping them learn English as a second language or pursuing other educational advancement

There is evidence linking each of the parenting practices listed above to positive child outcomes. However, only interventions that have some focus on parenting behaviors, beliefs, and attitudes—with or without attention to factors that indirectly influence parenting (e.g., material resources, social support, financial literacy, employment and education) are included in this compendium.

There are many useful approaches to working with families and improving child outcomes that are not included in the compendium. Below are a few examples:

- Interventions that focus on creating opportunities for parents to connect with each other without a staff group leader (e.g., self-led parent support groups)
- Interventions that build early care and education staff skills for partnering with parents without

providing a standardized manual that staff delivers to parents (e.g., staff professional development without a manual-based component for working with parents)

- Interventions that directly address local conditions in communities or larger social, political, economic, and environmental forces that influence parenting and children's learning and development (e.g., community-based initiatives to reduce poverty, homelessness, and violence)

While these interventions have many potential benefits and may play an essential role in the well-being of young children and their families, they are beyond the scope of this compendium.[7]

There are also many different ways of engaging parents to present the content of parenting interventions. This too is part of each intervention's theory of change, that is, how the intervention developer thinks that the intervention helps parents learn, change, and build new skills. Some interventions are highly flexible and co-construct activities with parents, while others are more prescriptive. Some teach by telling, and others by modeling. Lectures, discussions, creative activities, and videos are among the many different tools that different interventions use, alone or in combination.

What is the Definition of a Parenting Intervention?

For our purposes, *parenting interventions* offer a structured set of activities that engage parents directly in ways that will influence one or more of the following parenting behaviors:

- Nurturing (warmth, responsiveness, sensitivity)
- Discipline (handling challenging child behaviors, providing limits, teaching self-control)
- Teaching (conveying information or skills)
- Language (conversations)
- Monitoring (watchfulness)
- Management (scheduling, routines)

For the purposes of this compendium, an *intervention*:

- Offers some sort of standardized manual, often with other supports to help staff deliver it effectively to parents
- May use a framework or guidelines, books, videos, and other materials and resources (though use of these resources alone was not enough for something to be considered a parenting intervention)

[7] See the "Family Well-being" resource from the National Center on Parent, Family, and Community Engagement, in the *Understanding Family Engagement Outcomes Research to Practice series*: https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/family-well-being.pdf.

How We Found Parenting Interventions

In order to identify parenting interventions for consideration of inclusion in this compendium, we reviewed databases and research and practice-related Web-based clearinghouses and websites. We also asked for recommendations from early childhood and parenting researchers and practitioners, and federal staff at the U.S. Department of Health and Human Services.

How We Decided Which Interventions to Include

To create an easy-to-use compendium, or collection, of evidence-based early childhood parenting interventions for use in early care and education programs, networks, or states, we established the following criteria for selecting parenting interventions.

Inclusion Criteria

Parenting interventions included in the compendium met the following criteria:

- Through its positive effects on parenting or on parent-child interactions, the intervention has been shown to improve child outcomes (i.e., has at least one published peer-reviewed study showing outcomes) in one or more of the following areas:
    - Social-emotional development
    - Approaches to learning
    - Cognitive development
    - Language and literacy
    - Parent-child interactions and relationships
- The intervention has a broad focus on child development and learning that has potential relevance to all parents and other primary adult caregivers
- The intervention can be delivered effectively to parents by early care and education staff in their program settings (e.g., home- or center-based)
- The intervention developers offer a standardized manual and related materials to guide delivery (implementation)
- The intervention is designed to engage families with children from the prenatal period through 8 years of age; this includes families during pregnancy only if the intervention also extends past the prenatal period, and kindergarten through third grade only if the intervention commences in pre-kindergarten or earlier
- The intervention is publicly and currently available for implementation (as of the time period for our collection and review of the information)
- Enough information is currently available about the intervention to be able to implement it
- The intervention has a minimum of one study published in a peer-reviewed journal, with one exception—interventions designed by and/or for specific cultural or ethnic groups with either:

- a history of lack of access to mainstream service delivery and/or research funding and resources
- a history of negative experiences with research and evaluation related to the group's minority status
- cultural beliefs and practices that make mainstream services and/or evaluation practices inappropriate

In addition, interventions included in this compendium are:

- Delivered over a specific time period or in a specific number of sessions (intended dosage)
- Designed to have the potential to be replicated; that is, designed to be delivered in new locations in ways that are similar to the way they were first implemented and tested
- Conducted with parents in home- and center-based early care and education settings by their program staff and, in some instances, consultants as well. Some of these interventions also include direct participation by infants and children in activities, while others focus on activities for parents without their children present.

This compendium also includes parenting-specific interventions commonly used in home visiting programs that can be implemented by early care and education staff independently of the particular home visiting model, and that have been studied as delivered in home- or center-based early care and education settings.

Exclusion Criteria

We did not consider including parenting interventions in the compendium if:

- The intervention was designed originally for use outside of the United States, unless extensively implemented in the United States
- The intervention was designed only for use during pregnancy
- The intervention was designed only for use with parents of children in kindergarten or later grades (interventions that begin with parents of preschool-aged or younger children and continue through kindergarten and beyond were included)
- Sufficient information about the intervention for its inclusion was not publicly available during our review period (September 2014 through May 2015)
- The intervention was designed as a therapeutic or medical model or to be delivered exclusively by licensed clinicians
- The intervention was designed specifically for groups of parents who face a particular individual, family, or environmental challenge (e.g., mental illness, domestic violence, divorce, homelessness, community violence) or whose children face a particular challenge (e.g., chronic medical condition, exposure to trauma). While some of the parenting interventions in the compendium may contribute to positive outcomes for such parents and children (e.g., a parenting intervention that decreases parental stress may also reduce parental depression), they were not designed exclusively for the purpose of addressing these challenges. However, we did consider interventions designed for adolescent parents, fathers, and specific cultural and ethnic groups.

Examining the Evidence for Parenting Interventions

We carefully examined the research evidence for the interventions that met the initial inclusion criteria. Our review of published research studies and other publications, websites, and other publicly available information helped us make final decisions about which interventions to include.

We reviewed the evidence, when available, from well-designed research studies (e.g., randomized controlled trials, quasi-experimental studies, rigorous qualitative research) to consider whether an intervention is likely to attain its objectives and bring about the outcomes it seeks. All of the interventions had at least one published, peer-reviewed study showing that the intervention was associated with positive child outcomes. We included interventions with only one peer-reviewed published study because the research in the field on parenting interventions' child outcomes is limited. (See "Inclusion Criteria" above, and see below for more details and one exception to this criterion.)

We also considered the extent, kinds, and quality of available research evidence for these interventions that:

- Links the intervention specifically to child and parent/family outcomes
- Guides adaptation of the intervention to local communities and contexts
- Supports implementation of the intervention in real time and in real world circumstances

Limitations of Evidence and Challenges in Research

Parenting Interventions by and for Specific Cultural and Ethnic Groups

There is a significant but limited number of parenting interventions for use in early care and education settings that have published evidence clearly showing that the intervention directly leads to positive parenting and child outcomes. There are even fewer parenting interventions that meet the inclusion criteria of this compendium that were initially designed with specific cultural and ethnic groups in mind. The relative lack of published evidence for parenting interventions designed or adapted by and/or for specific cultural and ethnic groups is consistent with the broader pattern of disparity seen in health and education.

Given the cultural nature of parenting and of early childhood care and education, and the multiplicity of cultures in the United States, we believe it is important to include interventions designed by and/or for specific cultural and ethnic groups that do not yet have peer-reviewed published findings of child outcomes yet show promise (i.e., they have been widely implemented and accepted by groups for whom other parenting interventions may not be relevant or appropriate, or have been shown to have positive outcomes for families).

In some cases, it may not be possible to evaluate these interventions in ways that mainstream scientists currently accept (Tribal Evaluation Workgroup, 2013). We urge further development of parenting interventions designed by and for specific cultural and ethnic groups, as well as culturally sensitive methods for evaluating existing interventions with diverse groups of families.

Fidelity and Adaptation

An intervention that is implemented with *fidelity* is delivered in the same way its developer intended it to be delivered. However, in circumstances that differ from the initial study conditions, either *modification* (minor changes) or *adaptation* (major changes) to the intervention may be needed.

In some instances, modifications, or minor changes to an intervention may be needed in order to arrive at the best possible fit for the agency that delivers it, and the community and state in which it is implemented. For example, some tweaks may be necessary to address concrete logistical and resource realities of the agency and the families with whom it works. When making changes like these, it is important to undertake usability testing (a form of evaluation to ensure that the modifications fit for your situation) when you first deliver the intervention with modifications.[8]

In other cases, adaptation may be necessary in order for an intervention to achieve the desired outcomes. For instance, an intervention developed for center-based child care would need to be adapted considerably to be implemented with families who use home-based child care. Adaptations are also necessary for parents of children with characteristics that are different from those in the intervention as first evaluated, such as children of a particular age group, or with special challenges. Adaptation may also be necessary for an intervention to be acceptable to, respectful of, and useful for a particular cultural group (Okamoto, Kulis, Marsiglia, Holleran, Steiker, & Dustman, 2014).

Before attempting to adapt an intervention, it is important to confer with the developer. The developer should be able to provide guidance about which aspects of the intervention cannot be changed, and may be able to share the experiences other agencies and communities have had with adaptation. The compendium includes contact information for the intervention developers to help facilitate these conversations when needed.

When interventions are adapted, the changes made may also alter the likelihood of achieving the desired outcomes. This is why fidelity to the core aspects of the intervention matters (Metz, 2007; Paulsell, Austin, & Lokteff, 2013). If you change, for example, the content or structure of an intervention, the education or training requirements for the people who deliver it, or use only parts of the intervention, parents may not experience its full benefits.

There is a fine line between too many or the wrong kinds of changes, on the one hand, and, on the other, careful modification or adaptation of the intervention for the best fit without disrupting fidelity to the essentials of the intervention. Discussing the potential need for changes with stakeholders from the state, community, program, and families, as well as with developers, can be important to the process of adapting an intervention. Together, you may want to:

- Take a close look at the intervention's objectives, manual, and required resources
- Raise questions about its cultural relevance and appropriateness
- Make suggestions about possible adaptations that may help make it effective in your community

[8] See "Initial Implementation" in Halle, T., et al. *Implementing parenting interventions*, for more on usability testing as a process for systematically assessing modifications

When adaptation appears necessary, you will still want to strive for fidelity in as many components of the intervention as possible. The only way to be sure that an adapted intervention works is to test it with a well-designed evaluation. It is also important to partner with experienced evaluators who know how to do intervention research of this kind.

Whenever available for an intervention, we have included information about how long, how broadly, and with which groups an intervention has been used. When possible, we also provide information on adaptation for specific cultural and ethnic groups, children of different ages, and children and families facing different challenges. Please see the corresponding references we provide for each intervention, when available, for more information about evaluations and demonstrated outcomes of an adapted intervention, or of an intervention used with groups or in settings other than those it was first tested with.

You can review the Implementation Guidebook that accompanies this compendium for more advice about how to decide if, when, and what kinds of changes can be made to an intervention, and when the intervention developer should be consulted about possible adaptations.

Choosing Parenting Interventions

Data to Consider About Parents in Your Program, Community, and State

Ask yourself, staff, parents, and other stakeholders the following questions before you choose a parenting intervention:

- What parenting interventions are currently being delivered in your community or state, or by your community partners? How well are these interventions meeting families' needs?
- What information do you have about child outcomes that might be improved by a parenting intervention?
- What data does your program, community, network or state have about the strengths, needs, and interests of parents who will participate in the intervention?
- What are parents, providers, communities, and states ready for? For example, are there staff who will stay at a program long enough to make it worth training them to deliver the intervention? How many sessions can parents realistically be expected to complete?
- What resources can you afford to use to deliver an intervention?

Actively involving parents and staff in determining what they need, want, and are ready for can improve their participation in the interventions that are selected.[9]

Evidence to Consider About Parenting Interventions

We encourage you to consider how thoroughly an intervention has been studied before making the decision to implement it. This compendium, in the Research and Outcomes Table, provides information about both the kinds of methods used to study each intervention, and the number of different kinds of methods used. Some studies measure a positive child outcome by direct observation or testing of the child. Other studies use a teacher's or a parent's report. To condense hundreds of studies into a user-friendly compendium, this level of detail has not been included.

[9] See also Halle, T., et al. *Implementing parenting interventions*.

However, in the Research and Outcomes Table you will find a brief summary of some of the important strengths and weaknesses of the scientific evidence to date for these interventions, as well as the child and parent outcomes demonstrated by the research for each intervention. Before making your final choice, you may want to dig deeper into the studies on the interventions you are interested in. We provide references to many of these studies.

Parenting Intervention Sustainability

Parenting interventions can only be implemented when resources such as staff time and funding are available. Many interventions require additional resources over time. For example, when a trainer on staff leaves, or when a new version of the intervention is released, more training may be needed for the staff.[10]

When selecting a parenting intervention, it is important for program, community, and state leaders to ask:

- When the intervention is over, what will it take to replicate and/or sustain its benefits for children and parents?
- Can this level of investment be sustained over time for future groups of parents and children?
- What will remain when the funding runs out? For example, once staff have been trained, can the intervention be delivered without additional funding?

Parenting interventions focus on individual parenting behaviors, skills, and knowledge. Like other programmatic interventions, delivering parenting interventions usually requires continual funding. When parenting interventions have been shown to achieve their desired outcomes for the families in your program, community, or state, they can be worthwhile investments that require long-term financial commitments (i.e., a permanent line item in a budget rather than short-term, time-limited funding). Head Start/Early Head Start programs and Title I schools both have specific funding set aside for parenting/family initiatives; the Child Care Development Fund includes parenting and family engagement as an allowable use of quality dollars.[11] Community- and system-level changes can help sustain the benefits of parenting interventions by improving the wide range of conditions that affect parenting and children's learning and development.

What Information Does the Compendium Provide?

At-A-Glance Table

The At-A-Glance Table will help you compare parenting interventions using descriptive information. For each parenting intervention included in the compendium, the table includes a brief description, child outcomes, child age, required initial training, level of education required to deliver the intervention, and startup costs.

[10] See "Full Implementation" in Halle, T., et al. *Implementing parenting interventions* for more information on sustaining parenting interventions.

[11] Quality dollars are flexible funds that enable states to extend the reach of the Child Care Development Fund.

Research and Outcomes Table

The Research and Outcomes Table will allow you to compare the evidence across the parenting interventions included in the compendium, so you can use the research to make an informed choice. Information about the amount, kinds, and quality of evidence currently available for each intervention is included here. You will also be able to compare the different kinds of child and family outcomes each of the interventions has demonstrated.

Profiles

In this compendium, you will find a profile of each parenting intervention. The profiles provide available information to help you determine whether an intervention:

- Addresses the specific objectives you have chosen
- Has achieved the specific outcomes you seek
- Has requirements that are in line with staff resources and readiness (e.g., the cost of the intervention, the time required to learn to deliver the intervention)
- Makes demands that do not exceed family resources and readiness (for example, the time parents must commit to the intervention)
- Offers the supports that you will need to implement the intervention effectively
- Has been used with or adapted for settings and families that may have some features in common with the ones you serve

Each profile includes contact information for the intervention developer. The profiles are in alphabetical order by the name of the parenting intervention.

Glossary

A brief glossary provides definitions for technical language that appears in the compendium. We encourage you to look in the glossary for any terms for which you would like further clarification.

References

A short list of selected references is provided in the compendium for those who would like to learn more. It includes some general references, as well as references for individual interventions in alphabetical order.

Thank you for using this resource. We hope you find it useful in your efforts to partner with families and children in your program and community!

At-A-Glance Table

Introduction

This table provides information to help early care and education programs, schools, community-based settings, networks, and states select parenting interventions. For each intervention, the table presents intervention descriptions, and information about child outcomes, child age, required training and education level, and costs to implement the intervention. The information provided here comes from a range of publicly available sources and is subject to change.

Organization

The columns shown in the table are described below. Some information in the table is presented using icons to give users quick and accessible information, and those icons are defined below.

Intervention Name and Description

The intervention name, acronym (if any), and a brief description. The description includes the method of delivery to parents, that is, whether it is delivered in a group with other parents, or individually, and whether in their homes or in the agency.

Child Outcomes

The following categories are used to present child outcomes demonstrated in peer-reviewed studies:

- Increased (⬆) social and emotional competence
- Increased (⬆) language and literacy
- Increased (⬆) cognitive development
- Increased (⬆) child attachment and/or relationship with parent
- Reduced (⬇) problem behaviors

Parent/Family Outcomes

Identifies the interventions that have parent/family outcomes demonstrated in peer-reviewed studies

Child Age

The following icons are used to present the age range and grade of children served:

- Prenatal and Infant
- Infant: 0-1 years
- Toddler: 1-3 years
- Pre-K: 3-6 years
- Pre-K+: through 3rd grade

Required Initial Training to Deliver Intervention

The number of days of required training to implement the intervention:

# of Days

Qualifications

A description of the level of education and/or qualifications needed to deliver the intervention

Startup Costs

The following icons are used to provide estimates of the startup, or up-front, costs associated with each intervention. Higher up-front costs are often associated with more intensive startup services from the developer.

