## Parenting programs: Evidence and implications for public health

### Review on which this evidence summary is based:

### Review Focus

**P** Parents of children with behavior problems  
**I** Group-based parent training programs  
**C** Usual Care  
**O** Primary Outcomes: parent’s experiences and perceptions of parenting programs

### Review Quality Rating: 5 (moderate) Details on the methodological quality are available [here](#).

### Considerations for Public Health Practice

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| • Using meta-ethnographic methodology, this moderate quality review synthesized the findings of 4 qualitative studies of unknown methodological quality. The purpose of the review was to gain parents’ perspective on parenting programs, identify why parents find them helpful, and generate recommendations that may be transferable to parents in other contexts.  
• Overall, findings suggest that parents had positive perceptions of the parenting programs they attended, and felt they benefited from their participation. Parents perceived greater feelings of control, greater parenting knowledge and skills, fewer feelings of guilt, and less social isolation. | • Public health should advocate for parenting programs to support the psychosocial health of parents with children who have identified behavior problems. The programs should aim to to address issues of control, guilt, social isolation, parenting knowledge and skills, and support from partners.  
• Regardless of the specific parenting program implemented, public health should address the following components that are aspects parents perceive as necessary and beneficial:  
• Public health professionals should support parents to acknowledge the problem, understand the seriousness and consequences of conduct disorder, gain knowledge and skills to manage the child’s behavior, and recognize their own needs as a parent and the need to share them with their partner  
• Public health professionals should facilitate the program in a non-judgmental and supportive way, and aim to increase parents’ confidence  
• Public health should facilitate parents’ provision of ongoing social support to each other, beyond the duration of the program. |

### Evidence and Implications

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<th>What’s the evidence?</th>
<th>Implications for practice and policy</th>
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| **Four general themes or constructs were generated from the 4 included studies, total sample n=150:**  
2 grounded theory studies (n=77, and n=11), 1 critical social science (action research) (n=11), 1 unspecified approach (n=41) | • Public health should support parenting programs that aim to increase parent’s knowledge, skills and sense of control, address the issue of partner support, and reduce social isolation and feelings of guilt.  
• Public health should implement parenting programs and evaluate whether the programs are |
• **Control:** greater sense of control in parenting, and increased confidence and ability to cope
• **Guilt:** experienced less guilt and self-blame.
• **Social/cultural/group influences:** experienced reduced social isolation and felt empowered. Expressed a willingness to seek support from other parents.
• **Knowledge and skills:** transitioned from having difficulty dealing with children’s problem behavior before the program to increased understanding of parenting techniques, increased empathy with children, and increased competence in dealing with children’s problem behavior
• **Support from partners:** following participation in the program mothers identified that they did not feel they received from their partners the amount of care and support they needed.

**Key issues** to be considered when implementing parenting programs:
• Parents need to acknowledge that there is a problem
• The seriousness of the consequences of conduct disorder needs to be understood
• Knowledge and skills related to handling children’s behaviour should be gained
• Control and confidence in one’s ability to parent effectively should be acquired,
• Parents need to receive non-judgmental support from professionals and help with implementing new skills
• Parents need peer support
• Parents require their own needs to be recognized
• Mothers need support from their spouse/partner

**Legend:** P – Population; I – Intervention; C – Comparison group; O – Outcomes; CI – Confidence Interval; OR – Odds Ratio; RR – Relative Risk

**Why this issue is of interest to public health in Canada**
Children with behavior problems may be openly hostile, uncooperative, irritable, quick to lose their temper, or mean and spiteful towards others. Depending on the severity of the behavior problems, a child may be classified as having Oppositional Defiant Disorder (ODD) which can progress to the more serious Conduct Disorder (CD). Later in life, children with behavior disorders may experience challenges completing school or holding a job, are more likely to abuse substances, become involved in criminal activity, and have other psychological problems. 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.


**Other quality reviews on this topic are available on** [www.healthevidence.org](http://www.healthevidence.org)

**Suggested citation**