Danish University Colleges

PMTO Literature review

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Literature review
Parent Management Training Oregon
# TABLE OF CONTENTS

1. Abstract 3
2. Glossary and definitions 3
3. Background 3
4. Research questions 4
5. Has prior research been conducted into PMTO Brief? 4
5.1 TIBIR 4
5.2 Results 5
6. Which components of PMTO are associated with effectiveness? 5
6.1 Search strategy and inclusion and exclusion criteria 5
6.2 Results 8
7. Are there components in parent management training that are associated with effectiveness but not included in PMTO? 8
7.1 Search strategy 8
7.2 Inclusion and exclusion criteria 9
7.3 Search in electronic database 9
7.4 Screening and selection 10
7.5 Data extraction 11
7.6 Results 11
8. Discussion 13
9. Conclusion 13
10. References 14
11. Appendices 15
11.1 Appendix 1 15
Literature review – PMTO

Helge Hallmann and Steffen Kaspersen, VIA University College.

1 Abstract

This literature review used systematic search techniques to synthesise the results and analyse the effectiveness of components in Parent Management Training Oregon (PMTO) and other PMTs.

2 Glossary and definitions

PMTO – Parent Management Training Oregon. A parent training program developed in Oregon and now implemented in North America and Northern Europe.

PMTO Brief – A shorter version of PMTO not yet fully developed. In Denmark, an average PMTO intervention for individual treatment takes place over 23 sessions. The PMTO Brief is a shorter version of PMTO and consists of only 14 individual sessions. The purpose of PMTO Brief is to provide an intervention that is less stressful for the family – hence there are only 14 sessions rather than 23. The target group for the treatment is different to that of traditional PMTO, hence the shorter intervention time.

3 Background

This review has been conducted with the purpose of investigating whether there is a theoretical possibility of initiating a research project aimed at developing a PMTO Brief program. This review explores former research concerning PMTO and other parent training programs, as well as discussing which components have been shown to be effective in the programs.
We have been working with PMTO for several years and thus have comprehensive knowledge of most of the ongoing and published research. This provides us with a solid knowledge base concerning PMTO research, although we also made use of our international PMTO network to ensure we did not miss any important data.

4 Research questions

The objective of this systematic review is to survey prior research on PMTO. The review will examine three research questions:

1. Has prior research been conducted into PMTO Brief?
2. Which components of PMTO are associated with effectiveness?
3. Are there components in parent management training that are associated with effectiveness but are not included in PMTO?

5 Has prior research been conducted research into PMTO Brief?

This question is answered mainly through consulting expert knowledge. In our experience, no official research has been undertaken that examines PMTO Brief specifically. To gain further insight, we contacted experts from the Oregon Social Learning Centre (OSLC). The experts at OSLC are the developers of PMTO and continuously monitor and keep updated on previous and forthcoming PMTO research in both the USA and internationally.

The OSLC suggested we consult articles on:

- ‘Early Interventions for Children at Risk’ model (Norwegian acronym: TIBIR)
- Triple P (will be discussed in Question 3)
- Telehealth – a model with shorter intervention length, which is currently being tested in British Columbia. No results have yet been published.

5.1 TIBIR

TIBIR is a comprehensive community-wide model used to prevent and treat conduct problems among children aged up to 12 years and at a moderate to high risk of developing severe conduct problems. One of its several modules is Brief Parent Training (BPT). BPT is a short-term intervention (3–5 sessions) delivered by regular staff in municipal child and family services. BPT is based on a social interaction learning theory and the Oregon model of Parent Management Training (PMTO), and promotes parenting skills in families with children who are either at an early stage of problem-behaviour development or have already developed conduct problems. The study (Kjøbli & Ogden, 2012) examined the effectiveness of BPT compared to regular services in primary care settings at post-assessment. Participants were 216 children (aged 3 to 12 years) and their parents who were randomly assigned to BPT or the comparison group. Data was collected from parents and teachers. Significant intervention effects emerged in caregiver assessments of parenting practices, child conduct problems, and social competence. The results suggested that BPT had beneficial effects for families, although the generalisation of the effects to conduct at school was limited.

A follow up article (Kjøbli & Bjørnebekk, 2013) examines the follow-up effectiveness of brief parent training (BPT) for children with emerging or existing conduct problems.

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1 Helge Hallmann & Steffen Kaspersen
Results demonstrated that BPT continued to have beneficial effects on caregiver assessments of parenting practices (i.e., positive parenting and harsh discipline) and child conduct problems in the families 6 months after the intervention. The observed effect of BPT in schools and day care centres was limited. Compared to post-test the significant effects were smaller. The article concludes that although effects decreased over time, this study demonstrates that a short-term manual-based intervention (3–5 sessions) could be effective in reducing conduct problems 6 months after the intervention.