Free	Intervention is available free of charge	$$$	$1,000-$1,499
$	$499 or less	$$$$	$1,500-$1,999
$$	$500-$999	$$$$$	$2,000 or more

Ongoing costs

Some interventions have ongoing costs associated with the intervention. These typically include things like materials, additional training, and program certifications. When making a decision to implement a particular intervention, programs should consider ongoing costs (not included in this table) based on existing resources, capacity, space, consultants, etc.

At-A-Glance Table

Explore this table to compare all of the parenting interventions included in this compendium.

Intervention Name and Description	Child Outcomes					Parent/ Family Outcomes	Child Age		Required Initial Training	Qualifications	Startup Costs
	← Social and Emotional Competence	← Language and Literacy	← Cognitive Development	← Child Attachment and/or Relationship with Parent	→ Problem Behavior		Prenatal, Infant, Toddler	Pre-K (3-6), Pre-K+			
1-2-3 Magic A group-based behavioral intervention combining psycho-education about age-appropriate expectations, child behavior problems, and parent-child interactions with behavior modification strategies					✓	✓			1 day	Mental health professionals, teachers, or any individual trained to work with parents	$
Abriendo Puertas/Opening Doors A group-based parent-informed curriculum to support Latino parents in their role as family leader and their child's first teacher									3 Days	No education requirements; leaders need training certification	$$$$$
Adults and Children Together-Raising Safe Kids (ACT-RSK) A group-based intervention for parents with children from birth to 8 years old, which aims to help parents and caregivers provide safe environments in which to raise children without violence	✓				✓	✓			2 Days	Minimum qualification is associate degree; bachelor's degree preferred	$ Training
Chicago Parenting Program (CPP) A group-based skills training focused on the parent-child relationship					✓	✓			2 Days	At least one group leader should have a master's degree	$$$$$
Circle of Security (COS) A group-based intervention to develop secure attachments between a child and his/her caregiver				✓		✓			Up to 10 Days	No minimum requirement to deliver the intervention; minimal requirements for some trainings	$- $$$$$
Effective Black Parenting Program (EBPP) A group-based sequenced cognitive-behavioral parenting skill training intervention adapted from the Confident Parenting Program					✓	✓			5 Days	African-American recommended; undergraduate or graduate degrees in fields such as social work, psychology, counseling or education; supervisor must be a licensed mental health clinician	$$

STARTUP COSTS: Free Intervention is available free of charge; **$** $499 or less; **$$** $500-$999; **$$$** $1,000-$1,499; **$$$$** $1,500-$1,999; **$$$$$** $2,000 or more

Note: This table includes interventions developed by and/or for specific ethnic and cultural groups for which there are not peer-reviewed published child outcomes. (See "Inclusion Criteria" and "Exclusion Criteria" for more information.)

At-A-Glance Table

Intervention Name and Description	Child Outcomes					Parent/ Family Outcomes	Child Age		Required Initial Training	Qualifications	Startup Costs
	← Social and Emotional Competence	← Language and Literacy	← Cognitive Development	← Child Attachment and/or Relationship with Parent	→ Problem Behavior		Prenatal, Infant, Toddler	Pre-K (3-6), Pre-K+			
Incredible Years® (IY) Preschool Basic A group-based intervention targeting parents of preschoolers, teaching parents how to build school readiness skills and partner with teachers and childcare professionals	✓				✓	✓			3 Days	One leader should have master's degree or higher	$$$$$
Incredible Years® (IY) Toddler Basic A group-based intervention targeting parents of toddlers, teaching parents how to build school readiness skills and partner with teachers and childcare professionals					✓	✓			3 Days	One leader should have master's degree or higher	$$$$ Varies based on program size
Legacy for Children™ A group –based, parent-focused public health preventive intervention model that consists of regular group meetings of mothers, including mother-only time and mother-child time, to develop and explore goals for their children with other mothers in similar situations	✓				✓				5 Days	Bachelor's degree in social science or education	FREE $
Los Niños Bien Educados (LNBE) A group-based, culturally-adapted parenting skill-building intervention designed expressly for Latino parents									5 Days	Completion of intervention training required; most instructors have college degrees	$$
Nurturing Parenting Programs A group and individual evidence-based, family-centered intervention to build nurturing parenting skills and reduce abusive and neglectful parenting practices	✓		✓	✓	✓	✓			1 day	Train the Trainer Workshops Prerequisite: Completion of Facilitators Training	$$$$ Intervention materials

Note: This table includes interventions developed by and/or for specific ethnic and cultural groups for which there are not peer-reviewed published child outcomes. (See "Inclusion Criteria" and "Exclusion Criteria" for more information.)

At-A-Glance Table

Intervention Name and Description	Child Outcomes					Parent/ Family Outcomes	Child Age		Required Initial Training	Qualifications	Startup Costs
	← Social and Emotional Competence	← Language and Literacy	← Cognitive Development	← Child Attachment and/or Relationship with Parent	→ Problem Behavior		Prenatal, Infant, Toddler	Pre-K (3-6), Pre-K+			
ParentCorps A school-based, group preventive intervention engaging and supporting parents and teachers of children entering school to mitigate the negative impact of poverty on early development			✓		✓	✓			5 Days	No minimum educational level; group leaders with backgrounds in mental health; child groups led by educational assistants, teachers, or family workers	$$$$$
Parents as Teachers (PAT) A group- and individual-based, family-focused parent education intervention	✓	✓	✓			✓			5 Days	HS diploma or GED and 2 years' experience in early childhood	$$$$$ (Affiliate) $ (Subscriber)
Play and Learning Strategies (PALS) A group-based intervention geared for families with limited resources or "at-risk" infants, to help parents develop skills for interacting with their infants and toddlers		✓	✓	✓		✓			5 Days	PALS certification; associate degree or higher	$$$$$
Positive Indian Parenting (PIP) A practical and culturally-specific group-based training for American Indian/Alaska Native/First Nations (AI/AN/FN) parents to help them explore the values and attitudes expressed in traditional AI/AN/FN child-rearing practices and then apply those values to modern parenting									3 Days	No information available	$- $$$$$ Costs are dependent upon where the training is held.
Strengthening Families Program (SFP) A group-based, family skills training intervention providing children's life skills, parenting life skills, and family life skills sessions	✓				✓	✓			2 Days	Attend training	$$$$$ (Training only)

STARTUP COSTS: Free Intervention is available free of charge; **$** $499 or less; **$$** $500-$999; **$$$** $1,000-$1,499; **$$$$** $1,500-$1,999; **$$$$$** $2,000 or more

Note: This table includes interventions developed by and/or for specific ethnic and cultural groups for which there are not peer-reviewed published child outcomes. (See "Inclusion Criteria" and "Exclusion Criteria" for more information.)

At-A-Glance Table

Intervention Name and Description	Child Outcomes					Parent/ Family Outcomes	Child Age		Required Initial Training	Qualifications	Startup Costs
	← Social and Emotional Competence	← Language and Literacy	← Cognitive Development	← Child Attachment and/or Relationship with Parent	→ Problem Behavior		Prenatal, Infant, Toddler	Pre-K (3-6), Pre-K+			
Systematic Training for Effective Parenting (STEP) A group-based skills training to help parents deal with frequently encountered challenges	✓				✓	✓			1 day	No minimal education requirements; training recommended for professionals such as counselors and teachers	$
Triple P Level 2 A "light touch" parenting and family support providing brief assistance to parents, delivered as part of a group seminar or to individual families	✓				✓	✓			2-3 Days	No minimum requirement; typically delivered by education, health, and welfare professionals	$$$$$
Triple P Level 3 Targeted counseling for parents of a child with mild to moderate behavioral difficulties, delivered either to groups or individual families	✓				✓	✓			2-3 Days	No minimum requirement; typically delivered by education, health, and welfare professionals	$$$$$
Triple P Level 4 Targeted counseling for parents of children with more severe behavioral difficulties, but who may or may not yet meet diagnostic criteria for a behavioral disorder, delivered either to groups or individual families	✓				✓	✓			2-3 Days	No minimum requirement; typically delivered by health, education, and welfare professionals with post-high school degree	$$$$$

Note: This table includes interventions developed by and/or for specific ethnic and cultural groups for which there are not peer-reviewed published child outcomes. (See "Inclusion Criteria" and "Exclusion Criteria" for more information.)

Peer-Reviewed Published Research and Outcomes Table

Introduction

For each intervention, this table presents information about the nature of research on each intervention, and each intervention's outcomes as demonstrated by that research. You can use it to quickly compare the evidence across the parenting interventions included in the compendium.

Information about the amount, kind, and quality of evidence currently available for each intervention is included here. You will also be able to compare the outcomes demonstrated by the research on these interventions that has been published in peer-reviewed journals. This information may be useful as you consider your choice of parenting interventions and respond to questions from funders and other stakeholders about the interventions you are considering.

Organization of Table

The categories shown in the table are described below. A key to the abbreviations used is also provided. See the Glossary for definitions of the terms used in this table.

Research

Intervention name

Name of the intervention and acronym (if any)

Number of peer-reviewed publications

This column provides an assessment of the number of peer-reviewed publications that we were able to identify for each intervention.

KEY: ○ Limited (1) ▦ Adequate (2-10) ● Extensive (11 or More)

Study design

Types of study designs used in the research on each intervention, and the number of studies completed for each intervention using each of type of design. Study designs considered here include randomized control trials, quasi-experimental, descriptive, and qualitative (including ethnographic). Randomized control trials and quasi-experimental study designs are meant to determine whether a particular outcome is clearly the result of the intervention itself. Descriptive and qualitative studies are designed to help answer other questions, such as why the intervention causes a certain outcome; for whom, when, and where it works; and why it may not work for some people in some settings.

Characteristics of measures used

Indicates whether studies used standardized or non-standardized measurement tools, and whether they used only one or multiple measure(s). Use of standardized and multiple measures can provide greater certainty about the outcomes demonstrated by a study. However, some study designs (e.g., descriptive and qualitative) may not lend themselves to standardized or multiple measures.

(In this category, "standardized" is also used to refer to studies that used standardized and non-standardized measures to understand the influence of the intervention. "Non-standardized" refers to studies that used only non-standardized measures.)

KEY	Measure
STM	Standardized Measure
NSM	Non-Standardized Measure
MM	Multiple Measure

Largest sample size

Refers only to the study that had the largest number of parents participate. The sample size, or the number of people participating in a study, can influence the certainty of the findings.

Outcomes

Describes the types of outcomes that the intervention helps to influence. These include child and parent/family outcomes.

Child outcomes

The following categories indicate child outcomes found in peer-reviewed studies:

- Increased (⬆) social and emotional competence
- Increased (⬆) language development and literacy (knowledge and skills)
- Increased (⬆) cognitive development
- Increased (⬆) child attachment and/or relationship with parent
- Decreased (⬇) problem behaviors

Parent/family outcomes

The following categories indicate parent/family outcomes found in peer-reviewed studies:

- Increased (⬆) positive parent relationships and/or interactions with child
- Increased (⬆) positive parenting practices and attitudes (knowledge, attitudes, confidence in parenting, related to all aspects of parenting)
- Increased (⬆) positive discipline practices
- Increased (⬆) parent well-being (related to depression, social support, violence prevention, anxiety, inter-parental conflict)
- Increased (⬆) knowledge of child development
- Decreased (⬇) parenting stress
- Decreased (⬇) child maltreatment

Peer-Reviewed Published Research and Outcomes Table

Use this table to compare peer-reviewed published research about and outcomes for the interventions found in this compendium.

Intervention Name	Research							Outcomes											
		Study Design						Child					Family						
	No. of Peer Reviewed Publications ○: Limited ▒: Adequate ●: Extensive	Randomized Control Trial	Quasi-Experimental	Descriptive	Qualitative	Characteristics of Measures	Largest Sample Size	← Social and Emotional Competence	← Language and Literacy	← Cognitive Development	← Child Attachment and/or Relationship with Parent	→ Problem Behaviors	← Positive Parent Relationships/ Interactions with Child	← Positive Parenting Practices and Attitudes	← Positive Discipline Practices	← Parent Well Being	← Knowledge of Child Development	→ Parenting Stress	→ Child Maltreatment
1-2-3 Magic	▒ (3)	✓ (3)				STM (10) NSM (1) MM	222					✓		✓		✓		✓	
Adults and Children Together Raising Safe Kids (ACT)	● (11+)	✓ (1)	✓ (5)	✓ (5)		STM (14+) NSM (5+) MM	339	✓				✓		✓	✓	✓	✓		
Chicago Parenting Program (CPP)	▒ (3)		✓ (2)	✓ (1)		STM (8+) MM	504					✓		✓	✓				
Circle of Security (COS)	▒ (3)	✓ (2)		✓ (1)		STM (9) NSM (1) MM	220				✓			✓		✓		✓	
Effective Black Parenting Program (EBPP)	○ (1)		✓ (1)			STM (5) NSM (2) MM	173					✓	✓	✓	✓				

Characteristics of Measures: **STM: Standardized, NSM: Non-standardized, MM: Multiple Measures**

NOTE: This table includes only those interventions for which there is peer-reviewed, published research on child outcomes.

Peer-Reviewed Published Research and Outcomes Table

Intervention Name	Research							Outcomes											
		Study Design						Child					Family						
	No. of Peer Reviewed Publications ○: Limited ▒: Adequate ●: Extensive	Randomized Control Trial	Quasi-Experimental	Descriptive	Qualitative	Characteristics of Measures	Largest Sample Size	⬅ Social and Emotional Competence	⬅ Language and Literacy	⬅ Cognitive Development	⬅ Child Attachment and/or Relationship with Parent	➡ Problem Behaviors	⬅ Positive Parent Relationships/ Interactions with Child	⬅ Positive Parenting Practices and Attitudes	⬅ Positive Discipline Practices	⬅ Parent Well Being	⬅ Knowledge of Child Development	➡ Parenting Stress	➡ Child Maltreatment
Incredible Years® (IY) Preschool Basic	▒ (4)	✓ (4)				STM (10+) NSM (2) MM	394	✓				✓		✓	✓				
Incredible Years® (IY) Toddler Basic	▒ (3)	✓ (3)				STM (10) NSM (2) MM	208					✓		✓				✓	
Legacy for Children™	▒ (2)	✓ (2)				STM (6) MM	574	✓				✓							
Nurturing Parenting Programs	▒ (8)	✓ (1)	✓ (4)	✓ (3)		STM (8) NSM (2) MM	528	✓		✓	✓	✓	✓	✓	✓	✓	✓		✓
ParentCorps	▒ (3)	✓ (3)				STM (12+) NSM (2) MM	1050			✓		✓		✓		✓			

Characteristics of Measures: **STM: Standardized, NSM: Non-standardized, MM: Multiple Measures**

NOTE: This table includes only those interventions for which there is peer-reviewed, published research on child outcomes.

Peer-Reviewed Published Research and Outcomes Table

Intervention Name	Research							Outcomes											
	No. of Peer Reviewed Publications : Limited : Adequate : Extensive	Study Design				Characteristics of Measures	Largest Sample Size	Child					Family						
		Randomized Control Trial	Quasi-Experimental	Descriptive	Qualitative			← Social and Emotional Competence	← Language and Literacy	← Cognitive Development	← Child Attachment and/or Relationship with Parent	→ Problem Behaviors	← Positive Parent Relationships/ Interactions with Child	← Positive Parenting Practices and Attitudes	← Positive Discipline Practices	← Parent Well Being	← Knowledge of Child Development	→ Parenting Stress	→ Child Maltreatment
Parents as Teachers (PAT)	(6)	✓ (3)	✓ (3)			STM (25) NSM (1) MM	5721	✓	✓	✓				✓			✓		✓
Play and Learning Strategies (PALS)	(3)	✓ (3)				STM (8) NSM (1) MM	264		✓	✓	✓		✓	✓					
Strengthening Families Program (SFP)	(5)		✓ (3)	✓ (2)		STM (7) NSM (1) MM	1600	✓				✓	✓	✓	✓	✓			
Systematic Training for Effective Parenting (STEP)	(16)	✓ (3)	✓ (5)	✓ (6)	✓ (2)	STM (14) NSM (1) MM	199	✓				✓		✓	✓	✓		✓	
Triple P Level 2	(8)	✓ (5)	✓ (2)	✓ (1)		STM (10) NSM (3) MM	244	✓				✓	✓	✓		✓		✓	

Characteristics of Measures: **STM: Standardized, NSM: Non-standardized, MM: Multiple Measures**

NOTE: This table includes only those interventions for which there is peer-reviewed, published research on child outcomes.

Peer-Reviewed Published Research and Outcomes Table

Intervention Name	Research							Outcomes											
	No. of Peer Reviewed Publications : Limited : Adequate : Extensive	Study Design				Characteristics of Measures	Largest Sample Size	Child					Family						
		Randomized Control Trial	Quasi-Experimental	Descriptive	Qualitative			← Social and Emotional Competence	← Language and Literacy	← Cognitive Development	← Child Attachment and/or Relationship with Parent	→ Problem Behaviors	← Positive Parent Relationships/ Interactions with Child	← Positive Parenting Practices and Attitudes	← Positive Discipline Practices	← Parent Well Being	← Knowledge of Child Development	→ Parenting Stress	→ Child Maltreatment
Triple P Level 3	(8)	✓ (4)	✓ (2)	✓ (2)		STM (17+) NSM (3) MM	129	✓				✓	✓	✓		✓			
Triple P Level 4	(62)	✓ (43)	✓ (3)	✓ (16)		STM (40+) NSM (3) MM	2207	✓				✓	✓	✓		✓			

Characteristics of Measures: **STM: Standardized, NSM: Non-standardized, MM: Multiple Measures**

NOTE: This table includes only those interventions for which there is peer-reviewed, published research on child outcomes.

