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# Cochrane Review Summary: Group-based parent training programmes for improving parental psychosocial health

**Daksha Trivedi**

Senior Research Fellow, Centre for Research in Primary and Community Care, University of Hertfordshire, Hatfield, UK

**Key words:** group; parent; programme; psychosocial training

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## Review question

Are group-based parenting programmes effective in improving parental psychosocial health?

## Relevance to primary care and nursing

Primary health-care and social-care professionals including nurses are involved in a number of parenting programmes to improve outcomes for both children and parents (National Institute for Health and Clinical Excellence, Social Care Institute for Excellence, 2006; Department for Education, 2014).

## Characteristics of the evidence

This Cochrane review contained 48 randomised-controlled trials of which five were cluster randomised targeting adult parents with or without child behavioural problems (Barlow *et al.*, 2014). They included both mothers and fathers ( $n = 19$ ), mothers only ( $n = 13$ ), single parent ( $n = 12$ ), parents, grandparents, step and foster parents, and relatives ( $n = 4$ ), although results were mainly reported from the mothers. Studies were conducted in the United States ( $n = 22$ ), Australia ( $n = 10$ ), Canada ( $n = 7$ ), United Kingdom ( $n = 3$ ) and the rest in China, Germany, Japan, the Netherlands and New Zealand. Interventions included group-based

parenting programmes (behavioural  $n = 22$ ; cognitive behavioural  $n = 19$ ; multi modal  $n = 8$ ) compared with a control condition (wait list, no treatment, treatment as usual or placebo). Most interventions were delivered in a community setting. Studies were excluded if parents had a clinical psychiatric condition, interventions were individual or self-administered or did not include at least one standardised measure of parental psychosocial health.

## Summary of key evidence

Included studies had 4937 participants in total ranging from 22 to 733. Duration of intervention varied and was categorised as ‘standard’ (8–14 sessions,  $n = 36$ ), ‘brief’ (one to six sessions,  $n = 10$ ) and ‘long’ ( $\geq 16$  weeks,  $n = 2$ ). Many studies reported an unclear risk of bias on key quality criteria, including allocation concealment, sequence generation and blinding.

Meta-analysis was conducted where appropriate, although results were heterogeneous. Evidence is summarised according to outcomes. Effect sizes as standardised mean difference (SMD) are given with 95% confidence intervals (CI) for outcomes at post-intervention ( $\leq 4$  weeks after intervention), short-term (two to six months post-intervention) and long-term follow-up (greater than six months post-intervention). The number of studies and participants are shown in parentheses.

## Primary outcomes

Group-based parenting programmes were effective in the short term: *depression* (post-intervention,

Correspondence to: Dr Daksha Trivedi, Senior Research Fellow, Centre for Research in Primary and Community Care, University of Hertfordshire, College Lane, Hatfield, AL10 9AB, UK. Email: d.trivedi@herts.ac.uk

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SMD  $-0.17$ , 95% CI  $-0.28$  to  $-0.07$ ,  $n = 1591$ , 22 studies), *anxiety* (post-intervention, SMD  $-0.22$ , 95% CI  $-0.43$  to  $-0.01$ ,  $n = 464$ , nine studies), *stress* (post-intervention, SMD  $-0.29$ , 95% CI  $-0.42$  to  $-0.15$ ,  $n = 1567$ , 25 studies), *anger* (post-intervention, SMD  $-0.60$ , 95% CI  $-1.00$  to  $-0.20$ ,  $n = 107$ , three studies) and *guilt* (SMD  $-0.79$ , 95% CI  $-1.18$  to  $-0.41$ ,  $n = 119$ , three studies). Stress and confidence continued to be statistically significant at six-month follow-up, but not at long term. There was no evidence of any effect on self-esteem and no studies reported on aggression.

### Secondary outcomes

Significant effects were reported for *confidence* (SMD  $-0.34$ , 95% CI  $-0.51$  to  $-0.17$ ,  $n = 1001$ , 14 studies) and *satisfaction with the partner relationship* (SMD  $-0.28$ , 95% CI  $-0.47$  to  $-0.09$ ,  $n = 432$ , nine studies). No study reported this outcome at short- or long-term follow-up. There was a significant effect on *paternal stress* at post-intervention (SMD  $-0.43$ , 95% CI  $-0.79$  to  $-0.06$ ,  $n = 123$ , four studies). No study reported adverse effects.

### Implications for practice

Group parenting programmes can be used to improve parental psychosocial functioning, but only in the short term. Additional support may be required to maintain this in the long term. Parenting programmes for fathers have the potential to improve short-term psychosocial well-being, and whilst there is a need to support fathers, their effectiveness needs to be established.

### Implications for research

Future research should evaluate longer and more intensive programmes and their benefits on both

mothers and fathers. It needs to examine the comparative effectiveness of different types of programmes as well as mechanisms (eg family functioning) that contribute to improved psychosocial functioning in parents.

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### Conflicts of Interest

None.

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