



Themed Issue

An analysis of two evidence-based parent training programmes and determination of the characteristics for a new programme model

B. ARKAN¹ RN MSc (PhD student), B. ÜSTÜN² RN PhD & T. GÜVENİR³ MD

¹Research Assistant, ²Professor, Psychiatric Nursing Department, Faculty of Nursing, and ³Professor Assistant, Child Psychiatry Department, Faculty of Medicine, Dokuz Eylül University, Izmir, Turkey

Keywords: evidence-based parent training, Incredible Years, parent programme, Triple P

Correspondence:

B. Arkan

Psychiatric Nursing Department

Faculty of Nursing

Dokuz Eylül University

Izmir 35340

Turkey

E-mail: arkanburcu@yahoo.com

Accepted for publication: 29 December 2011

doi: 10.1111/j.1365-2850.2012.01876.x

Accessible summary

- A parent programme serves to systematically develop the information, attitudes and skills required for rearing a child, family relations and fulfilling parental responsibilities in the family and society.
- The two best (well-known) parent programmes conducted with the parents of children diagnosed with behaviour problems are the Triple P and the Incredible Years which cooperate with families and the society, reduce the risk factors and support the protective factors.
- The programmes also offer a multi-disciplinary approach with high evidence standards, use randomized controlled studies and yield long-term results.

Abstract

The Triple P and Incredible Years are the two best (well-known) parent programmes which cooperate with families and the society, reduce the risk factors and support the protective factors. The programmes also offer a multidisciplinary approach with high evidence standards, use randomized controlled studies and yield long-term results. Accordingly, this literature review was conducted in order to evaluate the efficacy of these two programmes, to determine the (similarities) and differences. ‘MEDLINE, PUBMED, COCHRANE’ databases, online and published journals and dissertations in Turkey were reviewed for the study. Consequently, results of 49 studies were presented, which were evaluated according to certain criteria such as samples, methods and results. The studies on the Triple P and the Incredible Years Parent Program illustrated a decrease in problematic behaviours of the children and negative parenting practices of parents following the implementation of programmes. However, the studies also pointed out the differences between the Triple P and the Incredible Years Parent Program. It is recommended that a new parent education programme be prepared and tested for our country in accordance with the results of the study.

Introduction

Parenting is a complex task and it has become even more difficult in the 21st century as a result of rapid social changes in our own society. Demographic, social and economic trends have transformed the demands on parents in

recent years, which include fewer marriages, increased co-habitation, the highest teenage birth rates in the European Union, a higher divorce rate, more children growing up in single-parent families and a growing diversity between rich and poor families (Utting & Pugh 2004). Parents of the 21st century are faced with a different task

from that of their own parents and many parents now explore a wide range of information sources including the internet to access information and parent training programmes (Long 2004).

A parent programme serves to systematically develop the information, attitudes and skills required for rearing a child, family relations and fulfilling parental responsibilities in the family and society. The primary objective of parent education is to reinforce the self-confidence levels of the parents and guide them in a way that will improve their parental skills for the physical, mental, social and emotional development of their children (Sanders *et al.* 2002). Some of the programmes in practice aim to serve directly the child and his or her immediate surroundings whereas others try to serve both the child and parents (Sanders *et al.* 2003).

Studies in Turkey as well as in other countries indicate that the prevalence of clinically significant child disorders and conduct problems is 11% while this figure might increase to be 20–35% for children living in unfavourable environments (Aras *et al.* 2007, Akdemir & Çuhadaroğlu 2008, Aktepe *et al.* 2010). These findings represent an important and disquieting phenomenon of modern societies. In the literature, multiple factors contribute to the development of a child's dysfunctions and these risk factors may interact in a multiplicative (Webster-Stratton *et al.* 2001, Sanders & Woolley 2005, Sanders *et al.* 2007b). Thus, several studies reveal that environmental factors (e.g. low income, crowded or dangerous neighbourhoods, the influence of peers, media, inadequate social support networks) and family variables (e.g. poor parenting, marital distress of the parents, parental psychopathology) are considered among the most powerful predictors of negative child outcomes (Ralph *et al.* 2003, Bor & Sanders 2004).

These early starter children are at significant risk of longer-term problems. Among children with antisocial behaviour a small subgroup, approximately 3.3%, account for a disproportionate amount of all crime committed. These children are identified by early onset, high rate and disproportionately violent offending. Studies in Turkey have demonstrated that children with serious uncontrolled temper tantrums are more likely to grow into violent adult offenders (Ögel 2007).

It has been proved that parent programmes are effective in children with conduct disorders who display highly disruptive behaviours. These programmes have been shown to be even more effective than other methods in crime prevention (Turner & Sanders 2006a). The parent programmes used for the treatment are studied under two categories, cognitive-behavioural programmes and relationship-based programmes (Gross & Grady 2002).

The relationship-based parent programmes are based on psychodynamic, humanistic and family systems theory. The goal of the programmes is to understand the underlying ideas and emotions behind problematic behaviours of the children, to learn their thinking patterns and to evaluate the response of the parents to the children. The content of the programmes consists of communication skills (active listening, I-messages, feedback, conflict resolution and approaches guiding parents about how to communicate with their children. The focus of the programme is the child (Dembo *et al.* 1985, Money 1995).

The behavioural approach-based parent programmes are based on social learning theory. According to social learning theory, the behaviours are shaped through the idea that similar behaviours will lead to similar outcomes. With the increase in behaviour repertoire and consequent outcomes, the children evaluate the possible outcomes of certain behaviours and shape them accordingly. At this point, the parents shape the behaviours of the children and adolescents whereas the children and adolescents have an active effect on parental behaviours. Over time, the children and adolescents learn to predict their parents' reactions for a definite a behaviour before they take action (Dembo *et al.* 1985, Money 1995). In addition, the exchange of noncompliant or inappropriate behaviours between parents and children results in the increase of problematic behaviours among children making the parents strict and authoritative, and thus causes them to use ineffective discipline methods. With this in mind, in such programmes, the difficulties experienced by parents which result in problematic behaviours in children are eliminated, the parents' sense of self-efficacy is strengthened and their self-regulation skills are improved. Therefore, the number of behaviours in children which require replacement is reduced and desired behaviours are instilled in them. The focus of the programme is parents (Dembo *et al.* 1985, Money 1995, Gross & Grady 2002).