Profiles

Introduction

The following profiles offer more detail about the interventions listed in the At-A-Glance Table. Profiles contain information that comes from the developer, the developer's website, and/or other publicly available sources. This information (including costs) is subject to change. *The outcomes, however, are based on the scientific evidence from peer-reviewed publications*.

Because the information about each intervention comes from different sources, the nature of the information available varies across interventions. As a result, the information presented in some of the sections may also vary from one intervention to the next. You will find key publications and resources on each intervention in the "References" section at the end of the compendium.

Organization of profiles

Each parenting intervention profile includes the following information:

Intervention Name

The intervention name and acronym (if any)

Developer

Name(s) of the individual(s) or the organization that developed the intervention

Developer Website

Link to the website about the intervention, offered by the developer (if available)

Contact Information

Name, address, phone, and/or email of best point of contact

Intervention Overview

Summary of the intervention based on a comprehensive review of multiple sources. In some instances, we quote developers directly (indicated by quotation marks).

Families Served

Description of the families served, including characteristics of families that the intervention was intended for and that have received the intervention, whether documented in research or in other materials

Intervention Objectives

List of the intervention's objectives (the goals). Developers describe interventions in varying ways. This section uses information from multiple sources to describe the intervention's overarching objectives. In some instances, we quote developers directly (indicated by quotation marks).

Core Components

Overview of the content, delivery method(s), and theoretical or evidence base

Intervention Intensity and Length

Frequency and duration of the intervention

Implementation

Details about implementing the intervention, including the date the intervention was made available to the public; the number of families served; implementation locations and settings (agencies and sectors); and more detailed information about families served as reported in various sources

Workforce Qualifications

Minimum professional, training, or other skill requirements to deliver the intervention

Training

Training requirements and availability

Support from the Developer

Additional developer support outside of training

Costs

Costs to purchase the intervention and related materials or training, paid directly to the developer. This does not include agencies' implementation or ongoing costs, such as staff time, venue, marketing, etc.

Languages Available

Languages for which the intervention materials are available

Outcomes

Highlights of parent/family and child outcomes as reported in peer-reviewed research publications

Adaptation and Enhancements

Adaptations or enhancements made to the intervention are included here if they have been evaluated. For related information about changes to the intervention that have not been evaluated for specific groups of families, settings, or needs, see also "Families Served" and "Implementation." Adaptations are categorized here as Child or Parent Special Challenges, Culture, and Different Child Age Groups.

1-2-3 MAGIC

Intervention Overview

The 1-2-3 Magic parenting intervention (1-2-3 Magic) aims to educate caregivers about age-appropriate expectations and child behavior problems.

The primary focus is on improving parent-child relationships and decreasing children's disruptive and oppositional behaviors, while increasing positive behavior or "compliance."

Families Served

Parents and caregivers of children 18 months to 12 years old.

Intervention Objectives

- Reduce children's oppositional and disruptive behavior
- Improve "compliance with adult requests"
- Improve parent-child relationship quality
- Reduce family stress
- Increase marital satisfaction

Core Components

1-2-3 Magic consists of parent group interventions, books, DVDs, leader guides, and booklets geared toward parents, caregivers, child welfare workers, mental health professionals, pediatricians, and other professionals.

Parents and caregivers can choose to either use the materials and resources on their own or participate in one of the 1-2-3 Magic parent group interventions.

According to the developer, 1-2-3 Magic teaches the following steps:
1. Control "obnoxious" behavior
2. Encourage good behavior
3. Strengthen relationships

Intervention Intensity and Length

1-2-3 Magic offers parents and caregivers the opportunity to "self-learn at their own pace." This can be accomplished through parent groups and materials such as the 1-2-3 Magic book, 1-2-3 Magic: Effective Discipline for Children 2-12, DVDs, and quick reference guides.

There are 3 two-hour sessions that employ DVDs or PowerPoint presentations. The sessions can be offered to parent groups or individual parents.

Developer:
Dr. Tom Phelan
Developer Website:
http://www.123magic.com/
Contact:
Dr. Tom Phelan
Parent Magic, Inc.
800 Roosevelt Road, B-309
Glen Ellyn, IL 60137
Email Address:
custcare@parentmagic.com
Phone Number:
1-800-442-4453
Training Contact:
Dr. Tom Phelan

Implementation

Number of Families Served

Approximately 100,000 individuals have attended a 1-2-3 Magic seminar.

Date Available to Public

Developed and used as a seminar in 1984, 1-2-3 Magic was published in 1990.

Where Implemented

Seminars have been implemented in 48 U.S. states and Puerto Rico.

Kinds of Agencies/Sectors

- Mental health clinics
- Classrooms
- Child welfare agencies

1-2-3 Magic has been used with children with autism spectrum disorders or other "special needs," children who have been maltreated, and families "at-risk."

Workforce Qualifications

Child welfare workers, mental health providers, pediatricians, and other professionals are qualified to provide 1-2-3 Magic in one-on-one session settings or a group seminar format.

Training

Mental health professionals, teachers, or those trained to work with parents can learn at their own pace using products such as "presentation packages" and leader guides. 1-2-3 Magic also provides a six-hour, one-day in-person training or an archived training conducted by Dr. Phelan, available at pesi.com.

Support from the Developer

Several materials are available to support providers. Participants can also either purchase the intervention in a book form or attend a local parent group. Direct support from the developer is not available.

Costs

The self-guided learning book used as this intervention's manual, "1-2-3 Magic: Effective Discipline for Children 2-12," is available on the developer's website for $14.95.

Training:

- One-day, six-hour in-person training: $350.00 (price may vary) per participant including presentation package
- Local training: $3,500 plus one-day travel expenses for one trainer
- Online archived six-hour training: $169

Other materials:

- Quick reference guides: $5.95-$12.95
- Professional-level presentation kits: $295
- Leader Guide Package: $149.95

Languages Available

The 1-2-3 Magic book is available in English, Spanish and over 20 other languages. Other materials (DVD and materials for children) are available in English and Spanish.

Outcomes

Parent/Family

- Improvement in parenting practices
- Increases in parental confidence
- Decreased parental stress
- Improved parent/family well-being (reduced depression)
- Increased parental knowledge in areas of child development and in behaviors that enhance child learning

Child

- Decrease in child problem behaviors
- Improvements in child behavior

Adaptations and Enhancements

No information available

ABRIENDO PUERTAS/ OPENING DOORS

Intervention Overview

Abriendo Puertas/Opening Doors (AP/OD) is an intervention that aims to support Latino caregivers in "family leader roles and as their child's first teacher." It is the first intervention created by and for Latino parents and has also been used in several multicultural settings. AP/OP was intended for use with families with low incomes and/or immigrant status. The intervention takes a two-generational approach that focuses on both child and parent objectives. AP/OD is influenced by Paulo Freire's "popular education" approach. Parents are further engaged by using art and cultural games.

Families Served

Parents with children 0 to 5 years old

Developed by and for Latino caregivers, it has also been used with African-American, Asian-American, and Euro-American families.

Intervention Objectives

- Support parents in roles as family leaders
- Support parents in roles as children's first and most influential teachers
- Build parent leadership skills and knowledge
- Promote family well-being and positive education outcomes for children

Core Components

The AP/OD program uses Paulo Freire's "popular education" approach. This centers on "uncovering links between one's experience and broader historical and global processes" that will aid in "self-reflection and action/change".

AP/OD also incorporates *Dichos*, or popular sayings, to describe each of the 10 intervention sessions. Sessions include culturally familiar activities.

The intervention has four core principles:

1. Parents are their child's first and most important teacher
2. Parents have the capacity to foster their child's healthy development
3. Parents can be confident and strong advocates for their children when they learn to navigate the social systems that have an impact on their children
4. Parents have the right and responsibility to be civically engaged to promote success for their children

Developer:
Sandra Gutierrez
Developer Website:
www.ap-od.org/about-us
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Phone Number:
213-346-3284
Training Contact:
Debbie Ignacio
dignacio@ap-od.org
213-346-3216

Intervention Intensity and Length

Two-hour sessions are conducted weekly over the course of 10 weeks.

Implementation

Number of Families Served

70,000 families since 2007

Date Available to Public

According to the developer's website, AP/OD began in 2007.

Where Implemented

Has been used in 270 U.S. cities, 34 states, and 350 communities

Kinds of Agencies/Sectors

AP/OD has been used by Catholic Charities USA, Fronteras Education, Latino Policy Forum, National Head Start Association, and Partnership for Community Action.

AP/OP has been used with families with low incomes and/or with immigrant status.

Workforce Qualifications

AP/OD is facilitated by local community organizations and leaders. There are no specific education requirements, only certification in AP/OD.

Training

AP/OD uses a "train-the-trainer" approach and offers workshops that cover the 10 sessions, the cultural and linguistic relevance of the intervention, and popular education strategies.

Training is conducted by the developers, on-site at local agencies, or off-site at training institutes in several locations throughout the United States. Participants are certified to train others at the end of the workshops and become part of a nationwide network of trainers.

Support from the Developer

AP/OD has a nationwide network of trainers who meet annually at a conference to refresh their training.

AP/OD also provides technical assistance as the intervention is being implemented, and through completion of the intervention, at no cost.

Costs

- $2,000 per participant to host a three-day training institute. Upon successful completion, participants will be certified to train others and receive all needed implementation materials. This price is negotiable depending on the location of the intended intervention, and travel required.

Languages Available

Spanish, English

Outcomes

Parent/Family

- None documented in published peer-reviewed studies

Child

- None documented in published peer-reviewed studies

Adaptations and Enhancements

No information available

ADULTS AND CHILDREN TOGETHER RAISING SAFE KIDS

Intervention Overview

The Adults and Children Together Raising Safe Kids (ACT-RSK) intervention aims to help parents and caregivers provide safe environments in which to raise children without violence. ACT-RSK is designed to prevent and reduce child maltreatment, increase positive, nonviolent parenting skills, and reduce children's aggression. ACT-RSK is a community-based intervention for groups of parents with children from birth to 8 years old.

Families Served

Parents or caregivers of children ages 0 to 8

ACT-RSK has been adapted for and piloted with incarcerated fathers.

Intervention Objectives

- Educate parents and caregivers about positive, effective parenting
- Strengthen families and create a safe and healthy environment that prevents child maltreatment

Core Components

The ACT-RSK curriculum is based on these foundations:

1. The early years of life are a critical time in development when children are learning basic skills that have long-term effects on their lives.
2. Parents and caregivers can be the best providers of role modeling.
3. Exposure to maltreatment early in life can have serious and long-lasting impacts on emotional, cognitive, and behavioral development.
4. The motivational interviewing (MI) approach and techniques are embedded into the curriculum to help parents decide to change parenting practices and promote positive behavioral changes.
5. Cultural competence is a primary objective in the training of intervention group facilitators, and guides thoughtful curriculum adaptations.

Given these considerations, ACT-RSK focuses on educating parents and caregivers of young children about child development, risk factors for and impact of maltreatment on children, and positive ways to solve problems, manage anger, and discipline children.

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Training Contact:
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Intervention Intensity and Length

Nine weekly two-hour groups for parents and caregivers

Implementation

Number of Families Served

According to the developer, approximately 2,000 families per year

Date Available to Public

Launched in 2001

Where Implemented

Used in over 100 communities throughout the United States and in Puerto Rico

Kinds of Agencies/Sectors

- Education settings
- Community health centers
- Clinics
- Prisons
- Shelters
- Places of worship
- Social service agencies

ACT-RSK has been used and researched with Euro-American, African-American, and Hispanic/Latino families as well as families consisting of underinsured/uninsured immigrants, primarily from Latin America.

Workforce Qualifications

The minimum qualification accepted to be an ACT-RSK facilitator is an associate's degree, and a bachelor's degree is preferred. Training is offered for organizations and various professionals including but not limited to counselors, social workers, mental health providers, law enforcement personnel, medical staff, childcare workers, and educators.

Training

Two-day training for individuals who wish to become ACT-RSK group facilitators are conducted by certified trainers at five ACT Regional Centers and other sites in the United States.

Support from the Developer

Oversight of implementation is provided by the APA Violence Prevention Office in collaboration with the directors of the five ACT Regional Centers through regular emails, the ACT listserv, conference calls, Skype, webinars, and the two-day annual ACT Leadership Seminar at the American Psychological Association headquarters in Washington, DC.

The Violence Prevention Office functions as a catalyst and focal point, creating a sense of community and collaboration among all involved.

Costs

One-Time Costs (Per Person)

- $125-220 for the Facilitator Training

Languages Available

English, Spanish, Portuguese, Greek, Japanese, and Mandarin Chinese

Outcomes

Parent/Family

- Improved parenting practices
- Improved child development knowledge
- More positive attitudes about parenting
- Expanded behavioral management skills
- Improved disciplinary practices including a reduction of harsh and physical discipline
- Improved parent/family well-being including better social support, social problem solving, anger management, and increased knowledge of violence prevention
- Improved communication with children

Child

- Reduction in child problem behaviors
- Reduction in child bullying of peers

Adaptations and Enhancements

No information available

CHICAGO PARENT PROGRAM

Intervention Overview

Chicago Parent Program (CPP) was developed with the participation and input of a panel of seven African-American and five Latino parents. The intervention focuses on the parent-child relationship to build positive parenting strategies that promote children's socio-emotional development while reducing behavior challenges.

Families Served

Parents and caregivers of children 2 to 5 years old

CPP was originally developed for African-American and Latino parents with low incomes raising young children in urban communities. It is designed to serve a "culturally and economically diverse audience."

Intervention Objectives

- Nurture child social and emotional development
- Reduce child behavior challenges
- Promote positive parenting strategies while reducing harsh or inconsistent parenting behaviors

Core Components

CPP is delivered through parent groups using video vignettes that show parent-child interactions in the real world and in challenging situations. Group leaders use the videos to guide discussion about solving common parenting challenges. The intervention maintains that there is no one correct way to parent and tries to be respectful of parents' ideas and values.

Below is an outline of the Chicago Parent Program:

- Unit One: The Value of Your Attention
- Unit Two: Using Your Authority Wisely
- Unit Three: Managing Your Stress
- Unit Four: Sticking with the Program

Intervention Intensity and Length

CPP is delivered in two-hour weekly sessions over 11 weeks, supplemented by one booster session four to eight weeks later.

Implementation

Number of Families Served

Developer estimates that over 1,000 families have been served

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Date Available to Public

Copyrighted and available to the public in 2002

Where Implemented

Purchased by agencies in 19 states and the District of Columbia

Kinds of Agencies/Sectors

- Early childhood centers
- Head Start and preschool programs
- Social service agencies
- Schools for teen mothers

The intervention is also being replicated in numerous community-wide prevention initiatives, including:

- Harlem Children's Zone in New York City
- Project LAUNCH programs in Chicago and the District of Columbia
- Baltimore City Schools in Baltimore, MD

A tablet-based delivery method was created in 2013.

Workforce Qualifications

CPP certification is obtained for group leaders through training. The developer recommends that two group leaders facilitate CPP, and that at least one has a background in mental health and a master's degree. Other recommended qualifications are experience leading groups, interpersonal skills, and some knowledge of early child development.

Training

A two-day required training is offered in Chicago or Baltimore or on-site at local agencies for group leaders. Participants receive a CPP Group Leader Certification upon completion and have the option to receive more training later.

Support from the Developer

The developer offers optional fidelity reviews of audio-recorded sessions, phone and email technical assistance. Phone or in-person consultations and coaching are available to group leaders and agencies using CPP.

Costs

Training Costs

- On-site two-day training for up to 20 participants: $4,000 total plus travel expenses for trainers
- Workshops in Chicago or Baltimore: $1,500 per person (includes DVD set, manual, lunch) or $1,200 per person (manual, lunch, participants need direct access to a DVD set)

Initial Materials

- Chicago Parent Program (4 DVDs and 1 Group Leader Manual): $699
- Group Leader Manual: $85
- Session handouts: $20 per packet

Other Costs

- Fidelity review for one session: $175
- Phone/in-person consultation and coaching: $70 per hour

Languages Available

Spanish, English

Outcomes

Parent/Family

- Improved parenting practices—greater parenting self-efficacy and positivity
- Decrease in use of corporal punishment
- More positive disciplinary practices

Child

- Decreased behavior problems

Adaptations and Enhancements

CPP has been adapted for a family-based obesity prevention intervention that conveys messages about healthy eating, physical activity, and sleep, within a general parenting program.

THE CIRCLE OF SECURITY

Intervention Overview

The Circle of Security (COS) is a group-based intervention designed to create a secure attachment between children and their caregivers, or help them shift to one. Research has shown that children with secure attachments to caregivers have stronger emotional, social, and cognitive resources than their non-secure peers.

- Circle of Security Parenting (COS-P) is "more scalable" and "less intense" than COS.
- Circle of Security Home Visit (COS-HV) is a modification of COS to home-visiting programs.