5.2 Results

We can conclude that no specific research on PMTO Brief has yet been conducted. TIBIR is the intervention that contains the most similar elements to those of a PMTO Brief intervention. Nevertheless, it consists of only 3-5 sessions, which disqualifies it from a PMTO Brief intervention that has a treatment perspective instead of a preventive perspective.

6 Which components of PMTO are associated with effectiveness?

PMTO is structured around five core components that all families are instructed in during the intervention. These components are (Ogden & Hagen, 2008):

- Limit setting and discipline
- Problem solving
- Monitoring and supervision
- Positive involvement
- Skill encouragement

This question aims to discover which components in PMTO are associated with effectiveness. Our hypothesis is that the above five components contribute to effectiveness regarding positive child behaviour. The following research examines these components and searches for additional components in PMTO research.

After contacting OSLC regarding PMTO research we received a comprehensive list of all PMTO research published to-date. The list can be found on the following website, which is regularly updated: https://www.generationpmto.org/pubs

6.1 Search strategy and inclusion and exclusion criteria

We went through the list and selected all the studies that utilised Randomised Control Trials (RCT). We excluded research which was specifically concerned with military families (ADAPT), homeless citizens and research not conducted within the western hemisphere.

After this exclusion process, we were left with the following studies (n=16):

<table>
<thead>
<tr>
<th>Source</th>
<th>Measurement of specific components</th>
<th>Number of subjects</th>
<th>Length of intervention</th>
<th>Program name</th>
<th>Questionnaires included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patterson, G.R., Chamberlain, P. &amp; Reid, J.B. (1982): ‘A comparative evaluation of a parent-training program’. In Behavior Therapy, 13, pp. 638-650.</td>
<td>No</td>
<td>19 children (3-12 yrs)</td>
<td>A total of 17hrs on average</td>
<td>PMTO Waiting list comparison group</td>
<td>-</td>
</tr>
<tr>
<td>Bank, L., Marlowe, J.H., Reid, J.B., Patterson, GR &amp; Weinrott, M.R. (1991): ‘A’</td>
<td>No</td>
<td>55 families of chronically offending</td>
<td>Average 44.8 hrs (23.3 hours of phone contact)</td>
<td>PMTO</td>
<td>Comparisons of offense rates, time spent in institution, and prevalence rates.</td>
</tr>
<tr>
<td>Comparative evaluation of parent training intervention for families of chronic delinquents. In <em>Journal of Abnormal Child Psychology</em>, 19 (1), pp. 15-33.</td>
<td>Delinquents</td>
<td>50 hrs</td>
<td>TAU (service traditionally provided by juvenile court and community)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patterson, G.R., DeGarmo, D. &amp; Forgatch, M.S. (2004): ‘Systematic changes in families following prevention trials’. In <em>Journal of Abnormal Psychology</em>, 32 (6), pp. 621-633.</td>
<td>No</td>
<td>238 divorced mothers</td>
<td>14-16 group sessions</td>
<td>PMTO (PTC) No intervention control group Same as above</td>
<td></td>
</tr>
<tr>
<td>DeGarmo, D., Patterson, G.R. &amp; Forgatch, M.S. (2004): ‘How do outcomes in a specified parent training intervention maintain or wane over time?’ In <em>Prevention Science</em>, Vol. 5, No. 2, pp. 73-89.</td>
<td>No</td>
<td>238 divorced mothers</td>
<td>14-16 group sessions</td>
<td>PMTO (PTC) No intervention control group Same as above</td>
<td></td>
</tr>
<tr>
<td>DeGarmo, D.S. &amp; Forgatch, M.S. (2007): ‘Efficacy of parent training for stepfathers: From playful spectator and polite stranger to effective stepfathering’. In <em>Parenting Science and Practice</em>, 7 (4), pp. 331-355.</td>
<td>No</td>
<td>110 families (67 plus control)</td>
<td>13 sessions (individually adapted to the families)</td>
<td>PMTO No intervention control group Multiple-method data was obtained from questionnaires, interviews, and direct observation, TRF, CBCL, CDI</td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Sample Description</td>
<td>Intervention Details</td>
<td>Measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 6.2 Results

As the above table shows, the included studies did not measure the effectiveness of core PMTO components: Limit setting and discipline, problem solving, monitoring and supervision, positive involvement and skill encouragement.