The behavioural approach-based parent programmes are significantly more effective in reducing targeted children's behaviour and parental perceptions of their children's problem behaviour than the relationship-based parent programmes (Money 1995). Also the positive outcomes of behavioural approach-based parent programmes have been well documented and provide justification for these treatments to be considered 'best practice' or 'empirically supported' for most populations (Assemany 2002).

The two best (well-known) parent programmes conducted with the parents of children diagnosed with behaviour problems are the Triple P and the Incredible Years which cooperate with families and the society, reduce the risk factors and support the protective factors. These programmes further offer a multidisciplinary approach with

high evidence standards, use randomized controlled studies and yield long-term results (Mullett 2007). Moreover, the efforts made throughout the programme are regarded as well-structured ones by American Psychiatric Association.

Aim of the study

This literature review was conducted in order to evaluate the efficacy of these two most commonly used evidence-based parent training programmes and to determine the similarities and differences in terms of participants, method of training and long-term results in order to find out most appropriate model for parents of children with disruptive behaviours in Turkey.

Method

In order to gain access to the studies on the Triple P and the Incredible Years Parent Programs, 'MEDLINE, COCHRANE, ERIC, OVID, SPRINGER LINK, WILEY INTERSCIENCE' databases, online and available published journals and dissertations were reviewed. During the review of literature between 1982 and 2009, keywords include 'conduct disorder, oppositional defiant disorder, behavior problem, parent education, parent programs, effective parent programs, Triple P, Standard, Enhanced, Selective, Primary, Universal, RCT, evidence based program, Incredible Years, Basic, Advance, Self-Administrated'.

The inclusion criteria for studies in the literature in this paper were as following (Dretzke *et al.* 2005):

1. To include in its population the children diagnosed with –according to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) – conduct disorder and oppositional defiant disorder and children who have behavioural problems;
2. A parent programme where the content is documented well;
3. To be experimental or semi-experimental studies; and
4. To have measured at least one child behaviour.

The exclusion criteria for the studies in the literature in this paper were as following:

1. Studies including children diagnosed with autism, mental retardation, psychosis, developmental problems, etc.;
2. Parent programmes where the content is not documented well;
3. Studies including parents who have participated in parent education only once; and
4. Studies not measuring children behaviours.

At the end of the primary assessment of the studies, 102 studies were reviewed and 49 of them which met the cri-

teria specified above were analysed. While 24 of these studies particularly focused on the Triple P, 25 of them dealt with the Incredible Years Parent Program. All studies in the review were evaluated according to participants, methods and results.

Results

Participants

The population of the studies on Triple P Parent Program included in this paper was determined through the parents who responded to the announcements made via psychiatry and paediatrics clinic, Maternal and Infant Health Center, Child Evaluation Center, newspapers, radio and television.

The population of the studies on Incredible Years Parent Program included in this paper was determined through the parents registered in psychiatry clinic, schools, kindergartens, nursery schools, infant schools and the Head Start Center (the federal education programme practiced in the USA for highly risky children who are 3–5 years old).

The age group of the children included in the Triple P Program varied between 1 and 14 whereas that of the children included in the Incredible Years Parent Program varied between 2 and 9 years. The children included in both programmes were diagnosed with conduct disorder or oppositional defiant disorder, with serious behavioural problems, developmental retardation, mental retardation and intellectual deficit and those who were not diagnosed with autism.

The population of all the studies on Triple P Parent Program consisted of parents with low socio-economic level who provided primary care and had not received any treatment before regarding behavioural problems of their children. On the other hand, the population of seven studies consisted of parents who had concerns about problematic behaviours of their children. The randomized controlled studies conducted by Markie-Dadds & Sanders (2006a) and Leung *et al.* (2003) differed from other studies in that they were conducted on parents who did not have a psychopathology. Ireland *et al.* (2003) carried out a study on parents with conjugal disagreements; Dadds *et al.* (1987) on single parents with lack of social support; Sanders & McFarland (2000) on depressive parents, and Martin & Sanders (2003) on parents who worked for at least 20 h a week and thus had job stress. In a semi-experimental study conducted by Leung *et al.* (2006), the population consisted of parents who did not experience domestic violence. The whole programme examined parent groups formed by mothers and fathers together.

The population of all the studies, except for one, on the Incredible Years Parent Program consisted of parents with

low socio-economic level who provided primary care. Despite the fact that these parents had not received any treatment before regarding behavioural problems of their children, they were deeply concerned about problematic behaviours of their children. The one exceptional study was dealing with parents who were not addicted to substance use (Gardner *et al.* 2006). In 21 studies in which this education programme was included, the parent groups consisted of both mothers and fathers while three studies (Webster-Stratton 1982, Reid *et al.* 2001, Baydar *et al.* 2003) focused on only mothers and the remaining one study (Webster-Stratton 1984) compared the families with and without a father.

Method

Triple P Parent Program included in this paper is a multilevel parent programme developed by Matt Sanders in Queensland University, Australia, in 1979. This programme was arranged a preventive one, includes family support strategies and targets children who are 0–16 years old. The programme aims to generate a positive relation between the child and parents and to develop positive parenting skill. The programme also supports abilities and development of the child and develops skills to manage problematic behaviours. It further serves to develop effective methods to cope with behavioural problems and to teach the parents about effective communication skills and to reduce parenting stress (Sanders & Turner 2005, Sanders *et al.* 2008b).