Families Served

"High-risk" parents or caregivers of children ages 0 to 5

Intervention Objectives

- Promote or shift to secure parent-child attachment for better child outcomes
- Help parents recognize child cues that signal exploration and seeking of haven of safety
- Help parents learn appropriate responses and sensitivity to child's attachment needs

Core Components

The COS intervention's curriculum is based on attachment theory, object relations theory, and family systems theory. The intervention protocol has five caregiver aims:

1. Explore a relationship with her/his child by establishing the therapist or group as a secure base for the caregiver
2. Support "sensitivity and appropriate responsiveness" through learning about child attachment needs
3. Learn to identify children's signals regarding their internal states and needs, especially related to attachment during children's exploration
4. Increase empathy by reinforcing reflection about self and child's emotions, cognitions, and behaviors during interactions
5. Increase reflection on the impact of his/her own developmental history on caregiving behavior

Intervention Intensity and Length

20 weekly 75-minute sessions with five or six caregivers

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Implementation

Number of Families Served

No information available

Date Available to Public

1998

Where Implemented

No information available

Kinds of Agencies/Sectors

- Head Start
- No other information available

Multiple versions of COS have been developed for specific groups of families, including those with:

- A child enrolled in Head Start
- "At-risk" infants
- "Street-dependent" parents
- Teenage parents
- Incarcerated mothers

COS has also been used with families with low-incomes and single fathers.

Workforce Qualifications

There is no minimum requirement to become a certified practitioner of COS. The Parenting Training and DVD as well as the Core Sensitivities Training have minimal requirements. See "Training" for more information.

Training

There are several different trainings offered:

- Introductory Training: One-day training on COS that covers basic understanding of attachment theory, treatment planning, and clinical application
- Parenting Training and DVD: Four-day seminar on how to use the COS to educate parents. Anyone who provides parenting education or counseling to parents of young children can attend.
- Core Sensitivities Training: Three-day training for Circle of Security-Parenting (COS-P) Registered Parent Educators, mental health and service field professionals, and early intervention specialists
- Intensive Training: 10-day training for clinicians interested in assessment and treatment planning related to COS. Required for supervisors of COS sessions to obtain certification.
    - Developer recommends purchasing this book: *The Circle of Intervention: Enhancing Attachment in Early Parent-Child Relationships*.
- Master Seminar: One-day seminar for individuals who have completed the Intensive Training

Support from the Developer

No information is available about ongoing support beyond the training.

Costs

One-Time Costs Per Person (group discounts may be offered)

- $250-275 Introductory Training
- $650-750 Core Sensitivities Training
- $900-1950 Parenting Training and DVD
- $2100-3200 10-day Intensive Training plus $200 certification exam
- TBA Master Seminar Price *announced once session is available*

Languages Available

English/Australian, Danish, Italian, Japanese, Spanish

Outcomes

Parent/Family

- Reduced parenting stress
- Improved parenting practices

Child

- Increased secure attachments
- Fewer children categorized as having a disorganized or insecure attachment style

Adaptations and Enhancements

Child or Parent Special Challenges

Adaptations of Circle of Security include:

- Circle of Security-Parenting
- Circle of Security-Home Visit

EFFECTIVE BLACK PARENTING PROGRAM

Intervention Overview

Effective Black Parenting (EBPP) is a cognitive-behavioral parenting skills training intervention adapted from the Confident Parenting Program. The focus of the intervention is to address issues specific to African-American parents, related to parenting skills. EBPP emphasizes helping parents change the "harsh disciplinary practices" that "originated historically as survival adjustments to slavery," and helping convey positive messages to their children about their cultural heritage.

Families Served

EBPP was originally developed for parents of African-American children ages 2 to 12. Most of its evaluation studies have been conducted with families in this community. However, since 1988, EBPP has been used with teenage African-American parents and their babies, and with African-American parents of adolescents.

Intervention Objectives

- Help parents enhance the quality of their relationships with their children
- Use parenting strategies and skills shown to be helpful in raising pro-social, competent, and healthy children
- Convey positive messages about cultural heritage
- Help parents guide children's development away from delinquency, dropping out of school, and substance abuse

Core Components

EBPP uses a "black achievement perspective" known as "The Pyramid of Success for Black Children." Parents are provided information about three content areas:

- Culturally-specific parenting strategies
- General parenting strategies
- Basic parenting skills

During parent groups, parent behaviors and interactions are modeled and then role-played before parents use these skills at home.

Intervention Intensity and Length

EFPP is delivered in 14 weekly three-hour sessions that end with a graduation ceremony.

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http://www.ciccparenting.org/cicc_InstrWrkShps_314.aspx

Implementation

Number of Families Served

150,000 parents were enrolled between 1979 and 2003. We found no information about the number of families served after that date.

Date Available to Public

Since 1988

Where Implemented

40 states and the District of Columbia

Kinds of Agencies/Sectors

- Educational
- Clinical
- Faith-based
- Child Welfare

EBPP has been used with families with low incomes.

Workforce Qualifications

Training is required to deliver an EBPP class. The ideal instructor would be African-American with a positive ethnic identification and a background in child development, African-American studies, behavior modification, and group processes. Most instructors have an undergraduate or graduate degree in social work, psychology, counseling, or education.

Training

Training is required for instructors and conducted in-person in several locations throughout the country. The five-day training workshops train individuals on how to use resources to help implement the program.

Support from the Developer

No information is available about ongoing support beyond the training.

Costs

Training

- Five-day intensive workshop with Instructor's Kit: $975 per person

Languages Available

English

Outcomes

Parent/Family

- Increased use of positive parenting practices
- Improvement in parent-child relationships

Child

- Reduction in problem behaviors - withdrawal and hyperactivity

Adaptations and Enhancements

EBPP is an adaptation of the Confident Parenting Program (see Intervention Overview above). No information is available about adaptations of EBPP.

INCREDIBLE YEARS® PRESCHOOL BASIC PROGRAM

Intervention Overview

The Incredible Years (IY) Preschool Basic Program (Preschool Basic Program) is part of the IY series and is designed for parents of children ages 3 to 6 years. This group-based intervention teaches parents how to build their children's school readiness skills, and encourages them to partner with teachers and childcare professionals to promote children's social and emotional development.

The IY series includes interventions for parents and teachers, and children of different age groups. Some of these interventions are detailed below:

- Parents and Babies: For parents with children ages birth to 12 months
- Toddler Basic: For parents with children ages 1 to 3 years
- Preschool Basic: For parents with children ages 3 to 6 years
- School Readiness: For parents with children in preschool
- Autism and Language Delays: For parents with children with ages 2 to 5 years who are on the autism spectrum or have a language delay

Families Served

Parents with children 3 to 6 years of age

Intervention Objectives

- Promote child social-emotional development, language development, and school readiness
- Strengthen parent-child interactions and attachment
- Positive discipline replaces harsh discipline
- Encourage parents to work with teachers and child care professionals to build child's social-emotional regulation and skills

Core Components

The IY parenting program targets risk and protective factors through its interventions to help parents achieve long and short-term goals. The IY interventions are based on five key principles:

1. Respect and affirm cultural differences
2. Explore, understand, and address possible cultural barriers to intervention content
3. Help parents apply strategies to achieve their goals
4. Work collaboratively with interpreters
5. Promote a supportive group and empower parents

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The Preschool Basic Program includes:

- Using positive attention, coaching, and play to promote attachment and bonds between children and their parents
- Using praise and incentives to encourage cooperative behavior
- Using positive discipline – rules, routines and effective limit setting as well as handling misbehavior

The Preschool Basic Program consists of the following sessions (programs):

Program 1: Strengthening Children's Social Skills, Emotional Regulation and School Readiness Skills

Program 2: Using Praise and Incentives to Encourage Cooperative Behavior

Program 3: Effective Limit Setting

Program 4: Handling Misbehavior

Intervention Intensity and Length

The IY Preschool Basic Program is delivered in 18 to 20 weekly two-hour group sessions.

For prevention groups, there is a 14-week version available.

One-to-one Home Visit Coaching is available if parents cannot attend parent groups.

Implementation

Number of Families Served

No information available

Date Available to Public

Made publically available from 1987

Where Implemented

Used in 36 U.S. states

Kinds of Agencies/Sectors

No information available

Incredible Years series have been researched with Asian, Latino, African-American, Native-American, and Euro-American families.

Workforce Qualifications

- Prior training in child development and cognitive social learning theory
- Experience with young children, parents, and families, focused on parenting skills and family interactions
- Interpersonal, leadership, and group skills
- At least one course in child development and training in social learning theory are recommended
- At least one of two group leaders should have a master's degree or higher, or comparable educational background

Training

While training is not required to implement the IY series, it is highly recommended to maintain intervention fidelity.

Basic Parent Group Leader Training

Three-day training to lead three different basic parenting programs: Toddler Program, Preschool Basic Program, Early School Age Program. Training can be conducted at the agency's site with 15 to 25 participants, or in Seattle. Certifications available at a fee.

Support from the Developer

IY provides an Agency Readiness Questionnaire to help agencies determine readiness for adopting the IY programs. Ongoing in-person or phone consultation is available for a fee.

Costs

One-time Costs

- $1,595 for nine-DVD set, leader manual, home activities, *The Incredible Years: a troubleshooting guide book for parents of children 2-8*, set of four Wally's Detective Books for solving problems, Piggy Bank Refrigerator Magnet, Parenting Pyramid Poster
- Also available in an English/Spanish combo package for $1,895

Training

- $500 per-trainee Basic Parent Group Leader Training
- $1,650-$2,000 daily fee for three days at agency site training, plus travel expenses
- $150-250 additional phone consultation fee
- $200 one-day update or consultation day help in Seattle
- $525 certification fee ($175 if supervisory report approved by certified mentor)

Discounts available for bundle and bulk ordering. Additional cost information is available on the website.

Languages Available

English, Danish, Swedish, Finnish, Spanish, Norwegian, Portuguese, Russian, Dutch, French

Outcomes

Parent/Family

- Increased positive parenting practices
- Improved use of effective discipline and praise

Child

- Reduction in behavioral problems
- Improved social emotional behaviors and affect
- Improved social competence

Adaptations and Enhancements

Protocols for use as a prevention or treatment program for children with conduct problems and/or ADHD (Attention Deficit Hyperactivity Disorder) are available.

Children of other ages

Other IY versions include:

- Parents and Babies
- Toddler Basic
- School Readiness

INCREDIBLE YEARS® TODDLER BASIC PROGRAM

Intervention Overview

The Incredible Years (IY) Toddler Basic Program (Toddler Program) is part of the Incredible Years Series and is designed for parents of children ages 1 to 3 years old. It is designed to show parents how to help their children "feel loved and secure and how to encourage their toddlers' language, social, and emotional development."

The IY series includes interventions for parents, teachers and children for different child age groups. Some of these interventions are detailed below:

- Parents and Babies: for parents with children ages birth to 12 months
- Toddler Basic: for parents with children ages 1 to 3 years
- Preschool Basic: for parents with children ages 3 to 6 years
- School Readiness: for parents with children in preschool
- Autism and Language Delays: for parents with children with ages 2 to 5 years who are on the autism spectrum or have a language delay

Families Served

Parents with children 1 to 3 years of age

Intervention Objectives

The objective of the Toddler Program is to promote child social development. Parents learn:

- How to help toddlers feel secure and loved
- Skills and activities to promote toddlers' language, social, and emotional development
- To use positive discipline
- Techniques to handle separations and reunions
- How to set up clear and predictable routines

Core Components

The IY parenting program targets risk and protective factors through its interventions to help parents achieve long- and short-term goals. The IY interventions are based on five key principles

1. Respect and affirm cultural differences
2. Explore, understand, and address possible cultural barriers to intervention content
3. Help parents apply strategies to achieve their goal
4. Work collaboratively with interpreters
5. Promote a supportive group and empower parents

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The Toddler Program includes:

- Child-Directed Play Promotes Positive Relationships
- Promoting Toddler's Language with Child-Directed Coaching
- Social and Emotion Coaching
- The Art of Praise and Encouragement
- Spontaneous Incentives for Toddlers
- Handling Separations and Reunions
- Positive Discipline—Effective Limit Setting
- Positive Discipline—Handling Misbehavior

Intervention Intensity and Length

The IY Toddler Basic Intervention is delivered in 12 to 13 weekly two-hour group sessions with 10 to 14 participants per group.

A supplemental home coaching model is available. This can be used to help recruit parents into the groups, for make-up sessions, or for learning during extended intervals between sessions. It also includes enhanced learning opportunities for "high-risk" and referred by child welfare families by providing additional home practice.

Implementation

Number of Families Served

No information available

Date Available to Public

Developed in 1984

Where Implemented

Used in 36 U.S. states

Kinds of Agencies/Sectors

No information available

The Incredible Years series have been researched with Asian, Latino, African-American, Native-American, and Euro-American families.

Workforce Qualifications

- One of the two group leaders should have a master's degree or higher, or comparable educational background
- Prior training in child development and cognitive social learning theory (at least one course)
- Experience with young children, parents, and families, focused on parenting skills and family interactions
- Interpersonal, leadership, and group skills

Training

While training is not required to implement the IY series, it is highly recommended in order to maintain intervention fidelity.

Basic Parent Group Leader Training

Three-day training to lead three different basic parenting programs: Toddler Program, Preschool Basic Program, Early School Age Program. Training can be conducted at agency site with 15 to 25 participants, or in Seattle. Certifications available for a fee.

Support from the Developer

Developer provides an agency readiness questionnaire to help determine whether an agency is ready to adopt the IY programs. Ongoing in-person or phone consultation is available at a fee.

Costs

One-Time Costs

- $895.00 Implementation cost for Incredible Years Toddler Program. Includes DVD set with six DVDs; Comprehensive Leader's Manual, Home Activities for Toddlers Series, guide book, Toddler's Parenting Pyramid Poster, Piggy Bank Refrigerator Magnet. English and Spanish version is $1,095
- $17.95 For *The Incredible Years: A Troubleshooting Guide for Parents of Children Aged 2-8 Years*

Training

- $500 Per trainee basic parent group leader training held in Seattle
- $1,650-$2,000 Daily fee for three-day training at agency site plus travel expenses
- $150-$250 Additional phone consultation fee
- $200 One-day update or consultation day in Seattle, WA
- $525 Certification fee ($175 if supervisory report approved by certified mentor)

Discounts available for bundle and bulk ordering. Additional materials and pricing are available on the website.

Languages Available

English, Spanish, Danish

Outcomes

Parent/Family

- Reduced parenting stress
- Increased parent self-efficacy
- Improved parenting practices
- Improved quality of mother-child interactions

Child

- Reduced behavioral problems

Adaptations and Enhancements

Protocols for use as a prevention or treatment program for children with conduct problems and/or ADHD (Attention Deficit Hyperactivity Disorder) are available.

Children of Other Ages

Other IY versions include:

- Parents and Babies
- Preschool Basic
- School Readiness

Parent or Child Special Needs

- Autism and Language Delays Program

LEGACY FOR CHILDREN™

Intervention Overview

The Legacy for Children™ is a group–based, parent-focused public health preventive intervention model that consists of regular group meetings of mothers, including mother-only time and mother-child time. The main purpose of the meetings is to provide low-income mothers with an opportunity to develop and explore goals for their children with other mothers in similar circumstances.

Families Served

Legacy for Children™ has been used with families from several cultural backgrounds who are experiencing poverty and expecting a child or have children 0 to 5 years old.

Intervention Objectives

- Promote maternal responsibility and investment, and mothers' devotion of time and energy for their children
- Promote responsive, sensitive mother-child relationships
- Support mothers as guides to their children's behavioral and emotional regulation
- Promote mothers' facilitation of their children's verbal and cognitive development
- Promote mothers' sense of belonging to a community

Core Components

Legacy for Children™ is implemented in group sessions supplemented by one-to-one meetings with program facilitators during home visits or group meetings. Through Legacy for Children™:

- Mothers are encouraged to discuss and try out parenting practices through mothers-only and mother-child interaction time in a non-judgmental setting
- Mothers are encouraged to discuss and set parenting goals with support from their community
- Mothers build positive parenting behaviors, engage in sensitive interactions with their children, and feel more effective in their parenting
- Facilitators reinforce content conveyed in the group interactions through one-on-one support
- Facilitators support each mother's ability to judge what is best for herself and her children

Developer:
Centers for Disease Control
Developer
Developer Website:
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Intervention Intensity and Length

One-and-a-half to two-hour sessions conducted weekly over the course of either three or five years, depending on the curriculum chosen (prenatal to age 3 or birth to age 5).

Implementation

Number of Families Served

160 families since becoming publicly available

Date available to Public

Made publicly available in 2011

Where Implemented

Delivered in cities across seven states

Kinds of Agencies/Sectors

No information available

Legacy for Children™ has been used with African-American, Latino, European-American, and Haitian-American families.

Workforce qualifications

Each Legacy site requires at least one group leader and a group supervisor. Qualifications for Legacy staff include, but are not limited to: bachelor's level training in social sciences, experience working with children, knowledge and understanding of early child development, experience working with mothers from low-income households, and experience facilitating group interactions.

Training

Training by the developers is available both on-site at local agencies and off-site in Atlanta, Georgia at the Centers for Disease Control and Prevention. The training is done over a five-day period and provided at no cost to eligible dissemination pilot sites or participants. Certification is provided upon successful completion of training and fidelity evaluation. Interested programs should contact the CDC for additional information on training costs related to their program, pre-implementation assessment, and the availability of training and technical assistance resources.