The studies we found concluded that PMTO had a positive effect on child positive behaviour and parents’ parenting skills. What is more interesting is the length of the interventions. The table shows that 10 of the studies had interventions lasting 12-15 sessions, which is the number of sessions we recommended for PMTO Brief.

### 7 Are there components in parent management training that are associated with effectiveness but not included in PMTO?

In the previous section, we explained the effective components of PMTO. This section examines if there are components associated with PMTs that are not included in PMTO. By components, we mean the content delivered to the parents and methods of delivery. This research question extracts these new components from our data, describes them and explains their effects.

#### 7.1 Search strategy

For this research question, we used the PsycINFO database, which is hosted at EBSCO. We started with a search for ‘parent training’ in all of EBSCO’s databases. This resulted in 15,926 search results. 7,623 of these where search hits from the PsycINFO database.

To assess whether or not we had found the most relevant articles for this research question, we ran a test. The article ‘A Meta-analytic Review of Components Associated with Parent Training Program Effectiveness’ by Wyatt Kaminski, Jennifer, Valle, Linda Anne, Filene, Jill H. and Boyle, Cynthia L. (2008) is a major article about components associated with PMT effectiveness. In Scopus, we ran a search for this article and looked for articles that were quoted by this article and which articles had quoted the article. This confirmed our PsycINFO search results: we did not find any articles that could be included in our study that we had not already found in our PsycINFO search.
7.2 Inclusion and exclusion criteria

For this research question, we selected the following inclusion and exclusion criteria for the data:

<table>
<thead>
<tr>
<th>Types of studies</th>
<th>Types of participants</th>
<th>Types of intervention</th>
<th>Exclusion criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meta-analysis</td>
<td>Children and adolescents aged 0-18 years</td>
<td>Parent (Management) Training</td>
<td>Treatment for parents with alcohol or drug abuse²</td>
</tr>
<tr>
<td>Systematic review</td>
<td>Parents</td>
<td>Group intervention</td>
<td>Training for foster parents³</td>
</tr>
<tr>
<td>Literature review</td>
<td></td>
<td>Individual intervention</td>
<td>Interventions not conducted within the western hemisphere Qualitative research Training for military families</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Children or adolescents with physical disabilities (also diabetes, major brain injuries)</td>
</tr>
</tbody>
</table>

7.3 Search in electronic database

Search in Psycinfo conducted on April 2018 (see Appendix 1 for screen dumps):

<table>
<thead>
<tr>
<th>Search 1</th>
<th>Search words</th>
<th>N=</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>'parent training' AND ('Behaviour Problems' OR 'Behaviour Disorders' OR 'Conduct Disorder')</td>
<td>1.720</td>
</tr>
<tr>
<td>S2</td>
<td>Narrow by methodology: systematic review, meta-analysis, literature review</td>
<td>119</td>
</tr>
<tr>
<td>S3</td>
<td>Narrow by language: English</td>
<td>114</td>
</tr>
<tr>
<td>S4</td>
<td>Narrow by subject age: neonatal (birth-1 mo), infancy (2-23 mo), school age (6-12 yrs), preschool age (2-5 yrs), adolescence (13-17 yrs), childhood (birth-12 yrs)</td>
<td>69</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Search 2</th>
<th>Search Words</th>
<th>N=</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>Parent training AND components</td>
<td>724</td>
</tr>
<tr>
<td>S2</td>
<td>Narrow by methodology: systematic review, meta-analysis, literature review</td>
<td>47</td>
</tr>
<tr>
<td>S3</td>
<td>Narrow by language: English</td>
<td>44</td>
</tr>
</tbody>
</table>

The two searches resulted in 113 records (n=113).

The following flow diagram illustrates how we reduced the number of records, and ended up with a total of nine studies included based on the exclusion criteria described earlier.

² PMTO is not designed for parents with alcohol or drug abuse.

³ These studies have been excluded because the child’s context is different.
7.4 Screening and Selection

The following flow diagram illustrates how we found and selected the records used for the analysis (n=9).
7.5 Data Extraction

Based on the flow diagram we ended up with the following studies:

<table>
<thead>
<tr>
<th>Study</th>
<th>General study focus</th>
<th>Components with effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaminski, Valle, Filene, &amp; Boyle (2008)</td>
<td>A meta-analytic review of components associated with parent training program effectiveness</td>
<td>Having parents practice with their own child during parent training sessions</td>
</tr>
<tr>
<td>Gavita &amp; Joyce (2008)</td>
<td>To evaluate the effectiveness of group based cognitively enhanced behavioural parenting programs in reducing children’s disruptive behaviour and parent distress</td>
<td>Cognitively enhanced parent</td>
</tr>
<tr>
<td>Rae &amp; Zimmer-Gembeck (2007)</td>
<td>To evaluate and compare outcomes of the programs Triple P and PCIT</td>
<td>Self-directed and media (Triple P) Bug-in-ear device (PCIT)</td>
</tr>
<tr>
<td>Tonge, Bull, Brereton &amp; Wilson (2014)</td>
<td>Evidence and other earlier relevant articles regarding early intervention studies for children with ASD</td>
<td>Encourage social support</td>
</tr>
<tr>
<td>Evans, Owens, &amp; Bunford (2014)</td>
<td>Review of evidence-based practices for children and adolescents with attention deficit hyperactivity disorder (ADHD)</td>
<td>Increased the length of the sessions to 2.5 hours and included opportunities for single mothers to observe staff modelling behaviour management and incentive procedures.</td>
</tr>
<tr>
<td>Hallmark (2014)</td>
<td>Moderators of behavioural parent training effects for children with attention deficit hyperactivity disorder</td>
<td>Practice with one’s own child</td>
</tr>
<tr>
<td>Nieuwboer, Fukkink, &amp; Hermanns (2013)</td>
<td>Online programs as tools to improve parenting</td>
<td>Guided and self-guided online interventions can have a significant positive impact on parents and children.</td>
</tr>
<tr>
<td>Reed &amp; Sollie (1992)</td>
<td>Family treatment strategies found effective are identified including variations of parent training, problem-solving communication training, reciprocity training, and a multi-systemic treatment approach.</td>
<td>Brief marital therapy designed to enhance parent support behaviours and improve parental problem-solving skills, possibly enhancing long-term positive effects of treatment</td>
</tr>
</tbody>
</table>

7.6 Results

As mentioned earlier we looked for components that we defined as the content delivered and methods of delivery. The following mentioned components, extracted from the nine studies, are not included in traditional PMTO interventions and therefore might be suitable for integration into a PMTO Brief intervention.

Having parents practice with their own child during parent training sessions

Kaminski et al. (2008) have synthesised the results of 77 published evaluations of parent training programs for families with children aged 0-7 years. Through an analysis of the specific programs’ effect on parenting behaviour and children’s external behaviour, they deduced which components (content and delivery method) had the largest effect. The meta-analysis showed that certain components, i.e. positive parent-child interactions and emotional communication skills, teaching parents to use time-out, the importance of parenting consistency and having parents practice with their own child during parent training sessions, had larger effects than other components tested (Wyatt Kaminski, Valle, Filene, & Boyle, 2008). Practice with the parents’ own child has also been shown to have an effect in Hallmark (2014).
Encourage social support
In Tonge, Bull, Brereton and Wilson (2014) the review concludes that parent education programs for children with Autism Spectrum Disorder (ASD) are more likely to build maternal self-efficacy and optimism if they encourage the use of social support (Tonge, Bull, Brereton, & Wilson, 2014).

Triple P and PCIT
Thomas and Zimmer-Gembeck (2007) conducted a review and meta-analysis of the Triple P intervention (Positive Parenting Program) and the Parent-Child Interaction Therapy (PCIT) intervention. Through 24 studies they study the effect of the programs.

Bug-in-ear device
PCIT involves direct coaching sessions where the therapist guides the parent in a parent-child interaction in a play therapy room. The therapist and the parent communicate through a bug-in-ear device, which permits the therapist to provide direct coaching. Depending on the length of the PCIT intervention improvements were found in clinical observations of both negative and positive child behaviour (Thomas & Zimmer-Gembeck, 2007).

Motivation component
When PCIT is enhanced with a motivation component, where the parents receive six extra sessions which include testimonials from previous participants, psycho-education, decision-making exercises, self-motivational cognitions, self-efficacy and an understanding of the consequences of child maltreatment, the intervention had a large effect compared to similar interventions (Thomas & Zimmer-Gembeck, 2007).

Self-help and self-directed
Parent Management Training programs can include self-help components, where these components are used as additional material to help the families. Other programs are structured as self-help programmes with brief or no contact with a therapist. Self-help treatment is defined as any therapeutic intervention that is presented either in written (bibliotherapy) or multimedia format (DVD, CD-ROM, Internet or TV), and designed to be implemented by the parent(s) themselves (O’Brien & Daley, 2011).

In a review of data from self-help parenting interventions for childhood behaviour disorders, O’Brien and Daley found that self-help programmes are beneficial compared to no treatment (O’Brien & Daley, 2011). The review also concludes that self-help programmes are less effective in the short term compared to therapist-led programmes, but their long term outcomes are similar to those of therapist-led programmes (O’Brien & Daley, 2011).