Different service types (Group, Self-directed, Individual, Telephone Assisted) are used and customized in accordance with changing requirement levels and choices of families (Universal, Selective, Primary Care, Standard, Enhanced). These include providing parenting information via television and targeted initiatives with the help of booklets. These methods enable to generate a larger public health effect by reaching larger number of people, especially in rural areas (Markie-Dadds & Sanders 2006b, Sanders *et al.* 2008a). The time period of the programme varies between 4 and 12 weeks depending on the type selected. The programme provides instruction both individually and in groups. The group programmes averagely consist of 10–12 parents. Various books are provided throughout the education (Every Parent, Every Parent's Workbook for Groups, Self Help Workbook and Every Parent Survival Guide). The programme is based on active skills training. The programme is supported through individual programmes, smaller intensive group practices, seminars/conferences on positive parenting practices which are carried out in large groups, feedback, practice, role-play, rehearsal, modelling methods and videos. The drop-out

rates of the parents participating in the programme vary between 5% and 44% (Morawska & Sanders 2006a).

It was already reported in relevant studies that problem behaviours of children decreased and that their mental, emotional and social development and their school performance increased (Sanders *et al.* 2008b). The results also suggested that the parents' tendency to conflict with each other, their stress and anxiety level decreased, their ability to maintain their conjugal relation increased and they coped with problematic behaviours of their children in a more efficient manner (Sanders *et al.* 2002, 2003, Halford *et al.* 2007). The Triple P has been shown to be effective and acceptable to parents in range of cultural contexts. These include trials with parents in Hong Kong (Leung *et al.* 2003), Japan (Matsumoto *et al.* 2007), Germany (Heinrichs *et al.* 2006), Switzerland (Bodenmann *et al.* 2008) Australia (Sanders *et al.* 2000a) and New Zealand (Venning *et al.* 2003).

The second programme included in this study, **Incredible Years Parent Program** was developed by Carolyn Webster-Stratton (1982) in Washington University. One of the two best evidence based programmes, the Incredible Years consists of parent, children and teacher education (Hutchings *et al.* 2007b). This is a comprehensive, multifaceted, development-based programme which has interrelated programme types and can reduce and shape risk factors. Targeting the children 2–9 years old, the objective of the programme is to prevent or reduce conduct disorders, oppositional defiant disorders, attention-deficit hyperactivity disorders and the emotional or behavioural problems among neglected or abused children besides treating aggression and supporting social skills (Reid *et al.* 2003, Webster-Stratton & Reid 2005, Jones *et al.* 2007). The target audience of the programme is early childhood and pre-school children (Lees & Ronan 2008).

The programme provides education in groups. The groups consist of parents of children with similar or different ethnic origin, with similar socio-economic class and age group. The programme is not didactic; the parents are presented with short videos and the parents are enabled to discuss about the issue in question following the video presentation (Webster-Stratton 1996). In the event that there are important points that parents have missed, these points are replayed so as to particularly draw the attention of the parents. Thus, this technique enables the important points to be emphasized and clarified. In the programme, the instructor does not provide any direct positive or negative feedback. Instead, they give homework to parents and enable them to minimize their inappropriate behaviours and maximize appropriate ones in interacting with their children (Webster-Stratton 1981). An important principle of the programme is that a strong and positive parent-child

relation is the source of effective discipline. Before the result and effective limit setting notions are introduced, positive parenting and communicating skills are taught (Webster-Stratton 1991, 1997). The content of the programme consists of effective play techniques with children, supporting pre-school preparation emotionally and socially, supporting the child's education (homework . . .) and punishment and reward methods. The programme also includes cooperating with teachers, providing and receiving support, problem-solving skills, anger and conflict management, teaching children about problem-solving skills, dealing with problematic behaviours (calming down, ignoring, logical deduction), effective discipline methods (determining borders, rules, routines and responsibilities) (Spitzer *et al.* 1991). Groups consist of 10–12 parents on average. During the process of education, a book is provided as well as videos (Troubleshooting Guide for Parents). The drop-out rate of parents participating in the study ranges from 10% to 50% (Webster-Stratton 2004, 2005b).

Incredible Years has been shown to be effective and acceptable to parents in range of cultural contexts. These include trials with parents in the USA (Gross *et al.* 2003), Caucasian (Reid *et al.* 2001) New Zealand (Hamilton & Angela Litterick-Biggs, 2007), England (Hutchings *et al.* 2007a), Spain (Barrera *et al.* 2002, Webster-Stratton 2005a), Norway (Larsson *et al.* 2008), Ireland (Connolly *et al.* 2001), Canada.

Results

Effects on children

In all of the studies on the Triple P Parent Program included in this paper, problematic behaviours of the children experienced a decrease following the implementation of programmes (Connell *et al.* 1997). However, the study conducted by Morawska & Sanders (2006c) determined that there was no meaningful difference between the groups after the Self-directed (alone) and Self-directed (telephone assisted) programmes were implemented. Nevertheless, Nicholson and Sanders reported in a randomized controlled study in 1999 that there was an increase in children's self-confidence after the Self-directed Triple P Program was carried out. In three different studies conducted by Stallman & Ralph (2007), Leung *et al.* (2003) and Sanders *et al.* (2008b), it was maintained that there was a decrease in the scores obtained by the children in the experimental group from Strength and Difficulties Questionnaire after implementing the Triple P Parent Program. It was also stated that this decrease was reported especially in hyperactivity, peer problems and emotional problems dimensions. In parallel with this finding, the children's peer

conflicts were noted to have a decrease following the implementation of the Triple P Parent Program in the study.