Support from the Developer

Pre-implementation assessment is used to determine an organization's potential fit with the program. The Centers for Disease Control and Prevention provides phone-based (individual and group) technical assistance and fidelity support site visits for all implementation sites that have been trained. Technical assistance is provided to the trained implementing sites at no charge.

Costs

One-time costs for materials:

- Curriculum: Available free online or $80-$100 for a four- or five-binder hard copy set
- Implementation guide: Free online, or $20 per hard copy
- Quality assurance forms and tools: Free

Languages Available

English

Outcomes

Parent/Family

- None documented in current studies

Child

- Decreased risk for behavioral problems
- Increased support for social-emotional competence
- Decreased risk for hyperactivity (ADHD)

Adaptations and Enhancements

No information available

LOS NIÑOS BIEN EDUCADOS

Intervention Overview

Los Niños Bien Educados (LNBE) is adapted from the Confident Parenting Program (CPP). It is the country's first parenting intervention adapted specifically for Latino families. It was designed for use with families with low incomes. LNBE consists of small group sessions with parents focused on cultural experiences and practices, child behavior, and parenting. Adapted in the late 1970s, it was intended as a response to the criticism about the lack of cultural sensitivity of parenting interventions at the time.

Families Served

Latino families with children 0 to 18 years old

LNBE has been used with parents in the United States from Mexico, Cuba, Puerto Rico, and Central and South America, and with new immigrant groups, as well as second-, third-, and fourth-generation immigrant groups.

Intervention Objectives

- Increase families' protective factors and decrease risk factors that can lead to negative child outcomes such as substance abuse and conduct disorders
- Decrease child abuse
- Increase warm parenting skills and appropriate discipline

Core Components

The core intervention of Chicago Parenting Program was adapted for Latin American families and cultural experiences and practices specific to "the community." Rather than trying to modify their family cultures, it invites parents' input on the topics they will be learning about.

LNBE consists of small group sessions in which parents are asked to define what they think it means for children to be *bien* and *mal educado* (respectful and disrespectful), which specific child behaviors relate to their definitions, and how they can learn skills to increase *bien educado* behaviors and decrease *mal educado* behaviors.

Dichos, or cultural sayings, common in several latin american cultures, are used to reflect cultural wisdom in parenting skills. The intervention content includes:

- Culturally-specific parenting strategies
- General parenting strategies
- Basic parenting skills—taught using Latin American expressions and sayings (*dichos*)
- Special topical coverage

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Intervention Intensity and Length

Either 12 three-hour sessions or a one-day brief seminar

Implementation

Number of Families Served

Over 2,000 instructors have been trained

Date Available to Public

1988

Where Implemented

Trained instructors in 20 states and used in both rural and urban settings

Kinds of Agencies/Sectors

- Educational groups
- Clinical groups
- Faith groups
- Child welfare

It has been used with families with low incomes.

Workforce Qualification

Training is required to become a LNBE instructor. Ideally, instructors would be bilingual in Spanish and English, with a Latin American heritage and positive ethnic identification. Additionally, the ideal instructor would have knowledge in child development, Latin American studies, behavior modification, and group processes.

Most instructors have an undergraduate or graduate degree in social work, psychology, counseling, education, or a similar field.

Training

Five-day intensive and interactive training sessions, with a graduation ceremony, are held all over the country. Organizations or agencies can also request a workshop at a convenient location.

Support from the Developer

Developer does not provide support in addition to trainings and implementation materials

Costs

- $975 – Training for one person and instructor's kit with training materials
- $415 – Instructor's kit only
- $19 – Parent handbook
- $15 – Parent guide for one-day seminar

Languages Available

English, Spanish

Outcomes

Parent/Family

- None documented in published peer-reviewed studies

Child

- None documented in published peer-reviewed studies

Adaptations and Enhancements

LNBE is an adaptation of the Confident Parenting Program (see Intervention Overview above). No information available about adaptations of LNBE.

NURTURING PARENTING PROGRAMS

Intervention Overview

The Nurturing Parenting Programs (NPP) are family-centered interventions designed to build Nurturing Parenting skills and reduce abusive and neglectful parenting practices. The trauma-informed sessions are either delivered through group-based programs, home-based programs, or a combination of the two.

Families Served

All of the NPP programs described in this profile are for expectant families or families with children 0 to 5 years old.

NPP serves teenage and adult parents experiencing risk factors, or interested in learning parenting skills or in preventing child abuse.

Interventions are also available for military families, teen parents, families with substance abuse, and families with a child with special needs.

Intervention Objectives

- Stop intergenerational cycle of child maltreatment
- Empower families to be self-sufficient
- Increase parental knowledge in and skills related to child development
- Increase parent-child attachments and positive family experiences

Core Components

NPP teaches parents to replace hurtful parenting patterns with the following healthy parenting patterns:

- Prenatal bonding and neonatal attachment
- Empathy that positively responds to the needs of children
- Discipline that maintains the dignity of children
- Self-awareness and understanding of the parents' own childhood
- Sense of empowerment to make good choices that promote personal and community health

The Nurturing Parenting Programs included in this compendium are categorized into the following levels:

1. Primary Prevention - Education: Seeks to empower families by improving their parenting skills and knowledge base
2. Secondary Prevention - Intervention: Serves teen and adult parent families experiencing "risk factors" (i.e., poverty, low education, etc.) and moderate levels of "dysfunction"
3. Comprehensive Programs - Provide long-term, comprehensive parenting education suitable for programs like Head Start, Healthy Start, and home visitation programs

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Family Nurturing Center
fnc@nurturingparenting.com

Intervention Intensity and Length

The Nurturing Parenting Programs range from five to 55 sessions, depending on child age ranges and program level:

1. Primary Prevention—Education:
   - Prenatal Program: Nine group and 18 home-based sessions
2. Secondary Prevention—Intervention:
   - Nurturing Skills for Families Program: Group/home-based, sessions vary
3. Comprehensive Programs
   - Parents & Their Infants, Toddlers & Preschoolers: 27 two-and-a-half-hour weekly group sessions and 55 home-based sessions. Agencies can modify weekly sessions to one and a half hours
   - Spanish Speaking Parents & Their Children Birth to 12 Years: 27 two-and-a-half-hour weekly group and 55 home-based sessions

*See website for additional programs serving different populations and ages

Implementation

Number of Families Served

Information is confidential, but a developer estimate is 1.2 million in the past 32 years for all of the age ranges

Date Available to Public

Published and made publicly available in 1983

Where Implemented

There are Family Nurturing Centers in 14 U.S. states

Kinds of Agencies/Sectors

Community agencies, departments of mental health and social services, parent education programs for "abusive and neglecting" parents, prisons, correctional facilities and residential institutions, all four branches of the military through their new parent support programs, First Five parenting programs throughout the state of California, Head Start/Early Head Start and Early Start programs nationwide

Crianza Con Cariño Programa Para Padres y Niños is designed for Spanish-speaking families with children birth to age 5. All intervention materials and assessment tools were developed and normed for Latino families.

NPP has also been used with African-American, Latino, Euro-American, and multi-racial families.

Workforce Qualifications

Only the train the trainers workshops have requirements. Participants must have a minimum of two years' experience implementing a complete Nurturing Parenting Program, have expertise in the philosophy and goals of NPP and in the assessments and inventories used in NPP, and have two letters of recommendation.

Support from the Developer

Family Development has 111 trainers/consultants and family nurturing centers in 14 states available to answer questions and concerns. The corporate office also has a staff person available to answer questions and provide technical assistance.

Training

Training is not required but is available for individuals who want formal training and recognition. Several different trainings are offered in various states at different times:

- Facilitator Training Workshops teach individuals how to implement the NPP
- Training of the Trainers Workshops are three-day facilitator trainings that teach individuals how to implement the NPP as well as teach others how to implement NPP
- Specific Nurturing Program Training Workshops are based on NPP models validated by research

Costs

One-Time Costs for Materials

- $1,064.85 Prenatal Program
- $1,924.95+ Nurturing Skills for Families Program
- $1,639.85+ Parents and Their Infants, Toddlers, & Preschoolers
- $1,574.95+ Spanish Speaking Parents & Their Children Birth to 12 Years

Training Costs

- $250-475 Per registration to Facilitator Training Workshops
- $395 Per registration to Training of the Trainers Workshops
- $400 Per registration to a session of Specific Nurturing Program Training Workshops

(Special pricing offered to agencies who meet requirements to host three-day seminar)

Ongoing Implementation costs

- $40 Per year to maintain training recognition

Languages Available

English, Spanish, Arabic, Hmong

Outcomes

Parent/Family

- Improved family attachment and cohesion
- Improved positive discipline including reduced use of corporal punishment
- Improved parenting skills
- Improved knowledge of child development and age-appropriate expectations
- Improved parent/family well-being (decreased anxiety & increased self-efficacy)
- Reduction in maltreatment incidents six months after the intervention

Child

- Improvement in social and emotional behavior
- Reduction of problem behavior including aggression, dominance, disruptive behavior, social insecurity, and academic immaturity
- Reduction in maltreatment incidents and re-reports

Adaptations and Enhancements

Child or Parent Special Challenges

Additional NPP programs are available to meet tertiary prevention goals, i.e., Treatment for families who have been referred to parenting education by mental health/social services.

Children of Other Ages

- Nurturing Parenting Programs for parents and their school-age children 5 to 12 years
- Nurturing Parenting Programs for parents and adolescents (13 to 19 years old)

PARENTCORPS

Intervention Overview

ParentCorps is a population-level approach to reduce the impact of poverty on early childhood health and development by engaging and supporting both parents and teachers of young children. It is broadly available, engaging, and effective for low-income, minority children living in large urban centers. ParentCorps builds on the strengths of culturally-diverse families and aims to address the challenges of raising and educating children in this context.

Families Served

Parents/caregivers and teachers of children 3 to 6 years old

Designed to be a "universal intervention" for all children and to recognize the diversity, such as immigration status and cultural identity, found in urban areas

Intervention Objectives

- Engage and support communities of parents and early childhood teachers
- Promote high-quality home and classroom experiences for young children
- Strengthen children's learning, behavior, and health

Core Components

ParentCorps uses three key components to target its objectives. Parents can participate in a Parenting Program that promotes social, emotional, and behavioral regulation skills. Children who are in pre-K can attend the Friends School, a child group that occurs at the same time as the Parenting Program, and that teaches social, emotional, and behavioral regulation skills. Friends School is designed to complement the Parenting Program. Teachers of the child group provide feedback to parents after each session.

Families learn how to:

- Use positive discipline techniques
- Establish structures and routines for children
- Engage in positive parent-child interactions
- Tailor these skills to their cultures, values, and goals

In addition, professional development is available for pre-K and kindergarten teachers and assistants, school mental health professionals, parent support staff, and leadership, to help them strengthen home/school connections and promote social, emotional, and behavioral regulation skills.

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Intervention Intensity and Length

The parenting program and friends school is delivered over 14 weekly two-hour sessions. Professional development takes place over the course of two school years, starting in the summer prior to implementation of the Parenting Program and Friends School.

Implementation

Number of Families Served

Serves approximately 1,000 children a year

Date Available to Public

Since 2002

Where Implemented

Implemented in 36 schools and community-based organizations in New York City

Kinds of Agencies/Sectors

- Educational settings

ParentCorps has been used and researched with African-American, Latino, Euro-American, and Afro-Caribbean families.

Workforce Qualifications

ParentCorps parent group leaders should be mental health professionals with experience in group facilitation and behavior management. Professionals qualified to conduct the child groups are educational assistants, family workers, pre-K teachers, or mental health professionals.

Training

Professional development includes training for mental health professionals and early childhood teachers to help them implement the programs with fidelity.

Support from the Developer

The developers partner with school districts to plan for all aspects of adaptation, capacity building, sustainability, and evaluation, and for ongoing support for quality improvement.

Costs

One-Time Costs for Materials

- ParentCorps start-up materials for four child group leaders and one parent group leader: $2,000
- Family group materials: $30 per family

Training Costs:

- ParentCorps web-based training: $50 per user
- Five-day in-person training: $5,000 total for up to four participants
- Two-day on-site consultation: $5,000 plus travel expenses
- Group leader coaching: $2,000
- Ongoing phone and email support: $150 per hour

Languages Available

English, Spanish

Outcomes

Parent/Family

- Improved parenting practices and attitudes
- Improved behavior management skills
- Increased parental involvement in early learning
- Improved parent well-being (reduction in obesity)

Child

- Increased social and emotional skills
- Improved school readiness
- Higher academic achievement in reading and math (kindergarten and second grade)
- Higher academic performance (pre-K through second grade)
- Reduced problem behaviors (pre-K through second grade)

Adaptations and Enhancements

Child or Parent Special Challenges

In 2010, the Parenting Program and Friends School were enhanced with additional content on physical health (sleep, activity, eating).

Culture

There are currently two feasibility studies underway for the following community:

- Asian-Americans

PARENTS AS TEACHERS®

Intervention Overview

Parents as Teachers (PAT) is a universal-access, family-focused parent education intervention. The intervention focuses on early detection of children's developmental delays and health concerns, and on parents' knowledge of early childhood development, parenting practices, and school readiness. It is often coupled with the PAT home visiting model but can be used in early care and education settings that provide home-based services.

Families Served

Expectant families and families with children up through the kindergarten year

PAT has been implemented with families with low incomes, teen parents, first-time parents, immigrant families, families with substance abuse or mental health issues, and families of diverse cultures and ethnicities.

PAT may be modified to be culturally responsive to "special populations," or offered in conjunction with other early care and education programs.

Intervention Objectives

- Increase parent knowledge of early childhood development and improve parenting practices
- Provide early detection of developmental delays and health issues
- Prevent child abuse and neglect
- Increase children's school readiness and school success

Core Components

PAT is based on theories of human ecology, empowerment, self-efficacy, and developmental parenting.

The intervention includes home visitation; parent group meetings; periodic developmental, health, vision and hearing screens; and community collaboration.

Areas of focus are:

- Parent-Child Interaction – child development, positive parenting behaviors, and positive parent-child relationships
- Development-Centered Parenting – attachment, discipline, health, nutrition, safety, sleep, transitions, and routines
- Family Well-Being – relationships with family and friends, basic essentials, education and employment, physical health of the family, mental health and wellness, early care and education, recreation, and enrichment

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Parents as Teachers

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The Parents as Teachers intervention and approach are aligned with the five Head Start essential domains of language, cognitive, social-emotional, and physical development, and approaches toward learning. They also align with the Office of Head Start's Parent, Family and Community Engagement Framework, supporting each of the family engagement outcomes associated with the Framework.

Intervention Intensity and Length

Personal visits: Approximately 60 minutes delivered weekly, every two weeks, or monthly, depending on family needs, over the course of two or more years.

Group connections: A minimum of 12 group connections (family activity, presentation, community event, ongoing group, or parent cafe) per year.

Screening: At least one annual developmental and health child screening and family-centered assessment

Resource Network: Ongoing connection to, brokering of, and collaboration with community resources

Implementation

Number of Families Served

Over three million families have used PAT services since 1985

Date Available to Public

1985

Where Implemented

Used in over 2,000 cities throughout all 50 states and in over 1,000 American Indian and Alaska Native communities.

Kinds of Agencies/Sectors

- School districts
- Family resource centers
- Health care facilities
- Nonprofit and social service agencies
- Head Start and Early Head Start agencies

PAT has been used with African-American, Euro-American, and Latino families.

Workforce Qualifications

Minimum qualifications for parent educators are a high school diploma or GED and two years of previous supervised work experience with young children and/or parents.

The developer recommends a bachelor's degree in early childhood education, human services, or a related field.

Training

Training is required to become a PAT "subscriber" or "affiliate". An agency may become a "subscriber" to use PAT's materials for the intervention within an early childhood program. Agencies interested in affiliation must meet specific requirements, perform a Readiness Reflection, and complete an Affiliate Plan, found on the website www.parentsasteachers.com.

Foundational Training: A three-day training lays the foundation for the PAT approach to home visitation within an early childhood system. After this training, individuals can become subscribers and will have access to online Foundational Curriculum materials.

Foundational 2 Training: A two-day training that complements Foundational Training and is designed for agencies serving families with children ages three through kindergarten. After this training, participants have access to online Foundational 2 Curriculum: 3 years through Kindergarten materials

Model Implementation Training: A two-day training building on Foundational Training and designed for parent educators and supervisors whose programs meet the requirements for affiliation.

Coursework includes strategies to help agencies fully implement the PAT model according to its quality standards.

Support from the Developer

PAT offers additional trainings both online and in person, on a variety of topics, as a la carte options. Examples of training include "Partnering with Teen Parents" and "Working with Diverse Families."

Affiliates are offered technical assistance to meet quality standards and requirements. In addition, all affiliates participate in a PAT Quality Endorsement and Improvement review during their fourth year of implementation and every five years thereafter.

Costs

Approved PAT Curriculum/Intervention Users

Core training: $800 (Foundational)

Annual renewal fee: $195 per user (includes access to online curriculum for one year)

Languages Available

English, Spanish, and German (materials and in-person services)

Outcomes

Parent/Family

- Improved parent practices that promote school readiness
- Higher likelihood of telling stories, reciting nursery rhymes, and singing with children
- Improved parenting practices including the amount of time spent with child
- Improved understanding of child development
- More language and reading promotion at home, including more-frequent trips to library and modeling reading and writing enjoyment
- Increased parent involvement in parent conferences, classroom volunteering, and homework assistance
- Increased likelihood of parents' enrolling children in educational preschool programs

Child

- Higher cognitive achievement
- Improved language ability
- Improved social skill development including persistence in task mastery
- Higher scores on standardized measures of reading, math, and language in elementary grades

Adaptations and Enhancements

Culture

The Bureau of Indian Education's Family and Child Education (FACE) program was culturally adapted for American Indian and Alaska Native populations.

