Group-based parent training programmes for improving parental psychosocial health: Evidence and implications for public health

Review on which this evidence summary is based:

Note: The Cochrane review that this evidence summary is based on has been updated. This evidence summary summarizes the above-cited version of this review, not the updated version. An updated evidence summary will be provided as soon as possible.

### Review Focus

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<th>Adult caregivers responsible for the day to day care of children with or without behavior problems.</th>
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<td>I</td>
<td>Standardized group-based parenting programs.</td>
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<td>Usual Care</td>
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| O       | **Primary Outcomes:** Symptoms of depression, anxiety, stress, self-esteem, anger, aggression, guilt.  
          | **Secondary Outcomes:** Confidence, partner satisfaction and adverse effects.                     |

### Considerations for Public Health Practice

**Conclusions from Health Evidence**

- This review of strong methodological quality is based on 48 moderate-quality RCT’s that included 4937 participants. Included trials showed parenting programs led to statistically significant positive effects for parents on: depressive symptoms, anxiety, stress, anger, guilt, confidence and satisfaction with partner relationship immediately following intervention and up to one month afterwards. Intervention duration ranged from 1-16 weeks.
- Statistically significant effects were maintained at six months only for stress and confidence, with no statistically significant effects on any outcomes reported at or beyond 12 months.
- Group-based parenting had no effect on self-esteem
- No trial reported on aggression or adverse effects.

**General Implications**

- Based on the findings of this review, public health should support parent training programs to improve the psychosocial health of parents in the short term.
- However, as the effect of the parent training is primarily short-term, public health should explore ways to extend the benefits by providing longer-term support or intervention “top ups”, although this will need to be evaluated to determine long term effectiveness.

### Evidence and Implications

<table>
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<th>What’s the evidence?</th>
<th>Implications for practice and policy</th>
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| **Primary Outcomes:** Post-intervention effects: immediately following intervention and up to one month post  
  - *Parental Depressive Symptoms:* A small to very small | **Primary Outcomes:** depressive symptoms, stress, anxiety, self-esteem, anger, aggression and guilt  
  - Public Health should advocate for and support parenting programs to improve parent’s |
statistically significant effect was observed on parental depressive symptoms (n=1591). (SMD -0.17, 95% CI -0.28 to -0.07, p=0.001). The intervention group scored on average -0.17 points lower on the depression scales than the control group. (29 studies, 22 included in meta-analysis)

- **Parental Anxiety Symptoms:** A moderate to very small statistically significant effect on parental anxiety symptoms was observed (n=464) (SMD -0.22, 95% CI -0.43 to -0.01, p=0.04). The intervention group on average scored 0.22 points lower on the anxiety scale than control. (13 studies, 9 included in meta-analysis)
- **Parental Stress:** A moderate to small statistically significant effect was observed on parental stress (n=1567) (SMD -0.29, 95% CI -0.42 to -0.15, p < 0.0001), The intervention group participants scored 0.29 points lower on the stress scale than controls immediately post intervention and up to 4 weeks post intervention. (25 studies)
- **Anger:** A moderate to small statistically significant effect was observed on anger (n= 107). (SMD -0.60, 95% CI -1.00 to -0.20, p= 0.004). (3 studies)
- **Guilt:** A large to moderate statistically significant effect was observed on guilt (n=119) (SMD -0.79, 95% CI -1.18 to -0.41, p< 0.0001, ES= 4.03), (3 studies).
- **No impact:** Self esteem

**Short-term follow up (1-6 months post-intervention)**

- **Parental stress:** A small to very small statistically significant effect was observed on stress (n=1680) (SMD-0.22, 95%CI -0.42 to -0.01, p= 0.04).However heterogeneity among studies was high (I² = 69%; P < 0.0001 (12 studies)
- **No impact:** Parental depressive symptoms, anxiety symptoms, self esteem
- **Not reported:** Anger, guilt, aggression

**Long term follow up (>6 months post-intervention)**

- **No impact:** Parental depressive symptoms, anxiety symptoms, self esteem
- **Not reported:** Anger, guilt, aggression

<table>
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<tr>
<th>Secondary Outcomes</th>
<th>Secondary Outcomes: confidence, partner satisfaction, paternal outcome measures</th>
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<td>Short term effects: immediately following intervention and up to one month post</td>
<td>Public health should implement parent training programs to support the psycho-social wellbeing parents and caregivers.</td>
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<td><strong>Confidence:</strong> A small to moderate statistically significant effect was observed on confidence (n=1001) (SMD -0.34, 95% CI -0.51 to -0.17, p, 0.0010). (14 studies)</td>
<td><strong>Parent training programs show a small to moderate effect in improving parent and caregiver psychosocial health following the intervention, but the effects are generally not maintained beyond 1-6 months post intervention.</strong></td>
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<td><strong>Partner Satisfaction:</strong> A very small to moderate statistically significant effect was observed on partner satisfaction post-intervention (n=432) (SMD-0.28, 95%CI -0.47 to -0.09, p = 0.005). (9 studies)</td>
<td><strong>Given the effects are not maintained beyond 1-6 months post intervention, Public Health should evaluate whether longer-term support and “top up” programs are effective in maintaining the short term impact of parent training.</strong></td>
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<td><strong>Paternal Outcome Measures:</strong> outcomes reported separately for fathers in 4 studies (n=123). A small to large statistically significant effect was observed on psychosocial health.</td>
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father's stress (SMD -0.43, 95% CI -0.79 to -0.06, p = 0.02).

**Short-term follow up (1-6 months post-intervention)**

- **Confidence:** A very small to moderate statistically significant effect was observed on confidence (n=636) (SMD -0.32, 95% CI -0.63 to -0.01, p = 0.04). (7 studies)
- **No impact:** partner satisfaction, paternal outcomes

**Long term follow up (>6 months post-intervention)**

- **No impact:** partner satisfaction, paternal outcomes, confidence:

**Adverse effects:** No studies reported adverse effects.

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**Why this issue is of interest to public health in Canada**

Early childhood experiences have long lasting effects on health, wellbeing and competence which are shown to be linked to an adult’s sense of identity and ability to cope with stress and problems.1 Children learn how to communicate, cope with stress, have healthy relationships, develop learning skills and a sense of self in the first five years of life.1 Parents who are engaged and interactive with their child and provide positive, consistent parenting at an early age may face fewer problems with adolescent mental health.2 However, parental stress and mental wellbeing may affect parent-child interactions and learning outcomes.3 Support for parenting programs with the aim of reducing parental stress, anxiety and depressive symptoms aligns with Health Canada's prioritization of interventions targeting the early years.2

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**Suggested citation**


This evidence summary was written to condense the work of the authors of the review referenced on page one. The intent of this summary is to provide an overview of the findings and implications of the full review. For more information on individual studies included in the review, please see the review itself.

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