The studies on the Incredible Years Parent Program discussed in this paper illustrated that problematic behaviours of children experienced a decrease following the implementation of programmes. This decrease was especially noteworthy in violent behaviours of children and in children whose parents had participated at least six sessions of the programme (Reid *et al.* 2003). The study conducted by Patterson *et al.* (2002) found that there was a decrease in the scores obtained by the children in the experimental group from Strength and Difficulties Questionnaire following the implementation of the programme. Unlike the Triple P Parent Program, this programme also includes a child education programme and a teacher education programme in order to reduce the problematic behaviours of children. All the same, studies comparing the groups providing parent education only with groups providing teacher and child parent education demonstrated no difference between the groups in reducing the problematic behaviours of children (Webster-Stratton & Hammond 1997, Connolly *et al.* 2001, Gross *et al.* 2003, Webster-Stratton *et al.* 2004, Drugli & Larsson 2006, Larsson *et al.* 2008). In a study conducted by Kim *et al.* (2008), social skill levels of children experienced a rise following the Basic Program. In a study comparing the Basic Program with the Advanced Program, it was reported that the children in the Advanced Group improved their problem-solving skills more than the children in the Basic Group after implementing the programmes (Webster-Stratton 1994). This finding was supported by the result of the study conducted by Drugli *et al.* (2006).

Effects on parents

Positive parenting practices

The studies on the Triple P and Incredible Years Parent Programs reviewed in this paper suggested that negative parenting practices of parents had a decrease (a decrease in the rate of authoritative attitudes and conflicts with their children) and positive parenting skills (supporting positive relations, teaching children new skills and behaviours, effective management of problematic behaviours, supporting children in desired behaviours, etc.) were developed (an increase in the level of self-efficacy and coping with problematic behaviours) after implementing the programmes.

Stress, anxiety and depression

Seventeen of 24 studies on the Triple P Parent Program included in the programme investigated parents' level of stress, anxiety and depression. In seven of 17 studies (Sanders *et al.* 2000b, 2007a, Ralph & Sanders 2003,

Zubrick *et al.* 2005, Leung *et al.* 2006, Morawska & Sanders 2006c, Stallman & Ralph 2007), the parents' level of stress, anxiety and depression decreased following the Enhanced, the Group Teen and the Self-directed Triple P Parent Program. A study conducted by Matsumoto *et al.* (2007) illustrated that the parents' level of anxiety decreased following the Group Triple P Parent Program. Moreover, studies conducted by McFarland & Sanders (2003) and Calam *et al.* (2008) implied that the parents' level of stress experienced a decrease following the Standard Triple P Program. In addition, studies conducted by Nicholson & Sanders (1999) and Turner & Sanders (2006b) pointed out that parents' level of stress and anxiety decreased following the Self-directed Triple P Parent Program. However, other three studies on the Self-directed Triple P Parent Program yielded different results. Markie-Dadds & Sanders (2006a) reported that the Self-directed Triple P Parent Program did not change the parents' level of stress, anxiety and depression. Furthermore, studies conducted by Connell *et al.* (1997) and Morawska & Sanders (2006b) illustrated that the Self-directed Triple P Parent Program did not change the fathers' level of stress, anxiety and depression but decreased the mothers' level of depression and stress. A study conducted by Martin & Sanders (2003) did not find a change in job stress and job satisfaction of the parents in the experimental group and their tendency to commit crime in the workplace following the Work-place Triple P Parent Program, which was associated with the fact that job-related assessments should be made over a long time period because the self-confidence level of the parents need to be developed first in order to decrease in job stress and enhance job satisfaction.

The six studies on the Incredible Years Parent Program evaluated the parents' level of stress and depression following the implementation of the programmes. Studies conducted by Hutchings *et al.* (2007b) and Webster-Stratton (1994) showed that the parents' level of stress and depression decreased following the Basic and the Advanced Programs. On the other hand, the Larsson *et al.* (2008) and Patterson *et al.* (2002) found that the decrease was recorded only at stress levels of the parents while the studies conducted by Taylor *et al.* (1998) and Gardner *et al.* (2006) noted a decrease in depression levels of the parents.

Satisfaction

The review of studies on the Triple P Parent Program remarked that satisfaction rates of parents varied between 4.92 and 6.24 (out of 7).

However, an analysis of studies on the Incredible Years Parent Program stated that satisfaction rates of parents varied between 67% and 98%.

Follow up

The follow up of the studies on the Triple P Parent Program ranged from 3 months to 3 years results of which illustrated that the skills developed following the programme could be maintained in follow-up studies and there was no difference when compared to the measurements made following the education.

The follow-up time of the studies on the Incredible Years Parent Program ranged from 2 months to 18 months. The results suggested that the skills acquired through the programme could be sustained in follow-up studies and there was no difference in comparison to the measurements made following the education except for the study conducted by Patterson *et al.* (2002). However, Patterson's follow-up measurement in the sixth month showed that these skills could not be maintained.

Discussion

The Triple P and the Incredible Years Parent Programs are the most commonly used behavioural approach-based parent programmes for reducing the behavioural problems of children and negative parenting practices of parents. The studies conducted by Dembo *et al.* (1985), Money (1995), Gross & Grady (2002) indicated that behavioural approach-based parent programmes are more effective and successful than relation-based parent programmes in shaping child behaviours and authoritative attitudes of parents. Contrary to these studies, there are also studies arguing that behavioural approach-based parent programmes are not as successful as it has been claimed and that the skills gained from the programme are not long-term ones. These studies further stated that the early drop-out rates from the programme are high and there are problems in parents' realistic participation in the programme during the process of treatment. Possible reasons for such negative results were analysed under three categories and they were also defined as the reasons for early drop-outs from the group. These three categories were: (1) *Socioeconomic Disadvantages* (low educational and income levels, unemployment, age of the mother, inflexible working hours, having three or more children, being a single parent, inadequate domiciles, and neighbourhoods); (2) *Family Dysfunction* (depression in mothers, domestic violence, psychopathology in mothers, negative life stressors, cognitive factors in parents' sense of behaviours of their children, conjugal disagreement, substance use, having a criminal record, unemployment, loss of a family member, bad health status of parents); and (3) *Level of Conduct Disorder* which refers to the severity and intensity of the problematic behaviours (Day & Davis 1999, Assemany 2002).

However, the analysis consequently suggested that parents could maintain these skills during follow-up studies due to the fact that the results of the studies on life stressors, treatment processes and negative treatment consequences have been evaluated and parent programmes have been modified accordingly.