Child or Parent Special Needs

Supporting Care Provides through Personal Visits (SCPV) is designed to support educators who support child care providers.

PLAY AND LEARNING STRATEGIES

Intervention Overview

Play and Learning Strategies (PALS) is designed to help parents build skills that promote children's social-emotional, cognitive, and language development. The parent-child relationship is the focus of the home-based intervention delivered through one-on-one sessions with coaches and parents.

Families Served

Parents and caregivers of children 5 months to 4 years old. Typically, PALS serves mothers and families with limited resources or "at-risk" infants, such as infants born premature.

Intervention Objectives

- Strengthen the parent-child relationship
- Support children's language, cognitive, and social development
- Help parents learn to respond sensitively to child's positive and negative signals
- Help parents learn to maintain child's interest and attention
- Help parents increase the frequency and quality of language input

Core Components

PALS provides an infant curriculum and intervention for families of children ages 5 months to 1 year, and a toddler/preschool curriculum and intervention for families of children age 18 months to 3 years. Both versions have the same objectives, with content adjusted to be developmentally appropriate.

PALS participants have one-to-one sessions with coaches that offer parents the opportunity for guided practice, watching skills in action, listening, talking, and doing. Videotaped examples are used to model behavior and parenting skills before parents practice these skills with self-reflection of their own behaviors.

The PALS infant sessions cover concepts such as child signals, warm and sensitive contingent response, how to attend to infants' focus of attention and build their interest, how to use language to label objects, using responsive interactive behaviors in everyday situations, and practicing responsive behavior.

The PALS toddler/preschool sessions also cover concepts such as warm and sensitive contingent response, how and when to respond contingently, how to attend to child focus of attention and build their interest, and labeling

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objects. The sessions cover additional concepts such as behavioral guidance to help child learn to cooperate, and verbal scaffolding.

Both the PALS infant and toddler/preschool interventions have sessions covering child and family routines, and parent expectations and beliefs, and to review, with an alternative caregiver, the concepts learned.

Intervention Intensity and Length

One-to-one sessions are held weekly for 90 minutes over 11 weeks for the infant intervention, or over 14 weeks for the toddler intervention. There is flexibility to break sessions into two parts and extend the length of time the PALS intervention lasts.

Implementation

Number of Families Served

No information available

Date Available to Public

PALS became publically available around 2009/10, after research was completed. Since then, adaptations have been implemented in other states.

Where Implemented

PALS has been implemented in 10 states.

Kinds of Agencies/Sectors

- Education settings
- Head Start
- Faith groups
- Community centers

PALS has been used with African-American, Euro-American, and Latino families, families with low and middle incomes, and families with children with low birth weights.

Workforce Qualifications

Training and certification is necessary to become a PALS coach. Individuals should also have an associate degree or higher in early childhood or a related field, or the work experience equivalents

Training

Training and certification is offered in person either in Houston, Texas or at local agency sites. Participants can be trained in either PALS infant or toddler/preschool in two-and-a-half days or in both of the intervention versions in five days.

Support from the Developer

No other developer support is provided.

Costs

Training Costs:

- Five-day training for infant and toddler/preschool: $6,300 for up to 12 participants There is a $630 certification fee per person per curriculum. Does not include travel and materials.

Initial Materials:

- Infant or toddler/preschool curriculum that includes curriculum DVD, manual, toy bag, video camera and tripod, DVD player: $735

Languages available

English, Spanish

Outcomes

Parent/Family

- Improved maternal relationship-building including contingent responsiveness, warmth, sensitivity, and support of child's attentional focus
- Improved maternal verbal encouragement and instruction with child
- Decreased physical intrusiveness

Child

- Greater use and development of early language skills including use of words
- Higher levels of and greater increases in infant's cooperation

Adaptations and Enhancements

No information available

POSITIVE INDIAN PARENTING

Intervention Overview

The National Indian Child Welfare Association's (NICWA) Positive Indian Parenting (PIP) curriculum consists of eight sessions that provide a practical and culturally-specific training for American Indian/Alaska Native/First Nations (AI/AN/FN) parents to explore the values and attitudes expressed in traditional AI/AN/FN child-rearing practices and then apply those values to modern parenting.

PIP draws on the strengths of historic Indian child-rearing practices using storytelling, cradleboards, harmony, lessons of nature, behavior management, and the use of praise. It also addresses the historic impact of boarding schools, intergenerational trauma and grief, and forced assimilation on parenting; it empowers Indian families to reclaim their right to their heritage to be positive parents. PIP is strengths based, conveying a message that our ancestors' wisdom is a birthright for AI/AN/FN parents.

PIP was developed and published by NICWA in 1987 as a grassroots effort in consultation with diverse tribal elders across the United States and Canada. The curriculum is meant to be flexibly delivered from tribe to tribe, being tailored to reflect different tribes' cultures while keeping the core principles intact.

Families Served

PIP is intended to be provided to AI/AN/FN families and children.

Intervention Objectives

- Empower AI/AN/FN families, children, and communities
- Help families, children, and communities explore values and attitudes expressed by traditional AI/AN/FN child-rearing practices, and their application to modern parenting skills
- Promote the development of characteristics such as responsibility, self-awareness, and spirituality for AI/AN/FN families and children

Core Components

The PIP intervention consists of eight sessions delivered in a group or single-family format. It can be delivered in a community setting or in a family's home. The session topics include:

Session 1: Traditional Parenting

Session 2: Lessons of the Storyteller

Session 3: Lessons of the Cradleboard

Session 4: Harmony in Child Rearing

Session 5: Traditional Behavior Management

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Session 6: Lessons of Mother Nature

Session 7: Praise in Traditional Parenting

Session 8: Choices in Parenting

Intensity and Length

Eight 90-minute flexible group or individual family sessions

Training

The train-the-trainer curriculum is provided through:

- On-site, in-community training
- NICWA training institutes

Participants are certified to train upon completion. They also receive 16 CEUs from the national association of social workers.

Implementation

Number of individuals trained

PIP has been implemented since 1987; however, due to the train-the-trainer format of the PIP curriculum, there is no mechanism for tracking the number of total individuals trained in PIP.

NICWA has trained over 5,000 individuals through on-site training and training institutes. Each of these certified trainers trains dozens or even hundreds of Indian parents.

Number of Families Served

NICWA does not track this information on behalf of those trained. However, each PIP-trained tribe, urban organization, or child-and family-serving organization records this information.

Date Available to Public

Used since 1987

Where Implemented

PIP is used and implemented among numerous tribes and urban AI/AN/FN communities across the United States and Canada.

For more information on how to connect with a tribe or urban Indian community about their implementation, please contact NICWA at (503) 222-4044.

Kinds of Agencies/Sectors

American Indian/Alaska Native/First Nations tribes

Urban Indian organizations

Other child and family service agencies/ organizations

Workforce Qualification

No information available

Developer Support

Consultation is available at an hourly rate.

Costs

Three-day trainings at the NICWA in Portland, Oregon: $295-$495 per person for the "early bird" and regular rates. Includes training manual and 16 ceus.

Three 3-day on-site trainings: $2,000 per day plus $40.00 per participant for materials. Travel (includes mileage, accommodations, and meals) is billed in addition to the workshop fees.

Languages Available

English

Tribes can adapt PIP to be taught in their own languages. A version not provided by the developers is available in Ojibwa. Others may also be available.

Outcomes

Parent/Family

- None documented in published peer-reviewed studies

Child

- None documented in published peer-reviewed studies

Adaptations and Enhancements

No adaptations have been conducted beyond those for a wide range of AI/AN/FN tribes and communities.

STRENGTHENING FAMILIES PROGRAM

Intervention Overview

The Strengthening Families Program (SFP) is a family skills training intervention that provides children's life skills, parenting life skills, and family life skills sessions to strengthen parenting and overall family functioning.

Families Served

SFP is designed for "high-risk families" with children 0 to 3, 3 to 5, 6 to 11, and 12 to 16 years old.

Intervention objectives

- Strengthen parenting skills
- Improve children's behavior
- Improve social skills
- Reduce child depression and aggression
- Enhance family functioning

Core Components

Parents and children meet separately for one hour to participate in the parenting skills and children's life skills sessions. They rejoin during the second hour to take part in the family life skills session.

Intervention topics:

- Parenting Life Skills
  - Social rewards for "good behavior"
  - Effective discipline
  - Clear communication
- Children's Life Skills
  - Social and life skills
  - Effective communication
  - Problem-solving and coping skills
- Family Life Skills
  - Therapeutic child play
  - Family meetings
  - Plan family activities

Intervention Intensity and Length

Courses are delivered in 10 to 14 weekly two-hour group sessions. Each session begins with a meal, followed by parents' and children's classes, ending with a one-hour family class. Group sessions include 10 to 15 families per session.

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Implementation

Number of Families Served

An estimated 25,000 individuals have participated in SFP within the last 10 years.

Date Available to Public

Initially developed and evaluated in 1982-1986

Where Implemented

No information available

Kinds of Agencies/Sectors

Treatment centers, courts, adult and juvenile detention, tribes, probation services, child protection services, and child maltreatment prevention providers

SFP has adapted the intervention for African-American, Asian/Pacific Islander, Hispanic, and American Indian families.

Workforce Qualifications

Implementing SFP in an agency requires a minimum of five trained staff:

- Two group leaders for parents
- Two group leaders for children
- One site coordinator
- Care provider(s) for out-of-class children

Training

SFP requires training for four group leaders and a site coordinator. Two-day trainings include the conceptual basis of SFP, structure and staffing of classes, core skills, and critiqued, role-played delivery of classes. Training for agencies is delivered on-site.

Support from the Developer

Technical assistance by phone and email included in group leader training fees

Costs

- $4,400 for two-day training of 35 or fewer group leaders, plus two trainers' travel expenses
- $3,700 for two-day training of 15 or fewer, plus one trainer's travel

The training fee includes a master set, on CD, of SFP course materials for one age group in one language and permanent site-limited license for the agency's own use. Single-fee contracts cover training, all travel, and CD.

Languages Available

SFP 0-3 and 3-5 available in English only;

SFP 6-11 available in English and Spanish

Outcomes

Parent/Family

- Improved parental supervision and monitoring
- Increased parenting practices including better efficacy, higher confidence, greater involvement
- Improved parent well-being including reductions in depression and parent alcohol and drug use
- Increased positive parenting behavior including effective limit setting, discipline, and communication
- Decreased parental stress
- Improved family organization, cohesion, communication, strength, and resilience
- Decreased family conflict
- Higher family reunification rates and fewer days in foster care for families in which a child had been removed from the biological home

Child

- Reduction in problem behaviors,including aggression, and hyperactivity, and depression
- Improved social skills including more pro-social behavior at home
- Improved concentration

Adaptations and Enhancements

Culture

SFP has been culturally adapted for the following groups:

- African-American
- American Indian/Alaska Native
- Latino

SYSTEMATIC TRAINING FOR EFFECTIVE PARENTING: EARLY CHILDHOOD

Intervention Overview

Systematic Training for Effective Parenting (STEP) provides skills training for parents to give them the tools they need to deal with frequently encountered parenting challenges.

Early childhood STEP adapts the STEP principles and techniques for use with parents of young children, focusing on child behavior, self-esteem, communication, cooperation, discipline, and social and emotional development.

Families Served

Parents of children birth to age 6

Intervention Objectives

- Improve parents' understanding of natural and logical consequences
- Reduce parental stress
- Reduce parents' potential to be physically abusive
- Improve understanding of child behavior and misbehavior
- Improve general family functioning
- Improve communication between parents and children
- Improve parental confidence

Core Components

"Lectures" are presented in group format in combination with interactive activities including role-plays, exercises, discussions of hypothetical parenting situations, and the sharing of personal experiences.

Optimal group sizes range from six to 14 parents.

Topics include:

- Understanding children's goals in misbehaving
- Using encouragement to build children's confidence and self-esteem
- The use of natural and logical consequences and family meetings
- Communication skills including reflective listening and responding to nonverbal messages
- Developing the parent-child relationship

Intervention Intensity and Length

One-and-a-half to two-hour sessions, delivered weekly for seven weeks.

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Implementation

Number of Families Served

Over four million parents

Date Available to Public

Began in 1976

Where Implemented

All 50 United States

Kinds of agencies/sectors

Used in over 1,000 schools, community agencies, churches, and mental health treatment facilities

STEP has been used with families with low and middle incomes and parents who have a drug addiction, foster parents, single mothers, and African-American, Euro-American, and Latino families.

Workforce Qualifications

There are no minimum educational requirements to become a STEP leader. Training is not required but is recommended for individuals of the helping professions, such as counselors and social workers.

Training

While training is not required, one-day trainings are available in locations throughout the united states for individuals interested in leading a group.

Support from the Developer

Developer support consists of an Early Childhood STEP kit which includes a leader's guide, DVDs and a video, and a parents' handbook, along with other outreach posters.

Costs

One-time costs include the STEP kit and handbook, and the optional training. The Early Childhood STEP kit is $345; the Parenting Young Children parents' handbook sells for $16.99. Quantity discounts are available.

The early workshop fee (training) is $299. There are discounts for second registrants and those who have already purchased the STEP kit.

Languages Available

English, French, German, Japanese, Spanish

Outcomes

Parent/Family

- Improved parent-child interaction
- Reduced parenting stress
- Improved parenting practices and attitudes including more positive perceptions of children, and better problem solving, communication, and affective responsiveness
- Higher tendency to encourage verbalization
- Improved positive discipline, specifically a reduced tendency to be strict and better behavior control
- Improved family well-being including better quality of family environment and family functioning

Child

- Improved child self-concept
- Improved locus of control

Adaptations and Enhancements

No information available

TRIPLE P – POSITIVE PARENTING PROGRAM LEVEL 2

Intervention Overview

Triple P—Positive Parenting Program (Triple P) is a multilevel parenting and family support intervention designed to prevent and treat behavioral and emotional problems in children and teenagers. There are five levels of interventions of increasing intensity and narrowing population reach.

Triple P level 2 is a "light touch" intervention providing brief assistance to parents who are generally coping well but who have one or two concerns with their child's behavior or development.

Other Triple P levels are listed below:

- Level 3: "Brief private sessions or two-hour discussion group to target everyday problem"
- Level 4: "Group courses or intensive one-on-one sessions for more serious behavior issues"
- Level 5: "Intensive support for parents at risk of child maltreatment, or families with other serious problems"

Families Served

Parents with children birth to 12 years old, and teen parents

Intervention Objectives

- Increase parental competence, knowledge, and confidence in using positive parenting, and reduce coercive parenting
- Reduce child behavior and emotional problems
- Reduce parenting stress, family conflict
- Build positive community culture about parenting support

Core Components

The Triple P system is based on five core principles of positive parenting:

- Ensuring a safe, engaging environment
- Promoting a positive learning environment
- Using assertive discipline
- Maintaining reasonable expectations
- Taking care of oneself as a parent

Triple P Level 2 focuses on:

- Power of positive parenting
- Raising confident, competent children
- Raising resilient children

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Intervention Intensity and Length

- Three 90-minute to 2-hour seminars delivered to a group of parents. Agencies/communities typically provide at different lengths and frequency (i.e., weekly for three weeks)
- Individual consultation consisting of a brief follow-up visit or phone call
- Parents can attend any number of the three seminars as they do not build off of each other

Implementation

Number of Families Served

No information available

Date Available to Public

Triple P core intervention for parents of children 0 to 12 began Groups in 1998 and Primary Care in 1999.

Where Implemented

Used in urban, suburban, and rural areas in the United States, Triple P has trained people in 36 states to date; level-specific information is not available.

Kinds of Agencies/Sectors

Mental health, education, parent education, family practice/pediatrics, child welfare, and others

Triple P also offers an Indigenous Triple P Provider Training Course.

The developers view the intervention as intentionally broad so that providers or facilitators can make necessary adaptations to fit the needs of their communities.

Workforce Qualifications

No specific qualifications for delivering Triple P Level 2 intervention are required. However, facilitators should have some knowledge of child development and child mental health challenges, and have skills related to child behavior and emotional problems.

Training

Individual and agency-based onsite trainings

- Brief Primary Care Triple P: two-day training; one-day pre-accreditation; one-day accreditation. (Two ½-day workshops with maximum 10 participants each.) No prerequisites.
- Selected Seminars Triple P training: one-day training, one-day accreditation. (Two ½-day workshops with maximum of 10 participants each.)

Pre-requisite course: Brief Primary Care, Primary Care, Group, or Standard Triple P course

- Agencies can select one or several Triple P courses that meet the needs of the families they are serving and choose interventions for particular age groups or risk categories, or interventions that use a delivery method most suitable for the practitioners and the families they serve.

Support from the Developer

Implementation support is offered to organizations purchasing Triple P Provider Training Courses. Support options include:

- Clinical Support Days
- Telephone Support for Managers and Coordinators
- Workshop Series
- Strategic Project Consultation
- Triple P Inc. will also tailor support options for an organization and/or practitioners on request (e.g., consultation calls, tailored workshops)

Costs

Costs of training and support materials are not publicly available. Associated costs of the courses are described in the Triple P Training Guide, which is available by request. An implementation consultant can provide quotes for each site.

