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A meta review on parent training and therapies studies

Seyma Tuncay, Department of Psychology, Near East University, 99138 Nicosia/TRNC, Mersin 10, Turkey
<https://orcid.org/0000-0003-3551-3503>

Fusun Gokkaya*, Department of Psychology, International Cyprus University, 99138 Nicosia/TRNC, Mersin 10, Turkey
<https://orcid.org/0000-0002-9392-0724>

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Abstract

This study aims to review the studies which are evaluated the efficacy of parent training and parent therapies. This article is a systematic review, and a literature search was performed for all published studies from March to July 2019 parent training programmes that report any retention and dropout data. To accomplish the purpose of the study, we compiled the studies from different databases including the following: Academic Search Complete, Science Direct, Medline, Scopus, Mendeley, PubMed, Crossref and Google Scholar, which published between 1998 and 2018. 'Parent, parent training, parent training-efficacy, parent behaviour, parental behaviour, parent training interventions, parental, parenting, parent education and parenting skills' words were used to identify the related studies. In designing the research, we discussed the research features of the participants and groups, training programs, sessions, therapists, methods, materials, measurements and results. A total of 23 studies met the search criteria. According to the reviewed results, after the parent training and therapies, parents moved away from violence and embraced more positive behaviours, and the violence of children decreased. As a result, it was seen that parent training and therapies contributed positively to the relationship between parent and child.

Keywords: Parent, parent training, parent therapies, parent education, parent training efficacy.

* ADDRESS FOR CORRESPONDENCE: Füsün Gökçaya, Department of Psychology, International Cyprus University, 99138 Nicosia/TRNC, Mersin 10, Turkey.

E-mail address: fusungokkaya@hotmail.com

1. Introduction and background

The concept of family, which is the smallest unit of the society and based on the system approach, also appears as a subsystem of the social system (Getwicki, 2004). It is known that family interactions and relations make a significant influence on a child's cognitive, emotional, social, physical and personality development (Morris, Silk, Steinberg, Myers & Robinson, 2007). Family communication and interaction consist of the relationship between husband and wife. It also includes the relationship that each parent establishes with their children separately, as well as the relationship between parents and children (Kim, 2013).

The parent-child relationship affects all areas of the child's life, including self-esteem, relationship with the social environment, academic success and taking responsibility. The determinants of parenting styles used in child-rearing styles are the child's personality, expectation levels, life expectations (trajectories) levels, and most importantly, the relationship between them. Furthermore, parenting styles have a significant effect on behavioural problems that may occur in children (Mabbe, Soenens, Vaansteenskiste, Kap-deeder & Mouratidis, 2018; Oster, 2007).

The general aims of parent training programmes are to improve parent-child relationships, encourage positive parenting practices (parenting styles), reduce the problems of compulsive parent and child behaviour and improve the child's skills. Parent training is programmed in the form of lessons and covers the most common problems experienced by parents, infants, children and adolescents. Parent training involves the acquisition of various skills to recognise the children's developmental processes and the critical features of these developmental periods and to help them to cope with the problems that arise during each period (Getwicki, 2004). Moreover, parent training programme is a learning process which is conducted to increase the presence and active participation of parents. Parents play an active role in all such training programmes. It may also be for parents who are considering having a child or adopting (Sanders, Kirby, Tellegen & Day, 2008; World Health Organization, 2009). Programmes often focus on teaching methods to strengthen the parents' competencies in monitoring and disciplining their children's behaviour and improving their child's social and emotional competence (Edwards, Ceilleachair, Hughes & Hutchings, 2007; Gardner, Burton & Klimes, 2006; Helfenbaum-Kun & Ortiz, 2007; Kim, Cain & Webster-Stratton, 2008; Patterson et al., 2002; Scott, Spender, Doolan & Aspland, 2001; Taylor, Schmidt, Pepler & Hodgins, 1998; Tucker, Gross, Fogg, Delaney & Lapporte, 1996). In general, the types of interventions can be generally classified as home visits or parent training programmes. Home visits are conducted by healthcare professionals, such as nurses or doctors, who make home visits to educate mothers on how to care for their children (Butz et al., 2001; Cullen, 1976; Fergusson, Horwood, Ridder & Grant, 2005; Heinicke, Fineman, Ponce & Guthrie, 2001; Kitzman et al., 1997; McCarton et al., 1997; Olds et al., 2004; Stone, Bendell & Field, 1988).

Although the importance of parent training programmes has been supported by many studies, most of the parents do not participate in any parent training program, and even more, families did not want to take part in non-evidence-based training programmes. Furthermore, in some studies, it was found that less than 30% of the parents initially targeted participated in the parent training programmes (Girvin, DePanfilis & Daining, 2007; Miller & Prinz, 2003). In this context, as a result of a survey study, it has been reported that half of the parents who perceived emotional and behavioural problems in their children applied for help, and only one-third of them attended a parent training program (Morawska, Sanders, Haslam, Filus & Fletcher, 2014).

There are different models of parent training; the first one was developed in line with Adler's approach, and the most important one is supported by Dinkmeyer and Dreikurs Systematic Training for Effective Training (STEP) (Kim, 2013). The common aims of the parent training programmes that adopt Adler's approach are to enable parents to improve their behaviours towards their children positively and to increase interaction with other members of the family.

Another model of the parent training programme was affected by Carl Roger's approach. The most widely known model influenced by this approach is 'Parent Effectiveness Training' developed in 1970 by Thomas Gordon. Parenting Effectiveness Training is a parent training program based on individual-centred psychotherapy by Thomas Gordon (1970), which adopts the Gordon Model.