The analysis of studies also specified the differences between the Triple P and Incredible Years Parent Program.

While the target age group of the Triple P Parent Program is 0–16 years, it is 2–9 years for the Incredible Years Parent Program. The Triple P Parent Program has five basic programme types (Universal, Selective, Primary Care, Standard and Enhanced) and nine (other) programmes (Work-place, Indigenous, Pathway, Teen, Stepping Stone, Lifestyle, Transition to, Grandparents, Resilience) developed out of these five basic programmes based on various requirements. On the other hand, the Incredible Years Parent Program has two basic programmes (Basic and Advanced) and another two (School Readiness Series Program and Supporting Your Child's Education Program) which were later developed. While the Triple P Parent Program provides various types of service such as group, self-directed, individual, telephone assisted, the Incredible Years Parent Program only provides group education. Targeting a larger age range and providing a larger number of programme types and various types of service in accordance with the requirements of society, the Triple P Parent Program provides service for a larger sphere of society.

There are shaped aspects of the parenting experience across different cultures. Parents in all cultures typically want their children to do well in life. Parents in different cultures experience similar developmental and behavioural problems and there are gender differences in parental responsibilities. Parenting practices also vary within cultures and between cultures. A parent's culture distinguishes a parent's belief about what a normal and age-appropriate behaviour is. It defines the fundamental characteristics of being a parent, parental responsibilities, problem behaviours that require discipline, and discipline strategies. There is increasing evidence that, despite differences between cultures, the fundamental principles of positive parenting are cross-culturally robust. Parenting interventions should be culturally appropriate. Family intervention programmes should be tailored in such a way as to respect and reinforce cultural values, aspirations, traditions and needs of different ethnic groups. Parents from quite diverse cultural, linguistic and religious backgrounds may seek support with parenting issues. A programme needs to be both effective and culturally acceptable to parents. All parents learn how to deal with parenting in a specific cultural context that may vary in terms of family composition and structure,

availability of extended family support, gender-based roles and exposure to specific traditions and mores. Cultural knowledge about parenting is acquired through exposure to other members of the culture, conversations with more experienced parents, modelling, and family-of-origin experiences (Sanders 2008). The positive effects of Triple P shown in this study seem to support the widespread adoption and implementation of the programme in an increasing number of countries in quite diverse cultural contexts around the world.

The Triple P Parent Program uses such instructional methods as small group practices, seminars/conferences on positive parenting practices, feedback, role-play, rehearsal, modelling and video presentation. On the other hand, the main instructional method in the Incredible Years Parent Program is video presentation. This method is an effective tool in developing parent-child interaction. However, it is difficult to evaluate this method because it cannot be standardized, the stimuli can change and it can prove ineffective. Furthermore, it cannot be compatible with learning styles of all parents. Nevertheless, the studies evidently suggested that the drop-out rates in the Triple P Parent Program are between 5% and 44% while the rates in the Incredible Years Parent Program vary between 10% and 50%. The importance of the learning styles of parents was emphasized by the study conducted by Knapp & Deluty (1989) in which parents with low and intermediate socio-economic level were exposed to the same parent programme with or without video presentations. The post-education measurements highlighted that the video method was effective only on parents with low socio-economic level, which indicated that socio-cultural levels were important in assessing learning styles and the content of the education needed to be supported with rich instructional methods.

While the Triple P Parent Program provides only parent education, the Incredible Years Parent Program uses teacher and children education programmes as well as parent programmes. However, the results showed that there was no difference in terms of problematic behaviours of children between the groups provided with teacher and children education as well as parent education and the groups provided with only parent education. It was concluded that children tend to display problematic behaviours and houses are less controlled environments in comparison to schools. This finding is believed to make an invaluable contribution to programme instructors in terms of cost and time.

The studies also indicated that the Triple P Parent Program was more effective in reducing the parents' level of stress, anxiety and depression and provided more support for parents than the Incredible Years Parent Program, which implies that the Triple P Parent Program meets the

requirements of parents in a larger sense, the programme is presented with different service types and there are wide opportunities to access to the programme.

The studies further showed that the Triple P Parent Program had a longer follow-up time (3 months–3 years) than the Incredible Years Parent Program (2–18 months). Moreover, the findings obtained from the follow-up studies indicated that the Triple P Parent Program was more effective in maintaining the skills than the Incredible Years Parent Program (Sanders *et al.* 2007b).

Conclusions

In light of the study results, it has been suggested that the two best parenting programmes are Triple P and Incredible Years which cooperate with families and the society, reduce the risk factors, support the protective factors, have a multidiscipline approach with high proof standards, use randomized controlled studies and yield long-

term follow-up results. In addition, the literature defines the criteria for the best parent programmes as those based on evidence through randomized controlled studies and those in which long-term follow-up and independent repetitions are used.

While there are only a limited number of programmes in progress providing support for parents on child development and education in Turkey, present studies peculiarly focus on healthy children of preschool age. The study results proposed a different parent training programme approaches to cover parents' needs of children with disrupted behaviour and to facilitate access for everyone including other target population. Thus, Triple P Parenting Program model seems to be widely used and the most effective parenting programme. Considering that targeting risk and protective factors reduce targeted child behaviour problems and having evidence that effective and culturally valid and reliable interventions are available, Triple P is an appropriate model for Turkish population.