Languages Available

Seminar – Parent materials are available in English, Spanish, French Canadian, Japanese, Swedish, and Urdu.

Brief Primary Care – Parent materials are available in English and Spanish. Some materials are available in Chinese (traditional), French Canadian, Japanese, Portuguese, Swedish, and Urdu.

Outcomes

Parent/Family

- Improved parenting practices, parenting satisfaction, and efficacy
- Improved parent adjustment and well-being
- More positive parent-child relationship quality
- Improved family well-being, specifically reduction in inter-parental conflict

Child

- Improved social and emotional skills
- Reduction in frequency and number of child problem behaviors
- Lower rates of child maltreatment, out-of-home placements, and hospitalizations

Adaptations and Enhancements

Child or Parent Special Challenges

Other Triple P adaptations include:

- Level 3
- Level 4
- Level 5

TRIPLE P – POSITIVE PARENTING PROGRAM LEVEL 3

Intervention Overview

Triple P—Positive Parenting Program (Triple P) is a multilevel parenting and family support intervention designed to prevent and treat behavioral and emotional problems in children and teenagers. There are five levels of interventions of increasing intensity for increasingly specific groups of families.

Triple P Level 3 focuses on support for parents of a child with mild to moderate behavioral difficulties. Level 3 interventions deal with a specific common, non-clinical problem behavior or issue. Parents are taught "thought generalization enhancement strategies" to encourage positive behaviors.

Other Triple P levels are listed below:

- Level 2: "One-off seminars or a short private session, when a tip or two is all that is needed"
- Level 4: "Group courses or intensive one-on-one sessions for more serious behavior issues"
- Level 5: "Intensive support for parents at risk of child maltreatment, or families with other serious problems"

Families Served

Parents with children birth to 12 years old, and teen parents

Intervention Objectives

- Increase parental competence, knowledge, and confidence in using positive parenting, and reduce coercive parenting
- Reduce child behavior and emotional problems
- Reduce parenting stress, family conflict
- Build positive community culture about parenting support

Core Components

The Triple P system is based on five core principles of positive parenting:

- Ensuring a safe, engaging environment
- Promoting a positive learning environment
- Using assertive discipline
- Maintaining reasonable expectations
- Taking care of oneself as a parent

Triple P Level 3 courses:

- Primary Care Triple P: For parents with a specific child behavior concern. One-to-one consultations and active skills training.

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- Primary Care Stepping Stones Triple P: For parents of children with a disability up to age 12 and a specific child behavior concern. One-to-one consultations and active skills training.
- Triple P Discussion Groups: For parents with a specific child behavior concern. Focused, topic-based, two-hour group discussion including dealing with disobedience, managing aggression, bedtime routines, and hassle-free shopping with children.

Intervention Intensity and Length

- Individual consultations for parents: Four 20- to 30-minute sessions over one to two months.
- Group discussions: Four optional two-hour group discussions with 10 families.

Parents can attend any or all of the four discussions.

Implementation

Number of Families Served

No information available

Date Available to Public

Triple P core intervention for parents of children 0 to 12 began Groups in 1998 and Primary Care in 1999.

Where Implemented

Used in urban, suburban, and rural areas in the United States, Triple P has trained people in 36 states to date; level-specific information is not available.

Kinds of Agencies/Sectors

No information available

Triple P also offers an Indigenous Triple P Provider Training Course.

The developers view the intervention as intentionally broad so that providers or facilitators can make necessary adaptations to fit the needs of their communities.

Workforce Qualifications

No specific educational qualifications for delivering intervention are required.

Lead practitioners of Primary Care Triple P are expected to have some knowledge of child development and the impact parenting can have on children, and some experience working with families.

Training

Individual and agency-based site trainings for work with parents of children 0 to 12 years

- Primary Care Triple P training. Two days of training, One-day pre-accreditation, Two days of accreditation (four 1/2-day accreditation workshops with maximum five participants each). Training is for practitioners who regularly offer advice and support to parents with children ages 0 to 12 years during focused consultations carried out in the course of providing routine health surveillance and care.
- Primary Care Stepping Stones Triple P. Three days of training, two days of accreditation; for practitioners who regularly offer advice and support to parents with children (aged 0 to 12 years) with a disability and who have a specific concern about their child's behavior during focused consultations carried out in the course of providing routine health surveillance and care.
- Triple P Discussion Group Provider training. One-day training, one-day accreditation; for practitioners who regularly offer advice and support to parents with children ages 0 to 12 years. Prerequisite: Brief Primary Care, Primary Care, Group, or Standard Triple P course
- Accreditation for all courses involves passing a multiple-choice exam and displaying core competencies in a face-to-face, small-group accreditation session.
- Peer support groups and pre-accreditation workshops provide practitioners opportunities to practice before the accreditation session.

Support from the Developer

Implementation support is offered to organizations purchasing Triple P Provider Training Courses. Support options include:

- Clinical Support Days
- Telephone Support for Managers and Coordinators
- Workshop Series
- Strategic Project Consultation
- Triple P Inc. will also tailor support options for an organization and/or practitioners on request (e.g., consultation calls, tailored workshops)

Costs

Costs of training and support materials are not publicly available. Associated costs of the courses are described in the Triple P Training Guide, which is available by request. An implementation consultant can provide quotes for each site.

Languages available

Primary Care —Parent materials are available in English and Spanish. Some materials are available in Chinese (Traditional), French Canadian, Japanese, Portuguese, Swedish, and Urdu.

Discussion Group—Parent materials are available only in English.

OUTCOMES

Parent/Family

- Improved parenting practices, parenting satisfaction and efficacy
- Improved parent adjustment and well-being
- More positive parent-child relationship quality
- Improved family well-being, specifically reduction in inter-parental conflict

Child

- Improved social and emotional skills
- Reduction in frequency and number of child problem behaviors
- Lower rates of child maltreatment, out-of-home placements, and hospitalizations

Adaptations and Enhancements

Child or Parent Special Challenges

Other Triple P adaptations include:

- Level 2
- Level 4
- Level 5

TRIPLE P – POSITIVE PARENTING PROGRAM LEVEL 4

Intervention Overview

Triple P—Positive Parenting Program (Triple P) is a multilevel parenting and family support intervention designed to prevent and treat behavioral and emotional problems in children and teenagers. There are five levels of interventions of increasing intensity for increasingly specific groups of families.

Triple P Level 4 is for parents of children with more severe behavioral difficulties, who may or may not yet meet diagnostic criteria for a behavioral disorder.

Parents learn a variety of child management skills and how to apply these skills at home and in their communities.

Other Triple P Levels are listed below:

- Level 2: "One-off seminars or a short private session, when a tip or two is all that is needed"
- Level 3: "Brief private sessions or two-hour discussion group to target everyday problem"
- Level 5: "Intensive support for parents at risk of child maltreatment, or families with other serious problems"

Families Served

Parents with children birth to 12 years old, and teen parents.

Intervention Objectives

- Increase parental competence, knowledge, and confidence in using positive parenting, and reduce coercive parenting
- Reduce child behavior and emotional problems
- Reduce parenting stress and family conflict
- Build positive community culture about parenting support

Core Components

The Triple P system is based on five core principles of positive parenting:

- Ensuring a safe, engaging environment
- Promoting a positive learning environment
- Using assertive discipline
- Maintaining reasonable expectations
- Taking care of oneself as a parent

Triple P Level 4 courses:

- Group Triple P: For parents with concerns about their child's behavior or

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who want parenting skills to apply to multiple contexts. Intensive training in positive parenting.
- Standard Triple P: For parents with concerns about their child's moderate to severe behavioral problem. Intensive training on a one-to-one basis.
- Group Stepping Stones Triple P: For parents of children who have a disability and are up to age 12, or parents who want parenting skills to apply to multiple contexts. Intensive training in positive parenting.
- Standard Stepping Stones Triple P: For parents of children with a disability and moderate-to-severe child behavioral problems. Intensive training in positive parenting on a one-to-one basis.
- Triple P Online: Comprehensive, eight-session, Web-based intervention covering Triple P's core-parenting skills.

Intervention Intensity and Length

- Group Triple P: 5 two-hour group sessions and three 20-minute individual telephone consultations for a group of up to 12 parents
- Standard Triple P: 10 individualized one-hour weekly sessions
- Group Stepping Stones Triple P: 6 two-and-a-half-hour group sessions and three 20-minute individual telephone consultations for a group of up to nine parents
- Standard Stepping Stones Triple P: 10 individualized one-and-a-half-hour weekly sessions

Implementation

Number of Families Served

No information available

Date Available to Public

Triple P core intervention for parents of children 0 to 12 began groups in 1998 and primary care in 1999

Where Implemented

Used in urban, suburban, and rural areas in the United States, Triple P has trained people in 36 states to date; level-specific information is not available.

Kinds of Agencies/Sectors

Mental health, education, parent education, family practice/pediatrics, child welfare, and others

Triple P also offers an Indigenous Triple P Provider Training Course.

The developers view the intervention as intentionally broad so that providers or facilitators can make necessary adaptations to fit the needs of their communities.

Workforce Qualifications

- Group Triple P: School counselors, nurses, psychologists, social workers, and those who are able to provide long-term regular group interventions
- Standard Triple P: Psychologists, psychiatrists, social workers, family counselors, school guidance officers, behavior management teachers, and allied health professionals
- Standard and Group Stepping Stones Triple P: School counselors, nurses, psychologists, social workers, and parent educators

Training

Individual and agency on-site trainings to work with parents of children 0 to 12 years

- Level 4 courses: Three-day training; One day of pre-accreditation; Two-day accreditation (four ½ day accreditation workshops with maximum five participants each)
- Accreditation for all courses requires passing an exam and displaying core competencies in a face-to-face, small-group accreditation session.
- Peer support groups and pre-accreditation workshops provide practitioners opportunities to practice before the accreditation session.

Support from the Developer

Implementation support is offered to organizations purchasing Triple P Provider Training Courses. Support options include:

- Clinical Support Days
- Telephone Support for Managers and Coordinators
- Workshop Series

- Strategic Project Consultation
- Triple P Inc. will also tailor support options for an organization and/or practitioners on request (e.g., consultation calls, tailored workshops)

Costs

Costs of training and support materials are not publicly available. Associated costs of the courses are described in the Triple P Training Guide, which is available by request. An implementation consultant can provide quotes for each site.

Languages Available

Group—Parent materials are available in English, Spanish, Chinese (Traditional) French Canadian, Japanese, Portuguese, Swedish, and Urdu.

Standard—Parent materials are available in English, Spanish, and Portuguese.

Outcomes

Parent/Family

- Improved parenting practices, parenting satisfaction, and efficacy
- Improved parent adjustment and well-being
- More positive parent-child relationship quality
- Improved family well-being, specifically reduction in inter-parental conflict and improved marital adjustment

Child

- Improved social and emotional skills
- Reduction in frequency and number of child problem behaviors
- Lower rates of child maltreatment, out-of-home placements, and hospitalizations

Adaptations and Enhancements

Child or parent special challenge

Other Triple P adaptations include:

- Level 2
- Level 3
- Level 5

Glossary of Terms

Glossary Term	Definition
Adaptation	A change to a core component (essential function) of an intervention when necessary for the implementation of an intervention in a new setting, with different conditions, or with families that are different from those in the original test groups
Attrition	The loss of study participants during the course of a study for any reason. High attrition rates can potentially compromise the validity of a study.
Comparison group	A group of individuals who do not participate in the intervention but who have characteristics similar to the group of individuals who do participate. Comparison groups are used to compare the outcomes for individuals who did not participate in the intervention with outcomes of individuals who did participate in the intervention.
Curriculum	A structured, written plan of activities with intended outcomes for learning. It provides the framework around which educators/teachers organize the learning environment, experiences, and interactions. This term also refers to a sequence of courses taken by a student.
Data	Information that is collected during the course of a study through surveys, observations, interviews, and other means. Data can be quantitative (numeric information) or qualitative (non-numeric information). Data serves as the basis for information, discussion and interpretation.
Dosage intended	Quantity or amount of an intervention following the guidelines of the intervention developer or funder. (For example, a home visiting program may require a weekly home visit for six months).
Effectiveness	A marker of intervention success that is based on the achievement of a goal. It is often used at the conclusion of a goal-achievement evaluation where conclusions are drawn about the merit and worth of a social intervention.
Efficacy	An intervention comprised of a set of coordinated activities that have been researched and found to be effective.
Evidence-based intervention	An intervention comprised of a set of coordinated activities that have been researched and found to be effective.
Experimental design	A research design in which the study participants are randomly assigned to treatment and control groups to participate or not in the intervention being studied. It is typically considered the most rigorous research design because it can determine whether an intervention caused the outcomes that the study measured.

Glossary of Terms

Intervention fidelity	Extent to which the intervention is delivered as intended based on the essential functions (core components) of the intervention. For example, for a parenting intervention for mothers of infants, fidelity would in part involve using the intervention for the age group that was recommended by the developer. Fidelity focuses on ensuring that the intervention as delivered in practice and the intervention as described by its developer match.
Implementation fidelity	Refers to the supports or drivers necessary to ensure that an intervention is implemented as it was intended by the intervention developer.
Initial implementation	The period during which the new intervention is being used for the first time.
Intervention	A planned set of activities intended to reduce a social problem or improve a condition.
Intervention evaluation	Systematic assessment of the processes or outcomes of an intervention, for the purpose of understanding its effectiveness and informing further development. The major purposes of evaluation include intervention planning and design, intervention improvement, accountability, resource allocation, and the creation of knowledge about the intervention.
Meta-analysis	Research that synthesizes the results of multiple studies on the same research topics or interventions.
Needs assessment	The process of determining, analyzing, and prioritizing needs and, in turn, identifying and implementing strategies to solve those needs that are identified as high priority.
Outcomes	Measurable changes in the knowledge, skills, attitudes, values, and behavior of individuals who have participated in an intervention.
Parenting intervention	Interventions that have a central focus on parenting. Parenting interventions offer a structured set of activities that engage parents directly in ways that will influence parenting behaviors.
Pre-post design	Research that involves the collection of data about intervention participants before and after the intervention. Pre-post designs can show that changes have occurred but cannot establish that these have been caused by the intervention
Program	Organizational entity that implements and/or delivers parenting interventions.
Qualitative analysis	Research that examines data that is non-numeric. The results of qualitative analysis are often presented in narrative form, not numerical form. Qualitative analysis deals with information that provides rich descriptions and promotes deep understandings, for example, about how an intervention operates and how participants experience it. Examples of qualitative data collection methods include interviews, focus groups, observations, and document reviews.

Glossary of Terms

Quantitative analysis	Quantitative research that relies on numerical data (scores and measurements).
Quasi-experimental	Research design that compares the outcomes of two groups: the group participating in the intervention to be tested and a comparison group that did not, or that participated in a different one. The participants and non-participants are not randomly assigned to their respective groups. Types of quasi-experimental design include comparison groups, pre-test/post-test design, and time series.
Randomized controlled trial (RCT)	A type of experimental design in which sample members (e.g., children, parents, families, groups) are assigned by chance into groups to receive or not to receive an intervention. RCTs are considered the best way to show that an intervention causes the outcomes that are measured.
Replicable intervention	An intervention that can be implemented after it was first implemented and tested, and that will be expected to achieve similar outcomes.
Research design	The way the research is structured (e.g., sampling, measures, data collection) to answer a study's central research questions. Research design can be classified into different types that address different research questions: randomized experiments, quasi-experimental design, and non-experimental.
Self-efficacy	People's beliefs about their ability to exert influence over events and forces that affect their lives. Self-efficacy beliefs contribute to how people feel, think, motivate themselves, and behave.
Standardized measurement	A standardized measure is an assessment tool, such as a survey, interview or observation with scores that are based on its use with a specific group of people. Standardized scores are developed by calculating certain characteristics of the groups' scores on the measure (e.g., averages, variation among scores, overall distribution of scores). As a result, standardized measures tend to be more reliable and valid than measures that are non-standardized.
Study sample	A group within a larger population that is selected for a study..
Sustainability	Ability to sustain the implementation of an intervention and its benefits.
Theory of change	A detailed narrative that describes a process of planned social change, from the assumptions that guide its design, to the long-term goals it seeks to achieve. It explains an intervention's rationale and assumptions, and how and why a set of activities are expected to resolve a specific problem.
Usability testing	Testing an intervention initially with only a few elements at a time to improve and stabilize the essential functions (core components) of the intervention.

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References by Parenting Intervention

(alphabetical order)

1-2-3 Magic

Bailey, E. L., van der Zwan, R., Phelan, T. W., & Brooks, A. (2012). The 1-2-3 Magic Program: Implementation outcomes of an Australian pilot evaluation with school-aged children. *Child & Family Behavior Therapy*, *34*(1), 53-69.

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

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Abriendo Puertas

Bridges, M., Cohen, S. R., & Fuller, B. (2012). *Abriendo Puertas: Opening Doors to Opportunity – A National Evaluation of Second-Generation Trainers*. Berkeley, CA: UC Berkeley Institute of Human Development.