The parent training programmes developed in line with the social-cognitive learning theory aim to teach parents' effective behaviours and attitudes. Each attitude and behaviour are presented primarily as discourse and then by modelling. After the presentation, parents exhibit the learned behaviours and attitudes through roleplaying and expect feedback from the trainers. After giving assignments to increase the behaviours and attitudes of effective parenting, the homework is checked by the researcher (Fergusson et al., 2005). Parent training programmes (e.g., The Incredible Years, Triple P Positive Parenting Program and Parent-Child Interaction Therapy) are usually conducted in a clinic, school or alternative community-based environment with individual- or group-based sessions (Edwards et al., 2007; Gardner et al., 2006; Helfenbaum-Kun& Ortiz, 2007; Kim et al., 2008; Patterson et al., 2002; Scott et al., 2001; Taylor et al., 1998; Tucker et al., 1996).

When the results of the studies about parent training programmes are examined, it can be said that parents' attitudes towards parenting are more positive, and less punishment is applied (Breitenstein, Deborah & Christophersen, 2014; Rin & Markle, 1977). Therefore, the dissemination of such parent training programmes and therapies is very important. It is also important to examine the effectiveness of these studies. It is believed that the review is useful to provide information on future studies and professionals working in areas such as education, psychotherapy, psychology, psychiatry and social services. At the same time, this review will also help researchers to choose the therapies, training programmes, materials and methods to use. In this context, this study aims to review the studies which are evaluated the efficacy of parent training and parent therapies.

2. Method

2.1. Search strategy and selection criteria

This article is a systematic review. A systematic review is a comprehensive screening of all published studies to respond to a clinical question or a solution to the problem. At the same time, using various inclusion and exclusion criteria, evaluating the quality of the researches, determining the studies to be included in the review and synthesising the findings in the researches are included in the review (Burns & Grove, 2007; Higgins & Green, 2009). A literature search was performed for all published studies from March to July 2019 parent training programmes that report any retention and dropout data. The articles were scanned in the Academic Search Complete, Science Direct, Medline, Scopus, Mendeley, PubMed, Google Scholar and CrossRef, using the keywords (1) parent, (2) parent training (3) parent training efficacy, (4) parent behaviour, (5) parental behaviour, (6) parent training interventions, (7) parental, (8) parenting, (9) parent education and (10) parenting skills. Following the identification of the related studies, we checked the reference sections of identified articles for additional studies that met inclusion criteria. In this review, the article is selected according to systematic review criteria. The systematic review may examine quantitative and qualitative evidence, or it may examine two or more types of evidence, the so-called 'mixed-method systematic review' (Hemingway & Brereton, 2009). In designing the research, we discussed the research features of the participants and groups, training programs, sessions, therapists, methods, materials, measurements and results. A total of 23 studies that met the search criteria are shown in Table 1 according to the author's name.

Table 1. Review of studies on parent training continue

Researchers	Country	Sample	Training program and purposes	Features of sessions	Features of therapists	Individual/group	Measurements	Outcomes
Asscher et al. (2008)	Netherlands	54 mothers	HSP: To increase positive parenting attitudes	5.5 months home visit	Trained volunteer home visitor	I	PSI-R, PDI BCH	No follow-up. Comparison with the control group. Increased in consistent and responsive behaviour
Brotman et al. (2009)	USA	92 parents Children average 33–63 months	IYS F-M attitudes studied	22 sessions 90 minutes 10 home visits	Professionals	G I	DPICS-R	2-year follow-up, E: It has seen aggression in children related with hard parenting and aggressive behaviour have decreased.
Belcher et al. (2005)	USA	80 parents 46 infants	Project STRIVE	1 year. Outpatient and in-home.	Social worker	I and G	Demographic and drug use histories were obtained through interview of the mother and/or review of her medical record	Pre- post-test. Interventions for children with IUIDE require a comprehensive culturally relevant family-oriented approach.
Berlin et al. (2014)	USA	to the ABC group (n = 11) or the control group (n = 10).	Attachment and Behavioural Catch up (ABC)	10 sessions; 1 hour/week. In home.	Parenting coach	I	CTQ, CES, GAD, MBQS	Pre-, post-test. It has found a positive effect of the ABC pro-gram on mothers' behaviours with their infants at home.
Carnes-Holt and Bratton (2014)	USA	with their spouse/partner (n = 23 pairs)without their partner/spouse (n = 15) Attachment-related concerns. Age: 2–10 years.	CPRT: Parental empathy; parenting stress.	Ten, 2-hours group sessions with 6–8 parents. Parents also conduct weekly supervised play sessions.	Counseling professionals	G	CBCL, MEACI	Pre- and post-test, no follow-up. CPRT is a developmentally responsive counselling intervention that is grounded in the belief that an attuned and secure parent–child relationship is essential for children's well-being.
Evans et al. (2007)	Canada	81 fathers and babies	Developmental period features and	3 sessions Babies 5, 6 and 8 months old	Trained visitors on baby training	I	NCATS	No follow-up. Comparison with the control group. Understanding the need of

			communication with the baby were studied.					the baby, the rope and behaving in accordance with their developmental processes significantly differentiated
Fennell and Fishel (1998)	USA	18 parents Children 4–14 years	STEP Program F-M attitudes studied	9 sessions 1.5 hours per session	Psychiatric nurses	G	APACBS, CAPI	No follow-up. Effectiveness was measured by pre-post-test. Parental attitudes towards children have decreased.
Fetsch et al. (2008)	Korea	144 parents (141 mothers 27 fathers) Children 0–18 years	Rethink Reducing domestic violence	13 sessions 2–3 hours 14 group	Licensed or graduated practitioners who had 8 hours of training which is related to the program	G	STAXI CTSF	2.5-month follow-up, level of effectiveness measured with pre and post-test. E: Parenting skills and anger management learned
Forgatch et al. (2005)	USA	20 family (step parents) Children 5–9 years	PMTO Program Parenting skill teaching, problem solving skills, effect of negative discipline methods on child.	13 sessions	Professionals	G	40-hours observation (FPPC) evaluation lasting 12 months	Follow-up at 6th, 12th and 24th months E: Positive developments in parenting skills
Juffer et al. (2005)	Netherlands	50 parents. Two subsamples: one consisting of 90 families with a first child and one consisting of 40 families with birth children.	Parental sensitivity	Three home-based video feedback sessions, including a personal workbook with written information focusing on sensitive parenting and playful interactions.	Intervener (authors or trained individuals)	I	SRRS	Pre- and post-test. Short-term preventive intervention program with video feedback and a book lowered the rate of disorganised attachment. The effectiveness of intervention documents the importance of parenting in the development of infant attachment disorganisation.