Self-directed Triple P and Media Triple P
Thomas and Zimmer-Gembeck found that Self-directed Triple P, where the parents receive a self-help manual and 10 weeks of structured training with no contact with a professional, had an effect on the parents’ perceptions of their child’s behaviour. The intervention had no significant effect on clinical observations of child negative behaviour (Thomas & Zimmer-Gembeck, 2007). Media Triple P is a television-based intervention where the parents receive parenting strategies through infotainment. This type of delivery had a large effect onchild behaviour as reported by parents (Thomas & Zimmer-Gembeck, 2007).

Online parenting interventions
In a meta-analytic review Nieuwboer, Fukkink and Hermans showed that guided and self-guided online interventions can have a significant positive impact on parents and children (Nieuwboer, Fukkink, & Hermans, 2013). Online interventions are characterised as interventions designed by parenting professionals and include usage of web-based technologies e.g. animated characters, hand-held devices that guide parents through a problem strategy, interactive homework and videos demonstrating positive parenting strategies.

Cognitively enhanced parenting programs
A component implemented in a number of parenting programs is a cognitive component intended to reduce parental stress. In Gavita and Joyce (2008) a review of group parent programs with cognitively enhanced components looked for the effect of these components. They concluded that cognitively enhanced parenting programs can be effective in improving both child disruptive behaviour and parental distress and in maintaining these improvements at 3 year follow-up (Gavita & Joyce, 2008).
Marital therapy
There is a significant association between marital discord and conduct problems in the children of these relationships. In Reed and Sollie (1992), the review concludes that brief marital therapy designed to improve parental problem-solving skills might enhance positive effects of parent training treatment (Reed & Sollie, 1992).

Length of sessions
Evans et al. (2014) have completed a review examining evidence-based practices for children and adolescents with attention deficit hyperactivity disorder (ADHD). In this review, the study found that increasing the length of the group sessions to 2.5 hours and including observation of staff modelling behaviour management and incentive procedures improved the children’s oppositional defiant disorder (ODD) symptoms and functioning compared to other services or no treatment (Evans, Owens, & Bunford, 2014).

8 Discussion
Parent management training is a popular form of parenting intervention but has been criticised for being too long and too comprehensive for families already experiencing difficulties in establishing a stable family life. In an attempt to develop a shorter intervention based on PMTO, our review described the research conducted into PMTO Brief, PMTO components and other PMT components. These topics where chosen to establish a theoretical foundation for future work on developing PMTO Brief.

Our results led us to deepen our understanding of several components in parent management training that are associated with effectiveness. Unfortunately, we did not find any studies (Question 2) that analysed the effect of PMTO components. In Question 3, we only looked for components not included in PMTO. Therefore, it is not possible for us to conclude anything about the effect of the five core components in PMTO. Instead, we found components with effects that were not already included in PMTO. In the development of PMTO Brief we can use these findings to assess choices regarding working with the core PMTO components or including new components which have demonstrated positive effects on either parent or child behaviour.

In Research Question 2, we also noted the length of the interventions included in the research. These findings could be useful in developing PMTO Brief given that some of the interventions lasted 13-15 sessions, which is the exact length of our envisioned time structure of the PMTO Brief program. Nevertheless, it is essential that we are aware of the fact that some of the studies were performed on/in groups and not individual treatment. A quick hypothesis based on this review is that if PMTO can be delivered with positive effect in a group format over 14 sessions, then individual-focused PMTO could be as well.

9 Conclusion
Based on our findings we can now conclude that no research on a PMTO Brief model has yet been conducted, but former PMTO research has been conducted into interventions lasting 12-15 sessions. Hence, we can conclude that shorter PMTO interventions also have a positive effect. If PMTO Brief were to be developed further, our hypothesis is that it would be successful.

Our findings give us a starting point that can assist us in developing an intervention that is PMTO-based and incorporates the possibility of including components from other parenting programs.
10 References


## Appendices

### 11.1 Appendix 1

<table>
<thead>
<tr>
<th>#</th>
<th>Query</th>
<th>Limiters/Operators</th>
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<td>(parent training) AND &quot;Behavioral Problems&quot; OR &quot;Behavioral Disorders&quot; OR &quot;control disorder&quot;</td>
<td>Name by: Language: - Norwegian (bth 1-1 m) Name by: Language: - Italian (bth 2-3 m) Name by: Language: - English (bth 4-5 m) Name by: Language: - Swedish (bth 6-7 m) Name by: Language: - Spanish (bth 8-9 m) Name by: Language: - French (bth 10-11 m) Name by: Language: - German (bth 12-13 m)</td>
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</tr>
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