The effectiveness of parenting programs for children with conduct problems: Evidence and implications for public health

Review on which this evidence summary is based:

Review Focus

P  Parents or caregivers of children up to 18 years of age diagnosed with a conduct disorder
I  A structured, repeatable parenting program of any theoretical basis
C  Usual care or alternative form of parenting program
O  Primary Outcomes: child behavior

Review Quality Rating: 10 (strong) Details on the methodological quality are available here.

Considerations for Public Health Practice

Conclusions from Health Evidence
Public Health should consider parenting programs as an effective treatment for children with conduct problems.

Additional research is required to better understand the relative effectiveness of different parenting programs (i.e. is one approach/mode of delivery more effective than another?). Future research should also consider the cost-effectiveness of these programs.

Public Health should be aware that this review was restricted to a limited number of behavioural outcomes with only a selection of included studies synthesized in meta-analyses. There is a further assumption that improving the child behaviour scores presented here will translate into clinically meaningful outcomes.

The generalizability of these results may be further impacted by the differences in the parenting programs studied.

Evidence and Implications

Evidence points are not in order of the strength of the evidence.

What's the evidence?**     Implications for practice and policy
1. Parent-reported intensity of behavioural problems (24 RCTs, 1906 children)     1. Intensity of behavioural problems
   • Overall, parenting programs reduced the number of behavioural problems, as reported by parents (SMD -0.67; 95% CI: -0.91 to -0.42):     • Public Health should support parenting programs as an intervention for reducing the intensity (i.e. number) of conduct problems in children with conduct disorders.
Significant SMD in favour of intervention: group-based (6 studies), individual-based (4 studies), and self-administered (5 studies)

No impact: group-based (5 studies), individual-based (1 study), and self-administered (2 studies)

2. Parent-reported frequency of behavioural problems (24 RCTs, 1906 children)
- Overall, parenting programs reduced the frequency of behavioural problems, as reported by parents (SMD -0.62; 95% CI: -0.85 to -0.40):
  - Significant SMD in favour of intervention: group-based (4 studies), individual-based (4 studies), and self-administered (4 studies)
  - No impact: group-based (8 studies), individual-based (1 study), and self-administered (4 studies)

2. Frequency of behavioural problems
- Public Health should support parenting programs as an intervention for reducing the frequency with which conduct problems occur in children with conduct disorders.

3. Independently assessed quality of parent-child social interaction (7 RCTs, 489 children)
- Overall, parenting programs improved the quality of social interaction between parents and children, as assessed by independent observer (SMD -0.44; 95% CI: -0.66 to -0.23):
  - Significant SMD in favour of intervention: group-based (1 study), individual-based (0 studies), and self-administered (1 study)
  - No impact: group-based (3 studies), individual-based (1 study), and self-administered (2 studies)

3. Quality of parent-child social interaction
- Assuming that parent-child social interactions can greatly impact conduct behaviours in children, Public Health should consider implementing parenting programs to improve the quality of these interactions and thereby positively impact conduct behaviours.

**Legend:** P – Population; I – Intervention; C – Comparison group; O – Outcomes; RCT – Randomized control trial; SMD – Standardised Mean Difference; CI – Confidence Interval. *For definitions please see the healthevidence.org glossary www.healthevidence.org/glossary.aspx

*Note: Only outcomes for which statistical data is presented are addressed in this evidence table.

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

Children who are openly hostile, uncooperative, irritable, quick to lose their temper, or mean and spiteful towards others may have a behavior problem classified as Oppositional Defiant Disorder (ODD). Over time a child with ODD may develop a more serious psychiatric disorder: Conduct Disorder (CD). Children with CD tend to be chronically aggressive, threatening or harmful to people, animals or property, may lie, skip school, and may engage in illegal activities such as shoplifting or breaking and entering. Defiance, destructiveness, lack of cooperation, truancy, running away from home and gang membership are also common. These behavior disorders are more common in boys than girls, and are more common in urban environments. It is estimated between 5-15% of school-aged children are diagnosed with ODD and approximately 4% with CD. Children who are not treated may have challenges completing school or holding a job later in life, and are more likely to be involved in criminal activity, abuse substances and have other psychological problems later in life.


**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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