Letarte et al. (2010)	Canada	26 parents (37 mothers, 8 fathers) Children 5–10 years	F-M Attitudes and self-confidence of parents studied	16 sessions 5 group	Psycho-educationalist, 3 social researchers and they have been trained about program for 3 days	G	PPI PSAM ECBI	No follow-up. Comparison with control group. Parents gained positive attitudes in parenting practices according to control group *self-confidence unchanged
Lida et al. (2018)	Japan	30 mothers.	For young children with ASD to improve child functions and decrease parenting-related stress.	Program fundamentally based on HPST	Doctors	I-G	SCI, BDI-II, STAI, CBCL	Follow-up (2 months after Session 7). Observation and record of the behaviour
Loew et al. (2012)	USA	32 couples	Knowledge about PREP and relationship skills; use of PREP skills; spousal communication	Prevention and Relationship Enhancement (PREP). Web based 1 week course consisting of four chapters, lasting for about 4 hours.	Professionals	I	PSQ	Pre- and post-test. Knowledge about PREP and relationship skills; use of PREP skills; spousal communication
Sharac et al. (2011)	UK	3–8 age childrens, 80 families	Home-based, manualised, parenting programmes	Both home-based parenting interventions lasted for one hour and took place on 10 consecutive, weekly sessions	Family social workers	I	PSQ, EFQ, SDQ	6-month follow-up. Findings suggest that a home-based parenting programme for adopters caring for difficult children in the first 18 months of placement may be cost-effective in enhancing satisfaction with parenting
Stemmler et al. (2007)	Germany	128 mothers, 16 fathers Children 9–54 months	EFFEKT Education in children Attitudes of F-M To gain the ability of solving social	12 sessions, 90–120 minutes. Groups consist 6–15 people	It is composed of psychologists who have master	G	APQ SBQ	Follow-up at 2th 12th months. Comparison with control group. E: Increase in positive

			problems of children		degree.				parenting attitudes and more controlled behaviours. These behaviours correlate to children's behaviour. * Fathers' behaviour has not changed when compared to the control group
Suchman et al. (2016)	USA	17	Educate mothers about toddlers, NCAST	12 sessions; 1 hour/week. Outpatient	Clinician	I	BESCS, BDSCS	Pre-, post-test, 30-week follow-up	
Suchman et al. (2017)	USA	87	Educate mothers about toddlers	12 sessions; 1 hour/week. Outpatient	Clinician	I	CTQ, GAD-7, CES-D, MBQS	Pre-, post-test, 3-month follow-up	
Runyon et al. (2009)	USA	12 parents There are 21 children who are 4–14 years.	CBT and motivational interview. Anger, violence and consequence, mood regulation, assertiveness, cognitive restructuring studied.	16–20 sessions 6 group	Educated therapists	G	APQ CTSPC K-SADS PTSD CDI CBCL BDI	No follow-up. Effectiveness level measured by Pre and post test Decreased in stress levels of children towards domestic violence	
Rushton and Monck (2009)	UK (longitudinal sample).	38 parents (couples) 18 service as usual control group.	Parenting satisfaction; parenting efficacy; daily hassles.	3 group sessions educational manual designed specifically for this study	Experienced child and family social workers.	G	SDQ, EFQ, PSCS, CSRI	Pre-test post-test and 6 months (longitudinal sample). Negative parenting approaches were reduced in the intervention group. However, no significant differences in child problems were found between the intervention groups and control group, adjusting for baseline scores.	

Rushton and Monck (2010)	UK	38 couples Nonbiological adaption; late placed children identified to have serious behavioural problems early in their placement.	Parenting satisfaction; parenting efficacy; daily hassles.	Manualised and adapted cognitive behavioural program based on incredible years, consisting of 10 sessions.	Experienced child and family social workers	I	SDQ	Pre-test post-test and 6 months. At the 6-month follow-up, a significant difference was found for 'satisfaction with parenting' in favour of the intervention group (Effect Size $d = 0.7$).
Sanders et al. (2004)	Australia	98 parents Children 2–7 years	TPPP Program F-M Attitudes, anger and violence, their impact on the child and negative automatic thoughts studied.	8 sessions Each 2 hours, 4 times consultation by phone	Family doctors, community child health services and self-referrals	G	STAXI, PAI, CAPI, PACB	6-month follow-up. Comparison with control group. E: Increase in positive A-B attitudes, decreased conflict, increased sense of parental competence, decrease in anger
Selwyn et al. (2009)	UK	16 parents (couples) 19 groups Children place at least for 12 months with adoptive family; most with one or more placements; about 50% with borderline or elevated scores on behavioural problems. Age: 8 years on average.	Confidence in parenting skills; repertoire of parenting skills; mental health.	It's a piece of Cake? is a group training program, consisting of six modules.	Professionals	I	SDQ, GHQ, EFR	Pre-, post-test and 5-month follow-up. The group setting for the learning – enabling parents to discuss difficult issues with other adopters – was viewed as very important.
Wassall (2011)	UK	11 parent (couples) +3 (waitlist control) Children removed from birth parents because of neglect or abuse; 15 diagnosed with developmental or mental health difficulties. Age: 9–14 years.	Parental sense of competence; sense of confidence; self-efficacy; mind-mindedness; stress	Fostering Attachments is an intensive, group-based psycho educational program. 18-sessions, lasting 2 ½ h each.	Professionals	G	CRQ, SDQ, CQ, RADS, RPQ, RSE, CRC, PSU, PCR, CBCL, PSI/SF, MBAM, MM, KBPAC	Pre-, post-test and 3-year follow-up. The improvements in carers' sense of self-efficacy, sense of competence and confidence suggests the 'Fostering Attachments' programme could offer valuable support for foster and adoptive carers.