Bridges, M., & Gutierrez, S. (2011). Beyond a Haircut, Lunch Pail, and New Shoes: Opening Doors to School Readiness for Latino Children and Their Parents. *Zero to Three*, *32*(2), 18-22.

Moore, K. A., Caal, S., E. K. Lawner, Rojas, A., & Walker, K. (2014). *Abriendo Puertas/Opening Doors Parenting Program: Summary Report of Program Implementation and Impacts*. Bethesda, MD: Child Trends.

Suspended Beliefs Studios (2015). *APOD: Abriendo Puertas | Opening Doors*. Retrieved from http://ap-od.org/home

Adults and Children Together-Raising Safe Kids (ACT-RSK)

Burkhart, K., Knox, M., & Brockmyer, J. (2013). Pilot evaluation of the impact of the ACT Raising Safe Kids Program on children's bullying and oppositional behavior. *Journal of Child and Family Studies*, *22*, 942-951.

Guttman, M., & Mowder, B. (2005). The ACT Training Program: The future of violence prevention aimed at young children and their caregivers. *Journal of Early Childhood and Infant Psychology*, *1*, 125-136.

Knox, M., Burkhart, K., & Cromly, A. (2013). Supporting positive parenting in community health centers: The act raising safe kids program. *Journal of Community Psychology*, *41*(4), 395-407.

Knox, M., Burkhart, K., & Howe, T. (2011). Effects of the ACT Raising Safe Kids parenting program on children's externalizing problems. *Family Relations*, *60*, 491-503.

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Miguel, J., & Howe, T. (2006). Implementing and evaluating a national early violence prevention program at the local level: Lessons from ACT (adults and children together) against violence. *Journal of Early Childhood and Infant Psychology*, *2*, 17-38.

Mowder, M., & Orland, S. (2006). The ACT against violence training program: Targeting pre-service elementary school teachers. *Journal of Early Childhood and Infant Psychology*, 2, 39-50.

Porter, B. & Howe, T. (2008). Pilot evaluation of the ACT Parents Raising Safe Kids Violence Prevention Program. *Journal of Child & Adolescent Trauma*, *1*(3), 193-206.

Portwood, S. G., Lambert, R. G., Abrams, L. P., & Nelson, E. B. (2011). An evaluation of the Adults and Children Together (ACT) Against Violence Parents Raising Safe Kids program. *The Journal of Primary Prevention*, *32*(3-4), 147-160. doi:10.1007/s10935-011-0249-5

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Weymouth, L.A., & Howe, T.R. (2011). A multi-site evaluation of Parents Raising Safe Kids Violence Prevention Program. *Children and Youth Services Review*, *33*, 1960-1967.

Chicago Parenting Program (CPP)

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Webster-Stratton, C. (1998a). Parent training with low-income families: Promoting parental engagement through a collaborative approach. In J. R. Lutzker (Ed.), *Handbook of Child Abuse Research and Treatment* (pp. 183 – 209). New York: Plenum.

The following websites were used:

- www.chicagoparentprogram.org/cpp-materials-and-services
- www.nrepp.samhsa.gov/ViewIntervention.aspx?id=293

Circle of Security (COS)

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Ramsauer, B., Lotzin, A., Mühlhan, C., Romer, G., Nolte, T., Fonagy, P., & Powell, B. (2014). A randomized controlled trial comparing Circle of Security Intervention and treatment as usual as interventions to increase attachment security in infants of mentally ill mothers: Study Protocol. *BMC Psychiatry*, *14*. doi:10.1186/1471-244X-14-24

Effective Black Parenting Program (EBPP)

Myers, H.F., Alvy, K.T., Arrington, A., Richardson, M.A., Marigna, M., Huff, R., . . . Newcomb, M.D. (1992). The impact of a parent training program on inner-city African-American families. *Journal of Community Psychology*, *20*, 132-147.

The following website was used: www.ciccparenting.org

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Webster-Stratton, C., Rinaldi, J., & Reid, J. M. (2011). Long-Term outcomes of Incredible Years Parenting Program: Predictors of adolescent adjustment. *Child and Adolescent Mental Health*, *16*(1), 38–46. doi:10.1111/j.1475-3588.2010.00576.x

The following website was used: www.incredibleyears.com

Incredible Years (IY) Toddler Basic

Cresswell, A. (2014). *International Journal of Birth and Parent Education*. Retrieved from http://www.ijbpe.co.uk/index.php/86-issue-5/141-delivering-incredible-years-programmes-a-practice-perspective

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Legacy for Children™

Perou, R., Elliot, M. N., Visser, S. N., Claussen, A. H., Scott, K. G., Beckwith, L. H., . . . Smith, D. C. (2012). Legacy for Children™: A pair of randomized controlled trials of a public health model to improve developmental outcomes among children in poverty. *BMC Public Health*, *12*(691).

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- www.cdc.gov/ncbddd/childdevelopment/legacy.html
- www.nrepp.samhsa.gov/ViewIntervention.aspx?id=360

Los Niños Bien Educados (LNBE)

Alvy, K. T., Plunkett, S. W., Rosen, L. D. (2005). *CICC's Los Niños Bien Educados Program – Evaluative Studies Conducted During 2001-2004 in Los Angeles County*. Studio City, CA: Center for the Improvement of Child Caring.

Ortiz, H. J., & Plunkett, S. W. (2003). Assessing the cultural dimensions of the Los Niños Bien Educados Parenting Program. *Journal of Extension 41*(6).

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- www.ciccparenting.org/LosNinosBienEdDesc.aspx#A
- www.cebc4cw.org/program/los-ninos-bien-educados/detailed

Nurturing Parenting Program

Bavolek, S., Keene, R., Miranda, G., & Radcliff, J. (2013). *Prevention and Early Intervention Component of Imperial County*. (Unpublished 3 year report)

Cowen, P. S. (2001). Effectiveness of a parent education intervention for at-risk families. *Journal of the Society of Pediatric Nurses.* doi:10.1097/00005721-200109000-00014

Maher, E. J., Marcynyszyn, L. A., Corwin, T. W., & Hodnett, R. (2011). Dosage matters: The relationship between participation in the Nurturing Parenting Program for infants, toddlers, and preschoolers and subsequent child maltreatment. *Children and Youth Services Review*, *33*(8), 1426-1434. doi:10.1016/j.childyouth.2011.04. 014

Maher, E. J., Corwin, T. W., Hodnett, R., & Faulk, K. (2012). A cost-savings analysis of a statewide parenting education program in child welfare. *Research on Social Work Practice*, *22*(6), 615-625. doi:10.1177/1049731512449873

Matthew, R. F., Wang, M.Q., Bellamy, N., & Copeland, E. (2005). Test of efficacy of model family strengthening programs. *American Journal of Health Studies*, *20*(3), 164-170.

The following website was used: www.nurturingparenting.com

ParentCorps

Brotman, L. M., Dawson-McClure, S., Calzada, E. J., Huang, K., Kamboukos, D. Palamar, J. J., & Petkova, E. (2013). Cluster (School) RCT of ParentCorps: Impact on kindergarten academic achievement. *Pediatrics*, *131*(5):e1521-e1529.

Brotman, L. M., Calzada, E. J., Huang, K., Kingston, S., Dawson-McClure, S., Kamboukos, D., . . . Petkova, E. (2011). Promoting effective parenting practices and preventing child behavior problems in school among ethnically diverse families from underserved, urban communities. *Child Development*, *82*(1): 258–276.

Dawson-McClure, S., Brotman, L. M., Theise, R., Palamar, J. J., Barajas, R. G., & Calzada, E. J. (2014). Early childhood obesity prevention in low-income, urban communities. *Journal of Prevention and Intervention in the Community*, *42*(2), 152–166. http://dx.doi.org/10.1080/10852352.2014.881194

The following websites were used:

- http://pophealth.med.nyu.edu/divisions/cehd/parentcorps
- http://pophealth.med.nyu.edu/system/files/R_Brief_CEHD.pdf
- http://www.militaryfamilies.psu.edu/programs/parentcorps
- http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=246#divContacts

Parents as Teachers (PAT)

Drotar, D., Robinson, Jeavons, I., & Kirchner, H. L. (2009) A randomized, controlled evaluation of early intervention: the Born to Learn curriculum. *Child: Care, Health & Development*, *35*(5), 643-649.

Owen, M. T., & Mulvihill, B.A. (1994). Benefits of a parent education and support program in the first three years. *Family Relations*, *43*, 206-212.

Pfannenstiel, J. C., Seitz, V., & Zigler, E. (2002). Promoting school readiness: The role of the Parents Compendium of Parenting Interventions as Teachers Program. NHSA Dialog: A Research-to-Practice. *Journal for the Early Intervention Field*, *6*, 71-86

Wagner, M., & Clayton, S. L. (1999). The Parents as Teachers Program: Results from two demonstrations. *The Future of Children*, *9*(1).

Wagner, M., Spiker, D, & Linn, M.I. (2002). The effectiveness of the Parents as Teachers program with low-income parents and children. *Topics in Early Childhood Special Education*, *22*(2), 67-81.

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Play and Learning Strategies (PALS)

Dieterich, S. E., Landry, S. H., Smith, K. E., Swank, P. R., & Hebert, H. M. (2006). Impact of community mentors on maternal behaviors and child outcomes. *Journal of Early Intervention*, 28(2), 111–124.

Guttentag, C. L., Pedrosa-Josic, C., Landry, S. H., Smith, K. E., & Swank, P. R. (2006). Individual variability in parenting profiles and predictors of change: Effects of an intervention with disadvantaged mothers. *Journal of Applied Developmental Psychology*, *27*(4), 349–369. doi:10.1016/j.appdev.2006.04.005

Landry, S. H., Smith, K. E., Swank, P. R., & Guttentag, C. (2008). A responsive parenting intervention: The optimal timing across early childhood for impacting maternal behaviors and child outcomes. *Developmental Psychology*, *44*, 1335-1353.

Landry, S. H., Smith, K. E., & Swank, P. R. (2006). Responsive parenting: Establishing early foundations for social, communication, and independent problem-solving skills. *Developmental Psychology*, *42*, 627–642.

Smith, K. E., Landry, S. H., & Swank, P. R. (2005). The influence of decreased parental resources on the efficacy of a responsive parenting intervention. *Journal of Consulting and Clinical Psychology*, 73(4), 711–720. doi:10.1037/0022-006X.73.4.711

The following website was used:
www.childrenslearninginstitute.org/our-programs/program-overview/PALS/

Materials provided by developer: PALS Fact Sheet, Play and Learning Strategies (PALS) Sessions, Alignment of Play and Learning Strategies (PALS) with Head Start Performance Standards, and Sample PALS Curriculum Training Agenda

Positive Indian Parenting (PIP)

Cross, T., Friesen, B., & Maher, N. (2007). Successful strategies for improving the lives of American Indian and Alaska Native youth and families. *Focal Point*, *21*(2), 10-13.

DiPirro-Beard, S. (2012). *Celebrating Families Breaking Cycles, Repairing Childhood*. RPG Grantee Meeting, Sacramento, CA.

Gorman, J. C., & Balter, L. (1997). Culturally sensitive parent education: A critical review of quantitative research. *Review of Educational Research*, *67*(3), 339-369. doi: 10.2307/1170568

Harding, A. K. (2015). *Positive Indian Parenting, Honoring Our Children by Honoring Our Traditions Workshop*. National Indian Child Welfare Association 33rd Annual Conference.

Native American Health Center. (2012). *Native Vision: A Focus on Improving Behavioral Health Wellness for California Native Americans*. Oakland, CA: Author.

Sande, A. V. (1995). Native and mainstream parenting programs. *Native Studies Review*, *10*(1).

Sarche, M., Croy, C., Crow, C., & Mitchell, C. (2009). Maternal correlates of 2-year-old American Indian

children's social-emotional development in a Northern Plains tribe. *Infant Mental Health Journal*, *30*(4), 321-340. doi:10.1002/imhj.20217

Toineeta, A. (2012). *Apsaalooke Family Preservation Program, Healing Families through Traditional and Cultural Values*. RPG Grantee Meeting, Sacramento, CA.

Strengthening Families Program (SFP)

Brook, J., McDonald, T., & Yan, Y. (2012). An analysis of the impact of the Strengthening Families Program on family reunification in child welfare. *Children and Youth Services*, *34*, 691-695.

Foxcroft, D., Ireland, D., Lister-Sharp, G., & R.Breen, L. (2003). Longer-term primary prevention for alcohol misuse in young people: A systematic review. *Addiction*, *98*, 397-411.

Kanse, S. A. (2014). *Mixed method study to examine the most effective delivery and dissemination method for the Strengthening Families Program (SFO) among Asian Indian and non-Asian families residing in Utah* (Doctoral dissertation). Retrieved from UMI, Ann Arbor: MI. ProQuest.

Kumpfer, K. L., Whiteside, H. O., Greene, J. A., & Allen, K. C. (2010). Effectiveness outcomes of four age versions of the strengthening families program in statewide field sites. *Group Dynamics: Theory, Research, and Practice*, *14*(3), 211-229.

Kumpfer, K. L., Pinyuchon, M., de Melo, A. T., & Whiteside, H. O. (2008). Cultural adaptation process for international dissemination of the strengthening families program. *Evaluation & the Health Professions*, *31*(2), 226-239.

The following website was used: www.strengtheningfamiliesprogram.org

Systematic Training for Effective Parenting (STEP)

Adams, J. F. (2001). Impact of parent training on family functioning. *Child and Family Behavior Therapy*, *23*(1), 29-42.

Fennell, D. C., & Fishel, A. H. (1998). Parent education: An evaluation of STEP on abusive parents' perceptions and abuse potential. *Journal of Child and Adolescent Psychiatric Nursing*, *11*(3), 107-120.

Gibson, G. D. (1999). *A monograph: Summary of the research related to the use and efficacy of the Systematic Training for Effective Parenting (STEP) program 1976-1999*. Cedar Pines, MN: American Guidance Services, Inc.

Gibson, G.D. (1994). A meta-analytical review of the literature on the efficacy of the Systematic Training for Effective Parenting (STEP) program. Dissertation Abstract International: section B: the Sciences and Engineering, *55* (2-B), 629.

Gillette, N. Y. (1989). Evaluation of the use of a Systematic Training for Effective Parenting program modified for low-income Puerto Rican parents of preschoolers (Doctoral dissertation). Retrieved from University of Massachusetts, Amherst.

Hammett, V. L., Omizo, M. M., & Loffredo, D. A. (1981). The effects of participation in a STEP program on parents' child-rearing attitudes and the self-concepts of their learning disabled children. *The Exceptional Child*, *28*(3), 183-190.

Huebner, C. E. (2002). Evaluation of a clinic-based parent education program to reduce the risk of infant and toddler maltreatment. *Public Health Nursing*, *19*(5), 377-389.

Nystul, M. S. (1982). The effects of Systematic Training for Effective Parenting on parental attitudes. *The Journal of Psychology*, *112*, 63-66.

Triple P Level 2

Mejia, A., Calam, R., & Sanders, M.R. (2012). A review of parenting programs in developing countries: Opportunities and challenges for preventing emotional and behavioral difficulties in children. *Clinical Child and Family Psychological Review*, *15* (2), 163-175. doi:10.1007/s10567-012-0116-9

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Morawska, A., Haslam, D., Milne, D., & Sanders, M. (2011). Evaluation of a brief parenting discussion group for parents of young children. *Journal of Developmental & Behavioral Pediatrics*, *32*(2), 136-145.

Prinz, R., Sanders, M., Shapiro, C., Whitaler, D., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, *10*(1), 1-12.

Sanders, M. (2008). Triple-P Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology*, *22*(3), 506-517.

Sanders, M. R., Pickering, J. A., Kirby, J. N., & Turner, K. E. (2012). A commentary on evidence-based parenting programs: Redressing misconceptions of the empirical support for Triple P. *BMC Medicine*, *10*, 145.

Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clinical Psychology Review*, *34*, 337-357. doi: 10.106/j.cpr.2014.04.003

The following websites were used:

- www.blueprintsprograms.com
- www.nrepp.samhsa.gov
- www.triplep.net

Triple P Level 3

Nowak, C., & Heinrichs, N. (2008). A comprehensive meta-analysis of Triple P-Positive Parenting Program using hierarchical linear modeling: Effectiveness and moderating variables. *Clinical Child and Adolescent Psychology and Psychotherapy*, *11*, 114-144.

Prinz, R., Sanders, M., Shapiro, C., Whitaler, D., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, *10*(1), 1-12.

Sanders, M. (2008). Triple-P Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology*, *22*(3), 506-517.

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The following websites were used:

- www.blueprintsprograms.com
- www.nrepp.samhsa.gov
- www.triplep.net

Triple P Level 4

De Graaf, I., Speetjens, P., Smit, P., & de Wolff, M. (2008). Effectiveness of the Triple P Positive Parenting Program on behavioral problems in children: A meta-analysis. *Behavior Modification*, *32*, 714-735. doi:10.1177/0145445508317134.

Leung, C. S. (2003). An outcome evaluation of the implementation of the Triple P-Positive Parenting Program in Hong Kong. *Family Process*, *42*(4), 531-544.

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Prinz, R., Sanders, M., Shapiro, C., Whitaler, D., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, *10*(1), 1-12.

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Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clinical Psychology Review*, *34*, 337-357. doi: 10.106/j.cpr.2014.04.003

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

The following websites were used:

- www.blueprintsprograms.com
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