References

- Akdemir D. & Çuhadaroğlu Ç.F. (2008) Çocuk ve ergen psikiyatrisi bölümüne başvuran ergenlerin klinik özellikleri (Clinical characteristics of adolescent admissions to the child and adolescent psychiatry outpatient clinic). *Çocuk ve Gençlik Ruh Sağlığı Dergisi* 15, 5–14.
- Aktepe E., Demirci K., Çalışkan A.M., *et al.* (2010) Çocuk ve ergen psikiyatrisi polikliniğine başvuran hastalarda belirti ve tanı dağılımları (Symptoms and diagnoses of patients referring to a child and adolescent psychiatry polyclinic). *Düşünen Adam Psikiyatri ve Nörolojik Bilimler Dergisi (The Journal of Psychiatry and Neurological Sciences)* 23, 100–108.
- Aras Ş., Ünlü G. & Taş F.V. (2007) Çocuk ve ergen psikiyatrisi polikliniğine başvuran hastalarda belirtiler, tanılar ve tanıya yönelik incelemeler (Symptoms, diagnoses and diagnostic procedures of patients who presented to the child and adolescent psychiatry outpatient clinic). *Klinik Psikiyatri Dergisi* 10, 28–37.
- Assemany E.A. (2002) Negative treatment outcomes of behavioral parent training programs. *Psychology in the Schools* 39, 209–217.
- Barrera M. Jr, Biglan A., Taylor T., *et al.* (2002) Early elementary school intervention to reduce conduct problems: a randomized trial with Hispanic and non-Hispanic children. *Prevention Science* 3, 83–94.
- Baydar N., Reid J.M. & Webster-Stratton C. (2003) The role of mental health factors and program engagement in the effectiveness of a preventive parenting program for Head Start mothers. *Child Development* 74, 1433–1453.
- Bodenmann G., Cina A., Ledermann T., *et al.* (2008) The efficacy of the Triple P – Positive Parenting Programme in improving parenting and child behaviour: a comparison with two other treatment conditions. *Behaviour Research and Therapy* 46, 411–427.
- Bor W. & Sanders M.R. (2004) Correlates of self-reported coercive parenting of preschool-aged children at high risk for the development of conduct problems. *The Australian and New Zealand Journal of Psychiatry* 38, 738–745.
- Calam R., Sanders M.R., Miller C., *et al.* (2008) Can technology and the media help reduce dysfunctional parenting and increase engagement with preventative parenting interventions? *Child Maltreatment* 13, 347–361.
- Connell S., Sanders M.R. & Markie-Dadds C. (1997) Self-directed behavioral family intervention for parents of oppositional children in rural and remote areas. *Behavior Modification* 21, 379–408.
- Connolly L., Sharry J. & Fitzpatrick C. (2001) Evaluation of a group treatment programme for parents of children with behavioural disorders. *Child Psychology and Psychiatry Review* 6, 159–165.
- Dadds M.R., Sanders M.R. & James J.E. (1987) The generalization of treatment effects in parent training with multidistressed parents. *Behavioral Psychotherapy* 15, 289–313.
- Day C. & Davis H. (1999) Community child mental-health services: a framework for the development of parenting initiatives. *Journal of Clinical Child Psychology Psychiatry* 4, 475–480.
- Dembo H.M., Sweitzer M. & Lauritzen P. (1985) An evaluation of group parent education: Behavioral, PET, and Adlerian Programs. *Review of Educational Research* 55, 155–200.
- Dretzke J., Frew E., Davenport C., *et al.* (2005) The effectiveness and cost-effectiveness of parent training/education programmes for the treatment of conduct disorder, including oppositional defiant disorder, in children. *Health technology assessment (Winchester, England)* 9, 1–250.
- Drugli M.B. & Larsson B. (2006) Children aged 4–8 years treated with parent training and child therapy because of conduct problems: generalisation effects to day-care and school settings. *European Child and Adolescent Psychiatry* 15, 392–399.
- Drugli M.B., Larsson B. & Clifford G. (2006) Changes in social competence in young children treated because of conduct problems as viewed by multiple informants Section of Child & Adolescent Mental Health, Department of Neuroscience, Norwegian University of Science and Technology.
- Gardner F., Burton J. & Klimes I. (2006) Randomised controlled trial of a parenting intervention in the voluntary sector for reducing child conduct problems: outcomes and mechanisms of change. *Journal of Child Psychology and Psychiatry, and Allied Disciplines* 47, 1123–1132.
- Gross D. & Grady J. (2002) Group-based parent training for preventing mental health disorders in children. *Issues in Mental Health Nursing* 23, 367–383.
- Gross D., Fogg L., Webster-Stratton C., *et al.* (2003) Parent training of toddlers in day care in low-income urban communities. *Journal of Consulting and Clinical Psychology* 71, 261–278.