2.2. Inclusion criteria

The inclusion criteria included in the study are (1) published databases between 1998 and 2018 and (2) quantitative and qualitative data including parenting attitudes, behaviours and parental outcomes. Efficacy studies were included; only mothers, stepfathers, stepmothers, fathers, parents, parents and children were included.

2.3. Exclusion criteria

The results of the screening were analysed, and the group studies with the parents of children with specific disorders and verbal-poster presentations, summaries of articles and thesis were excluded from the study.

2.4. The process of data analysis

The studies obtained as a result of screening of the keywords determined for the research were evaluated according to the inclusion and exclusion criteria, and the inappropriate studies were eliminated. The studies reached were evaluated according to their titles, and 1,899 studies which were not relevant were excluded. After the same ones were removed from 272 studies obtained from the databases, 78 studies were evaluated. The studies were re-evaluated according to the inclusion and exclusion criteria, and then, the studies which are not met the criteria were eliminated. As a result, a total of 23 studies were reached.

3. Results

3.1. Features of participants and groups

Parent training programme studies are usually only conducted with parents (Brotman et al., 2009; Fennell & Fishell, 1998; Fetsch, Yang & Petti, 2008; Juffer, Bakermans-Kranenburg & Van IJzendoorn, 2005; Letarte, Normandeau & Allard, 2010; Loew et al., 2012; Rushton & Monck 2010; Sanders et al., 2004; Stemmler, Beelmann, Jaursch & Losel, 2007). However, some studies have been conducted with children and parents (Belcher et al., 2005; Runyon, Deblinger & Schroeder, 2009) or step-parents (Forgatch, Patterson & DeGarmo, 2005; Selwyn, Del Tufo & Frazer, 2009; Wassall, 2011) or only mothers (Asscher, Hermanns & Dekovic, 2008; Berlin, Shanahan & Carmody, 2014; Suchman et al., 2016, 2017) or fathers (Evans, Harrison, Benzies, Gierl & Kimak, 2007). When we examined the studies, it is observed that some also included more than one experimental group (Fetsch et al., 2008; Letarte et al., 2010; Runyon et al., 2009; Sanders et al., 2004).

3.2. Features of training programmes

Some standard programmes are used in parent training programme studies, including incredible years (Brotman et al., 2009; Letarte et al., 2010), STEP (Fennell & Fishel, 1998), Oregon Model of Management Training (Forgatch et al., 2005) and EFFEKT (Stemmler et al., 2007). However, some non-standard programmes were implemented such as the Home-Start Program (Asscher et al., 2008; Evans et al., 2007; Fetsch et al., 2008; Runyon et al., 2009; Sanders et al., 2004).

The purposes of the training programmes included problem-solving skills (Fetsch et al., 2008; Forgatch et al., 2005; Letarte et al., 2010; Runyon et al., 2009), anger management (Fetsch et al., 2008; Runyon et al., 2009; Sanders et al., 2004), negative parental attitudes and impact on children (Fennell & Fishel, 1998; Forgatch et al., 2005; Runyon et al., 2009; Sanders et al., 2004), positive parental attitudes (Asscher et al., 2008; Letarte et al., 2010; Runyon et al., 2009; Stemmler et al., 2007), alternative methods of managing child behaviours (Brotman et al., 2009; Evans et al., 2007; Forgatch et al., 2005), marriage and family communication (Forgatch et al., 2005; Letarte et al., 2010;

Stemmler et al., 2007), coping with stress (Runyon et al., 2009; Stemmler et al., 2007), restoring empathy or lost feelings in the family and reducing the stress experienced by the child by offering multi-dimensional ways for the child to express themselves in an emotional and social sense (Carnes-Holt & Bratton, 2014). Parent training programmes also aimed to help parents to overcome the important issues that the family is sensitive, solve the problems experienced by adoptive children (Juffer et al., 2005), deal with the problems experienced in peer relations, minimise the communication problem between couples (Loew et al., 2012), cope with the difficulties faced in daily life (Rushton & Monck, 2009, 2010; Sharac, McCrone, Rushton & Monck, 2011), improve the mental health of the family (Wassall, 2011), increase the sense of parenthood, promote cultural values and rehabilitate (Belcher et al., 2005), develop strategies for attachment problems (Berlin et al., 2014) and educate parents on caring for newborns (Suchman et al., 2016, 2017).

3.3. Features of sessions

The average number of sessions was between 8 and 16 (Berlin et al., 2014; Fennell & Fishel, 1998; Forgatch et al., 2005; Letarte et al., 2010; Rushton & Monck, 2009, 2010; Sanders et al., 2004; Selwyn et al., 2009; Selwyn et al., 2009; Sharac et al., 2011; Suchman, et al., 2016, 2017). However, some studies have three sessions (Evans et al., 2007) and 20 sessions (Brotman et al., 2009; Runyon et al., 2009; Wassall, 2011). One of the studies continued for 1 year (Belcher et al., 2005). The duration of the sessions was usually 1.5 hours.

3.4. Methods and materials used in programmes

Role-playing, presentation technique and homework were used in almost all educational activities (Carnes-Holt & Bratton, 2014; Fennell & Fishel, 1998; Fetsch et al., 2008; Juffer et al., 2005; Loew et al., 2012; Runyon et al., 2009; Selwyn et al., 2009). In some of the studies, cognitive-behavioural technique was used (Runyon et al., 2009; Sanders et al., 2004), whereas, in others, video chat and discussion methods (Evans et al., 2007; Fennell & Fishel, 1998; Juffer et al., 2005; Letarte et al., 2010) and child caring and communication styles were used (Asscher et al., 2008; Loew et al., 2012; Suchman et al., 2016, 2017; Wassall, 2011).

3.5. Therapists

One of the studies worked with specialist psychologists (Stemmler et al., 2007), whereas another worked with a psychiatric nurse (Fennell & Fishel, 1998), and some of the studies worked with professionals (Brotman et al., 2009; Forgatch et al., 2005; Loew et al., 2012; Selwyn et al., 2009; Wassall, 2011), counselling professionals (Carnes-Holt & Bratton, 2014), social workers (Belcher et al., 2005), parenting coaches (Berlin et al., 2014), clinicians (Suchman et al., 2016, 2017), family doctors, community child health services and self-referrals (Lida et al., 2018; Sanders et al., 2004). Although no explanations were provided regarding the therapists' qualifications, it was stated that they have received special training related to the training program (Asscher et al., 2008; Juffer et al., 2005; Letarte et al., 2010; Runyon et al., 2009).

3.6. Control group

Some of the parent training studies were comparative studies, in which pre-test–post-tests were performed (Belcher et al., 2005; Berlin et al., 2014; Carnes-Holt & Bratton, 2014; Fennell & Fishel, 1998; Fetsch et al., 2008; Juffer et al., 2005; Loew et al., 2012; Runyon et al., 2009; Rushton & Monck, 2009, 2010; Sanders et al., 2004; Selwyn et al., 2009; Sharac et al., 2011; Stemmler et al., 2007; Suchman et al., 2016, 2017; Wassall, 2011), and some of the studies compared the participants who received the training with a control group that received no training (Asscher et al., 2008; Brotman et al., 2009; Evans et al., 2007; Forgatch et al., 2005; Letarte et al., 2010).

3.7. Measurements

Various scales and observation techniques were used in parent training studies. DPICS-R, Global Impressions of Parent-Child Interactions, Parenting Stress Index-Revised, Parenting Dimensions Inventory, Behaviour Checklist, Parenting Self-agency, Child Behaviour Inventory, Parenting Sense of Competence, Nursing Child Assessment Teaching Scale, STAXI, Conflict Tactics Scale Form, Bloom's Family Conflict, Parental Anger Inventory, Parent's Attributions for Child's Behaviour, Child Abuse Parental Inventory, Disorganised Attachment Scale, Strengths and Difficulties Questionnaire, Alabama Parenting Questionnaire, the Adlerian Parental Assessment of Child Behaviour Scale, Family and Peer Process Code and the Social Behaviour Scale were used.

3.8. The results of studies

The results of the training programmes have found problem-solving skills (Fetsch et al., 2008; Forgatch et al., 2005; Letarte et al., 2010; Runyon et al., 2009), anger management (Fetsch et al., 2008; Runyon et al., 2009; Sanders et al., 2004), decreased negative parental attitudes (Fennell & Fishel, 1998; Forgatch et al., 2005; Runyon et al., 2009; Sanders et al., 2004), improving the positive parental attitudes (Asscher et al., 2008; Letarte et al., 2010; Runyon et al., 2009; Stemmler et al., 2007), alternative methods of managing child behaviours (Brotman et al., 2009; Evans et al., 2007; Forgatch et al., 2005), strengthen to family communication (Forgatch et al., 2005; Letarte et al., 2010; Stemmler et al., 2007), coping with stress (Runyon et al., 2009; Stemmler et al., 2007), restoring empathy or lost feelings in the family and reducing the stress experienced by the child by offering multidimensional ways for the child to express themselves in an emotional and social sense (Carnes-Holt & Bratton, 2014). At the same time, training programmes are aimed to overcome the important issues that the family is sensitive, solve the problems experienced by adoptive children (Juffer et al., 2005), deal with the problems experienced in peer relations, minimise the communication problem between couples (Loew et al., 2012), cope with the difficulties faced in daily life (Rushton & Monck, 2009, 2010; Sharac et al., 2011), improve the mental health of the family (Wassall, 2011), increase the sense of parenthood, promote cultural values and rehabilitate (Belcher et al., 2005), develop strategies for attachment problems (Berlin et al., 2014) and educate parents on caring for newborns (Suchman et al., 2016, 2017).

3.9. Follow-up studies

There were 12 follow-up studies for parent training programmes, with the studies lasting 2 months (Lida et al., 2018), 2.5 months (Fetsch et al., 2008), 3 months (Suchman et al., 2017), 5 months (Selwyn et al., 2009), 6 months (Rushton & Monck, 2009, 2010; Sanders et al., 2004; Sharac et al., 2011), 7.5 months (Suchman et al., 2016) and some of the studies used different follow-up programmes (Forgatch et al., 2005; Stemmler et al., 2007), such as 2 years (Brotman et al., 2009) and 3 years (Wassall, 2011). There is no follow-up study in the other nine studies.

4. Discussion and conclusion

In this study, 23 articles were reviewed. Parental training programmes have been effective in changing parenting behaviour and preventing or improving early child behaviour problems. Increasing positive parent-child interactions and emotional communication, teaching time-out and the importance of parental consistency and the desire of parents to apply new skills with their children were found to have the greatest impact on the results.

Parental training programmes seem to have positive results in terms of psychological, social and communication on both parents and child. Results showed that parental training programmes strengthen the communication of parents with their children, help them to understand their children better and show attitude according to the reasons for their behaviour and make the communication

between parents and children healthier. Parental training programmes also seek to resolve couples' conflicts and to increase satisfaction with various therapeutic interventions (Loew et al., 2012).