- Halford K., Nicholson J. & Sanders M.R. (2007) Couple communication in step families. *Family Process* 46, 471–483.
- Hamilton M. & Angela Litterick-Biggs A. (2007) The Incredible Years Parent Training Programme in Tauranga, New Zealand: a research summary. Available at: <http://www.incredibleyears.com/library/paper.asp?nMode=1&nLibraryID=549> (accessed 7 April 2011).
- Heinrichs N., Hahlweg K., Bertram H., et al. (2006) Die langfristige Wirksamkeit eines elterntrainings zur universellen prävention kindlicher verhaltensstörungen: ergebnisse aus sicht der mütter und väter (The long-term effectiveness of a parenting program for universal prevention of child behavior problems: results from mothers and fathers). *Zeitschrift für Klinische Psychologie und Psychotherapie* 35, 97–108.
- Hutchings J., Bywater T., Daley D., et al. (2007a) A pilot study of the Webster-Stratton Incredible Years Therapeutic Dinosaur School programme. *Clinical Psychology Forum* 170, 21–24.
- Hutchings J., Gardner F., Bywater T., et al. (2007b) Parenting intervention in sure start services for children at risk of developing conduct disorder: pragmatic randomised controlled trial. *BMJ* 334, 678–682.
- Ireland J.L., Sanders M.R. & Markie-Dadds C. (2003) The impact of parent training on marital functioning: a comparison of two group versions of the Triple P – Positive Parenting Program for parents of children with early-onset conduct problems. *Behavioural and Cognitive Psychotherapy* 31, 127–142.
- Jones K., Daley D., Hutchings J., et al. (2007) Basic Parent Training Programme as an early intervention for children with conduct problems and ADHD. *Child: Care, Health and Development* 1, 1–7.
- Kim E., Cain K. & Webster-Stratton C. (2008) A parenting program for Korean Americans. *International Journal of Nursing Studies* 45, 1261–1273.
- Knapp A.P. & Deluty H.R. (1989) Relative effectiveness of two behavioral parent training programs. *Journal of Clinical Child Psychology* 18, 314–322.
- Larsson B., Fossum S., Clifford G., et al. (2008) Treatment of oppositional defiant and conduct problems in young Norwegian children. *European Child and Adolescent Psychiatry* 18, 42–52.
- Lees D. & Ronan K. (2008) Engagement and effectiveness of parent management training for solo-high risk mothers: a multiple baseline evaluation. *Behaviour Change* 25, 109–128.
- Leung C., Sanders M.R., Leung S., et al. (2003) An outcome evaluation of the implementation of the Triple P-Positive Parenting Program in Hong Kong. *Family Process* 42, 531–544.
- Leung C., Sanders M.R., Ip F., et al. (2006) Implementation of Triple P-Positive Parenting Program in Hong Kong: predictors of programme completion and clinical outcomes. *Journal of Children's Services* 1, 4–17.
- Long N. (2004) e-Parenting. In: *Handbook of Parenting: Theory and Research for Practice* (eds Hoghugh, M. & Long, N.), pp. 369–379. Sage Publications, London.
- Markie-Dadds C. & Sanders M.R. (2006a) Self-directed Triple P (Positive Parenting Program) for mothers with children at-risk of developing conduct problems. *Behavioural and Cognitive Psychotherapy* 34, 259–275.
- Markie-Dadds C. & Sanders M.R. (2006b) A controlled evaluation of an enhanced self-directed behavioural family intervention for parents of children with conduct problems in rural and remote areas. *Behaviour Change* 23, 55–72.
- Martin A.J. & Sanders M.R. (2003) Balancing work and family: a controlled evaluation of the Triple P – Positive Parenting Program as a work-site intervention. *Child and Adolescent Mental Health* 8, 161–169.
- Matsumoto Y., Sofronoff K. & Sanders M.R. (2007) The efficacy and acceptability of the Triple P parenting program in a cross-cultural context: results of an efficacy trial. *Behaviour Change* 24, 205–218.
- McFarland M.L. & Sanders M.R. (2003) The effects of mothers' depression on the behavioral assessment of disruptive child behavior. *Child and Family Behavior Therapy* 25, 39–63.
- Money S. (1995) Parent training: a review of adlerian, parent effectiveness training and behavioral research. *The Family Journal* 3, 218–230.
- Morawska A. & Sanders M.R. (2006a) A review of parental engagement in parenting interventions and strategies to promote it. *Journal of Children's Services* 1, 29–40.
- Morawska A. & Sanders M.R. (2006b) Self-administered behavioural family intervention for parents of toddlers: effectiveness and dissemination. *Behaviour Research and Therapy* 34, 259–275.
- Morawska A. & Sanders M.R. (2006c) Self-administered behavioural family intervention for parents of toddlers: Part I. Efficacy. *Journal of Clinical Child Psychology* 74, 10–19.
- Mullett J. (2007) Triple P community implementation report. Victoria, BC: Action Research Consulting. Report Prepared For The Vancouver Island Health Authority.
- Nicholson J.M. & Sanders M.R. (1999) Randomized controlled trial of behavioral family intervention for the treatment of child behavior problems in stepfamilies. *Journal of Divorce & Remarriage* 30, 1–23.
- Ögel K. (2007) Riskli davranışlar gösteren çocuk ve ergenler alanda çalışanlar için bilgiler. *İstanbul: Yeniden Sağlık ve Eğitim Derneği* 209–217.
- Patterson J., Barlow J., Mockford C., et al. (2002) Improving mental health through parenting programmes: block randomised controlled trial. *Archives of Disease in Childhood* 87, 472–477.
- Ralph A. & Sanders M.R. (2003) Preliminary evaluation of the Group Teen Triple P program for parents of teenagers making the transition to high school. *Australian e-Journal for the Advancement of Mental Health* 2, 1–8.
- Ralph A., Toumbourou J.W., Grigg M., et al. (2003) Early intervention to help parents manage behavioural and emotional problems in early adolescents: what parents want. *Australian e-Journal for the Advancement of Mental Health* 2, 1–12.
- Reid M.J., Webster-Stratton C. & Beauchaine T.P. (2001) Parent training in head start: a comparison of program response among African American, Asian American, Caucasian and Hispanic mothers. *Prevention Science* 2, 209–227.
- Reid M.J., Webster-Stratton C. & Hammond M. (2003) Follow-up of children who received the incredible years intervention for oppositional-defiant disorder: maintenance and prediction of 2-year outcome. *Behavior Therapy* 34, 471–491.
- Sanders M.R. (2008) Triple P Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology* 22, 506–517.
- Sanders M.R. & McFarland M. (2000) Treatment of depressed mothers with disruptive children: a controlled evaluation of cognitive behavioural family intervention. *Behavior Therapy* 31, 89–112.
- Sanders M.R. & Turner K.M.T. (2005) Reflections on the challenges of effective dissemination of behavioral family intervention: our experience with the Triple P-Positive Parenting Program. *Child and Adolescent Mental Health* 10, 158–169.
- Sanders M.R. & Woolley M.L. (2005) The relationship between maternal self-efficacy and parenting practices: implications for parent training. *Child: Care, Health and Development* 31, 65–73.
- Sanders M.R., Markie-Dadds C., Tully L.A., et al. (2000a) The Triple P-Positive Parenting Program: a comparison of enhanced, standard, and self-directed behavioral family intervention for parents of children with early onset conduct problems. *Journal of Consulting and Clinical Psychology* 68, 624–640.
- Sanders M.R., Montgomery D.T. & Brechman-Toussaint M.L. (2000b) The mass media and the prevention of child behavior problems: the evaluation of a television series to promote positive outcomes for parents and their children. *Journal of Consulting and Clinical Psychology* 41, 939–948.