Lida et al. (2018) recommended that parental training programs may help to improve mothers' stress coping skills. Therewithal results showed that as mothers' ability to cope with stress increased, their externalisation problems decreased with parental training programmes. Furthermore, the symptoms of anxiety and depression among the mothers decreased (Belcher et al., 2005).

Another study conducted by Juffer et al. (2005) observed that parental training had a positive effect on the attachment style of the child and parents. In particular, attachment-based parenting programs are highly effective in the development of secure attachment between the child and the mother (Berlin et al., 2014). It supports to understand developmental period features and have communication with the baby (Evans et al., 2007; Suchman et al., 2016, 2017).

The other studies found that parental training programs were very important to develop the social behaviour of children and to discipline problematic behaviours (Forgatch et al., 2005; Stemmler et al., 2007). It also provides strategies for treating children with physical aggression (Brotman et al., 2009; Selwyn et al., 2009).

Many different studies have pointed out the importance of parents in the development of empathy skills in children (Eisenberg, 1992; Cotton, 2001). According to a study on mothers' attitudes to child rearing, mothers who are non-punitive and non-authoritarian had the higher levels of emotional and cognitive empathy (Cotton, 2001). It was seen that families whose empathy level increased through parental training programmes started to show democratic attitude and did not give heavy punishments to their children (Carnes- Holt & Bratton, 2014).

As a result of the studies, it was observed that parental training programmes were effective in decreasing neglect and abuse towards the child as well as reducing violence, aggression, anger and hostility within the family (Fetsch et al., 2008; Runyon et al., 2009; Sanders et al., 2004; Wassall, 2011). On the contrary, there are also studies, concluding that parental training programmes do not have a positive effect on behavioural problems in children (Rushton & Monck, 2010; Stemmler et al., 2007).

5. Recommendations

Parental training programmes are indispensable for a healthy and peaceful society. Therefore, efforts should be made for the personal development of parents who are the primary source of education. Strong families mean strong children, and strong children mean strong societies. In this context, parents' skills can be developed and strengthened through parental training programmes.

When the research was examined, it was seen that the frequency of follow-up studies should be increased. Home observations are very important for the effectiveness of parental training programmes to be seen. Again, when the studies were examined, it was seen that the studies conducted on divorced parents were very low, and therefore, the effectiveness of parental training programmes should be evaluated on divorced individuals. The research is usually carried out individually either as a group, conducting both individually and as a group will help to prove the effectiveness of parental training programmes.

Children learn about social values such as living and communicating with people in the family. However, families are often inadequate in living skills and child training. Children need well-educated and well-equipped families. Therefore, parents can get support from psychological counselling and guidance centres, family counselling centres and institutions, where they can get help with themselves and their children. We concluded that parental training programmes should continue to be used to prevent child behaviour problems and guilt among children. Such programs seem to have some obvious benefits to the positive effects and issues. It is important to make stricter and experimental assessments of early parental education and to evaluate the results in the long term (for example, later follow-up periods, especially late adolescence and adulthood follow-up).

Through parental training programmes, therapists empower and support parents in objectively observing their children's behaviour, understanding the characteristics of the disorders. More families should be reached by increasing the seminars given within the scope of parent education. At the same time, more comprehensive studies should be conducted to examine the behaviour of children and parents.

As a further matter results show that parent education is an effective parent could significantly reduce the risk of physical abuse, verbal abuse or neglect of the child and caused significant changes in the attitudes and feelings of parents' abuse. Parents who have completed parental education more child-friendly belief and attitude increased willingness to understand and to accept children's developmental abilities and feelings or intentions.

Besides, parent education was effective in encouraging the desired and reducing unwanted child-rearing behaviours. That is, parents who completed parental education were more likely to trust non-coercive strategies such as temperature expression when democratic reasoning interacts with children and is less likely to rely on coercive strategies, such as the use of physical force or threats.

References

- Asscher, J. J., Hermans J. M. A. & Dekovic, M. (2008), Effectiveness of the home-start parenting support program: behavioral outcomes for parents and children. *Infant Mental Health Journal*, 29(2), 95–113.
- Bandura, A. (1986). *Social foundations of thought and action. A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.
- Belcher, H. M. E., Butz, A. M., Wallace, P., Hoon, A. H., Reinhardt, E., Reeves, S. A. & Pulsifer, M. B. (2005). Spectrum of early intervention services for children with intrauterine drug exposure. *Infants and Young Children*, 18(1), 2–15.
- Berlin, L. J., Shanahan, M. & Carmody, K. A. (2014). Promoting supportive parenting in new mothers with substance-use problems: a pilot randomized trial of residential treatment plus an attachment-based parenting program. *Infant Mental Health Journal*, 35(1), 81–85.
- Breitenstein, S. M, Deborah, G. & Christophersen, R. (2014). Digital delivery methods of parenting training interventions: a systematic review. *Worldviews on Evidence-Based Nursing*, 12(4), 249–249. doi:10.1111/wvn.12040
- Brotman, L. M., O'Neal, C., Huang, K. Y., Gouley, K., K., Rosenfelt, A. & Shrout, P. (2009). An experimental test of parenting practices as a mediator of early childhood physical aggression. *Journal of Child Psychology and Psychiatry*, 50(3), 235–245.
- Burns, N. & Grove, S. K. (2007). *Understanding nursing research: building an evidence-based practice* (4th eds., pp. 134–163). China: Saunders.
- Butz, A. M., Pulsifer, M., Marano, N., Belcher, H., Lears, M. K. & Royall, R. (2001). Effectiveness of a home intervention for perceived child behavioral problems and parenting stress in children with in utero drug exposure. *Archives of Pediatrics and Adolescent Medicine*, 155(9), 1029–1037.
- Carnes-Holt, K. & Bratton, S. C. (2014). The efficacy of child parent relationship therapy for adopted children with attachment disruptions. *Journal of Counseling and Development*, 92(3), 328–337. doi:10.1002/j.1556-6676.2014.00160.x
- Cotton, K. (2001). *Developing empathy in children and youth*. Portland, OR: School Improvement Research Series. Retrieved from www.educationnortwest.org.
- Cullen, K. J. (1976). A six year controlled trial of prevention of children's behavior disorders. *Journal of Paediatrics*, 88(4), 662–666. doi:10.1016/S0022-3476(76)80032-7
- Edwards, R. T., Ceilleachair, A., Bywater, T., Hughes, D. A. & Hutchings, J. (2007). Parenting programme for parents of children at risk of developing conduct disorder: cost effectiveness analysis. *British Medical Journal*, 334(7595), 682. doi:10.1136/bmj.39126.699421.55
- Eisenberg, N. (1992). The relations of maternal practices and characteristics to children's vicarious emotional responsiveness. *Child Development*, 63(3), 583–602.

Tuncay, S. & Gokkaya, F., (2020). A meta review on parent training and therapies studies. *Global Journal of Psychology Research: New Trends and Issues*. 10(1), 18-25. DOI: 10.18844/gjpr.v%vi%i.4392

- Evans, J. M., Harrison, M. J., Benzies, K., Gierl, M. & Kimak, C. (2007). Effects of parenting education on first-time fathers' skills in interactions with their infants. *Fathering*, 5(1), 45–57.
- 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.
- Fergusson, D., Horwood, J., Ridder, E. & Grant, H. (2005). *Early start: evaluation report*. Christchurch, New Zealand.
- Fetsch, R. J., Yang, R. K. & Petti, M. J. (2008). The rethink parenting and anger management program: a follow-up validation study. *Family Relations*, 57(5), 543–552.
- Forgatch, M., Patterson, G. R. & DeGarmo, D. S. (2005). Evaluating fidelity: predictive validity for a measure of competent adherence to the oregon model of parent management training. *Behavior Therapy*, 36(1), 3–13.
- 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*, 47(11), 1123–1132. doi:10.1111/j.1469-7610.2006.01668.x
- Gestwicki, L. (2004). *Home, school and community relations: a guide to working with families*. New York, NY: Thomson Learning.
- Girvin, H., DePanfilis, D. & Daining, C. (2007). Predicting program completion among families enrolled in a child neglect preventive intervention. *Research on Social Work Practice*, 17(6), 674–685. doi:10.1177/1049731507300285
- Gordon, T. (1970). *Parent effectiveness training*. New York, NY: Wyden Books.
- Heinicke, C. M., Fineman, N. R., Ponce, V. A. & Guthrie, D. (2001). Relation- based intervention with at-risk mothers: outcome in the second year of life. *Infant Mental Health Journal*, 22(4), 431–462. doi:10.1002/imhj.1010
- Helfenbaum-Kun, E. D. & Ortiz, C. (2007). Parent-training groups for fathers of head start children: a pilot study of their feasibility and impact on child behavior and intra-familial relationships. *Child and Family Behavior Therapy*, 29(2), 47–64. doi:10.1300/J019v29n02_04
- Hemingway, P. & Brereton N. (2009). *What is a systematic review?* (e-book). Retrieved from <http://www.whatisseries.co.uk/whatis/>
- Higgins, J.P.T. & Green, S. (Eds.) (2009). *Cochrane handbook for systematic reviews of interventions version 5.0.2*. London, United Kingdom: The Cochrane Collaboration. Retrieved from www.cochranehandbook.org (Accessed December 2019).
- Juffer, F., Bakermans-Kranenburg, M. J. & Van IJzendoorn, M. H. (2005). The importance of parenting in the development of disorganized attachment: evidence from a preventive intervention study in adoptive families. *Journal of Child Psychology and Psychiatry*, 46(3), 263–274. doi:10.1111/j.1469-7610.2004.00353.x
- Kim, J. (2013). Confronting invisibility: early childhood pre-service teachers' beliefs toward homeless children. *Early Childhood Education Journal*, 41(2), 161–169.
- Kim, E., Cain, K.C. & Webster-Stratton, C. (2008). The preliminary effect of a parenting program for Korean American mothers: a randomized controlled experimental study. *International Journal of Nursing Studies*, 45(9), 1261–1273. doi:10.1016/j.ijnurstu.2007.10.002
- Kitzman, H., Olds, D. L., Henderson, C. R., David, L. O., Henderson, C. R., Carole, H. R. N.,... Barnard, K. (1997). Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing: a randomized controlled trial. *Journal of the American Medical Association*, 278(8), 644–652. doi:10.1001/jama.1997.03550080054039
- Letarte, M. J., Normandeau, S. & Allard, J. (2010). Effectiveness of a parent training program 'Incredible Years' in a child protection service. *Child Abuse and Neglect*, 34(4), 253–261. doi:10.1016/j.chiabu.2009.06.003.
- Lida, N., Wada, Y., Yamashita, T., Aoyoma, M., Hirai, K. & Narumoto, J. (2018). Effectiveness of parent training in improving stress-coping capability, anxiety, and depression in mothers raising children with autism spectrum disorder. *Neuropsychiatry Disorder Treatment*, 14, 3355–3362.