- Sanders M.R., Turner K.M.T. & Markie-Dadds C. (2002) The development and dissemination of the Triple P-Positive Parenting Program: a multilevel, evidence-based system of parenting and family support. *Prevention Science* 3, 173–189.
- Sanders M.R., Markie-Dadds C. & Turner K.M.T. (2003) Theoretical, scientific and clinical foundations of the Triple P – Positive Parenting Program: a population approach to the promotion of parenting competence. *Parenting Research and Practice Monograph* 1, 1–21.
- Sanders M.R., Bor W. & Morawska A. (2007a) Maintenance of treatment gains: a comparison of enhanced, standard, and self-directed Triple P – Positive Parenting Program. *Journal of Abnormal Child Psychology* 35, 983–998.
- Sanders M.R., Markie-Dadds C., Rinaldis M., et al. (2007b) Using household survey data to inform policy decisions regarding the delivery of evidence-based parenting interventions. *Child: Care, Health and Development* 33, 768–783.
- Sanders M.R., Calam R., Durand M., et al. (2008a) Does self-directed and web-based support for parents enhance the effects of viewing a reality television series based on the Triple P – Positive Parenting Programme? *Journal of Child Psychology and Psychiatry, and Allied Disciplines* 49, 924–932.
- Sanders M.R., Ralph A., Sofronoff K., et al. (2008b) Every family: a population approach to reducing behavioral and emotional problems in children making the transition to school. *The Journal of Primary Prevention* 29, 197–222.
- Spitzer A., Webster-Stratton C. & Hollinsworth T. (1991) Coping with conduct-problem children: parents gaining knowledge and control. *Journal of Clinical Child Psychology* 20, 413–427.
- Stallman H.M. & Ralph A. (2007) Reducing risk factors for adolescent behavioural and emotional problems: a pilot randomised controlled trial of a self-administered parenting intervention. *Australian e-Journal for the Advancement of Mental Health* 6, 1–13.
- Taylor T.K., Schmidt F., Pepler D., et al. (1998) A comparison of eclectic treatment with Webster-Stratton's Parents and Children Series in a children's mental health center: a randomized controlled trial. *Behavior Therapy* 29, 221–240.
- Turner K.M.T. & Sanders M.R. (2006a) Dissemination of evidence-based parenting and family support strategies: learning from the Triple P – Positive Parenting Program system approach. *Aggression and Violent Behavior* 11, 176–193.
- Turner K.M.T. & Sanders M.R. (2006b) Help when it's needed first: a controlled evaluation of brief, preventive behavioral family intervention in a primary care setting. *Behavior Therapy* 37, 131–142.
- Utting D. & Pugh G. (2004) The social context of parenting. In: *Handbook of Parenting: Theory and Research for Practice* (eds Hoghugh, M. & Long, N.), pp. 19–37. Sage Publications, London.
- Venning H.B., Blampied N.M. & France K.G. (2003) Effectiveness of a standard parenting-skills program in reducing stealing and lying in two boys. *Child and Family Behavior Therapy* 25, 31–44.
- Webster-Stratton C. (1981) Videotape modeling: a method of parent education. *Journal of Clinical Child Psychology* 10, 93–98.
- Webster-Stratton C. (1982) Teaching mothers through videotape modeling to change their children's behavior. *Journal of Pediatric Psychology* 7, 279–293.
- Webster-Stratton C. (1984) The effects of father involvement in parent training for conduct problem children. *Journal of Child Psychology and Psychiatry, and Allied Disciplines* 26, 801–810.
- Webster-Stratton C. (1991) Annotation: strategies for helping families with conduct disordered children. *British Journal of Child Psychiatry and Psychology* 32, 1047–1062.
- Webster-Stratton C. (1994) Advancing videotape parent training: a comparison study. *Journal of Consulting and Clinical Psychology* 62, 583–593.
- Webster-Stratton C. (1996) Early intervention with videotape modeling: programs for families of children with oppositional defiant disorder or conduct disorder. University of Washington. In: *The Effectiveness of Early Intervention: Second Generation Research* (ed Guralnick, M.J.), pp. 429–454. Paul Brookes, Baltimore, MD.
- Webster-Stratton C. (1997) From parent training to community building. *Families in Society* 78, 156–171.
- Webster-Stratton C. (2004) Quality training, supervision, ongoing monitoring, and agency support: key ingredients to implementing the Incredible Years Programs with fidelity. Treatment Description, University of Washington.
- Webster-Stratton C. (2005a) Aggression in young children services proven to be effective in reducing aggression (in Spanish). University of Washington. Encyclopedia on Early Childhood Development. Available at: <http://www.incredibleyears.com/library/paper.asp?nMode=1&nLibraryID=410> (accessed 7 April 2011).
- Webster-Stratton C. (2005b) The Incredible Years parents, teachers, and children training series: early intervention and prevention programs for young children. Treatment Description, University of Washington.
- Webster-Stratton C. & Hammond M. (1997) Treating children with early-onset conduct problems: a comparison of child and parent training interventions. *Journal of Consulting and Clinical Psychology* 65, 93–109.
- Webster-Stratton C. & Reid J.M. (2005) Working with families who are involved in the child welfare system. Treatment Description, University of Washington.
- Webster-Stratton C., Reid J.M. & Hammond M. (2001) Preventing conduct problems, promoting social competence: a parent and teacher training partnership in head start. *Journal of Clinical Adolescent Psychology* 30, 283–302.
- Webster-Stratton C., Reid J.M. & Hammond M. (2004) Treating children with early-onset conduct problems: intervention outcomes for parent, child and teacher training. *Journal of Clinical Child and Adolescent Psychology* 33, 105–124.
- Zubrick S.R., Ward K.A., Silburn S.R., et al. (2005) Prevention of child behavior problems through universal implementation of a group behavioral family intervention. *Prevention Science* 6, 287–304.