- Loew, B., Rhoades, G., Markman, H., Stanley, S., Pacifici, C., White, L. & Delaney, R. (2012). Internet delivery of PREP-based relationship education for at-risk couples. *Journal of Couple and Relationship Therapy*, 11(4), 291–309. doi:10.1080/15332691.2012.718968
- Mabbe, E., Soenens, B., Vaansteenkiste, M., Kap-Deeder, J. & Mouratidis, A. (2018). Day to-day. variation in autonomy-supportive and psychologically controlling parenting: the role of parents' daily experiences of need satisfaction and need frustration. *Parenting Science and Practice*, 18(2), 86–109. doi:10.1080/15295192.2018.1444131
- McCarton, C. M., Brooks-Gunn, J., Wallace, I. F., Bauer, C. R., Bennett, C. R., Bernbaum, C. R., ... Meinen, L. C. (1997). Results at age 8 years of early intervention for low-birth-weight premature infants: the infant health and development program. *Journal of the American Medical Association*, 277(2), 126–132. doi:10.1001/jama.1997.03540260040033
- Miller, G. E. & Prinz, R. J. (2003). Engagement of families in treatment for childhood conduct problems. *Behavior Therapy*, 34(4), 517–534. doi:10.1016/S0005-7894(03)80033-3
- Morawska, A., Sanders, M., Haslam, D., Filus, A. & Fletcher, R. (2014). Child adjustment and parent efficacy scale: development and initial validation of a parent report measure. *Australian Psychologists*, 49(4), 241–252. doi:10.1111/ap.12057
- Olds, D. L., Robinson, J., Pettitt, L., Luckey, D. W., Holmberg, J., Rosanna K., ... Henderson, C. R. (2004). Effects of home visits by paraprofessionals and by nurses: age 4 follow-up results of a randomized trial. *Pediatrics*, 114(6), 1560–1568.
- Oster, C. L. (2007). Parent-skill building groups. In R.W. Christner, J.L. Stewart & A. Freeman (Eds.). *Handbook of cognitive-behavior group therapy with children and adolescents* (pp.465–484). New York, NY: Routledge Taylor & Francis Group.
- Patterson, J., Barlow, J., Mockford, C., Klimes, I., Pyper, C. & Stewart-Brown, S. (2002). Improving mental health through parenting programmes: block randomised controlled trial. *Archives of Disease in Childhood*, 87(6), 472–477.
- Runyon, M. K. Deblinger, E. & Schroeder, C. M. (2009). Pilot evaluation of outcomes of combined parent-child cognitive-behavioral group therapy for families at risk for child physical abuse. *Cognitive and Behavioral Practice*, 16(1), 101–118. doi:10.1016/j.cbpra.2008.09.006
- Rushton, A. & Monck, E. (2009). Adopters' experiences of preparation to parent children with serious difficulties. *Adoption and Fostering*, 33(2), 12. doi:10.1177/030857590903300202.
- Rushton, A. & Monck, E. (2010). A 'real-world' evaluation of an adoptive parenting programme: reflections after conducting a randomized trial. *Clinical Child Psychology and Psychiatry*, 15(4), 543. doi:10.1177/1359104510376127
- Sanders, M. R., Kirby, J. N., Tellegen, C. L. & Day, J. J. (2008). The Triple- P-positive parenting program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clinical Psychology Review*, 34(4), 337–357. doi:10.1016/j.cpr.2014.04.003.
- Sanders, M. R., Pidgeon, A. M., Gravestock, F., Connors, M. D., Brown, S. & Young, R. W. (2004). Does parental attributional retraining and anger management enhance the effects of the triple p-positive parenting program with parents at risk of child maltreatment? *Behaviour Therapy*, 35(3), 513–523.
- Scott, S., Spender, Q., Doolan, M., Jacobs, B. & Aspland, H. (2001). Multicentre controlled trial of parenting groups for childhood antisocial behaviour in clinical practice. *British Medical Journal*, 323, 194–197.
- Selwyn, J., DelTufo, S. & Frazer, L. (2009). It's a piece of cake? An evaluation of an adopter training programme. *Adoption and Fostering*, 33(1), 30–43. doi:10.1177/030857590903300104
- Sharac, J., McCrone, P., Rushton, A. & Monck, E. (2011). Enhancing adoptive parenting: a cost-effectiveness analysis. *Child and Adolescent Mental Health*, 16(2), 110–115. doi:10.1111/j.1475-3588.2010.00587.x
- Stemmler, M., Beelmann, A., Jaurusch, S. & Losel, F. (2007). Improving parenting practices in order to prevent child behavior problems: a study on parent training as part of the Effect program. *International Journal of Hygiene and Environmental Health*, 210(5), 563–570.
- Stone, W. L., Bendell, R. D. & Field, T. M. (1988). The impact of socioeconomic status on teenage mothers and children who received early intervention. *Journal of Applied Developmental Psychology*, 9(4), 391–408. doi:10.1016/0193-3973(88)90008-1.

Tuncay, S. & Gokkaya, F., (2020). A meta review on parent training and therapies studies. *Global Journal of Psychology Research: New Trends and Issues*. 10(1), 18-25. DOI: 10.18844/gjpr.v%vi%i.4392

- Suchman, N., DeCoste, C., Castiglioni, N., McMahon, T. J., Rounsaville, B. & Mayes, L. (2016). The mothers and toddlers program, an attachment-based parenting intervention for substance using women: post-treatment results from a randomized clinical pilot. *Attachment and Human Development*, 12(5), 483–504.
- Suchman, N., DeCoste, C. L., McMahon, T. J., Dalton, R., Mayes, L. C. & Borelli, J. (2017). Mothering from the inside out: results of a second randomized clinical trial testing mentalization-based intervention for mothers in addiction treatment. *Development and Psychopathology*, 29(2), 617–636.
- Taylor, T. K., Schmidt, F., Pepler, D. & Hodgins, H. (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.
- Tucker, S. J., Gross, D., Fogg, L., Delaney, K. & Lapporte, R. (1998). The long-term efficacy of a behavioral parent training intervention for families with two-year olds. *Research in Nursing and Health*, 21(3), 199–210.
- Wassall, S. (2011). *Evaluation of an attachment theory based parenting programme for adoptive parents and foster carers* (Unpublished doctoral dissertation). University of Birmingham, Birmingham, UK.
- World Health Organization. (2009). Preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers. Geneva, Switzerland: World Health Organization.