



Parent Training Programs: An Overview

Sarah A. Perrault, Ambrin F. Masood*

Assistant Professor, Department of Rehabilitation and Human Services, College of Allied Health Professions, Montana State University-Billings United States.

Article Details

Article Type: Review Article

Received date: 11th January, 2018

Accepted date: 08th February, 2018

Published date: 12th February, 2018

***Corresponding Author:** Ambrin F. Masood, Assistant Professor, Department of Rehabilitation and Human Services, College of Allied Health Professions, Montana State University-Billings, United States. E-mail. ambrin.masood@msubillings.edu

Citation: Perrault, S.A., & Masood, A.F. (2018). Parent Training Programs: An Overview. *J Pub Health Issue Pract* 2(1): 109. <https://doi.org/10.33790/jphip1100109>.

Copyright: ©2018, This is an open-access article distributed under the terms of the [Creative Commons Attribution License 4.0](https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Parent training and education is one approach utilized to prevent child maltreatment. The National Registry of Evidence-based Programs and Practices lists 66 different parenting programs which have been reviewed. However, this list does not encompass all of the parenting programs available or utilized. An overview of some of these parent training programs provides a glimpse into the potential objectives that can be achieved, populations the program is most effective with, and the age groups which are focused upon. This constitutes a starting point for agencies and entities, whom are considering implementing a parenting program in their community.

Introduction

Over 4.1 million children were involved in at least one investigation by a Child Protective Services agency in 2015 [1]. When considering the best public health approaches to the prevention of child maltreatment, a significant focus has been on educating and training parents; whom are the most common perpetrators of neglect and abuse.

Child maltreatment occurs for many reasons. Researchers have identified four common co-occurring issues regarding child maltreatment which include the following: parental substance abuse, parental mental illness, domestic violence, poverty, and child conduct problems [2]. Understanding and responding to these issues has been a fundamental aim when designing effective parenting education programs. Granted, one key decision to designing parenting programs is whether to directly address these related problems or whether efforts to improve parenting should focus primarily on improving parenting skills [2]. Almost all parent education programs aim to help parents develop more appropriate expectations of their children, to treat children with empathy and nurturance, and to use positive discipline rather than corporal punishment [2]. Some programs also attempt to address parental social and behavioral problems [2]. Many child abuse prevention programs that address a broad range of risk factors have not been carefully evaluated [2]. And, those broad prevention programs that have been evaluated have shown to have little effect on child maltreatment or its risk factors [2].

Thus, when an organization is looking at implementing a parent training program, a variety of factors need to be considered. For

instance, it depends on the population being served, the agencies whom are likely to refer individuals to these programs, and what the goal of the program is. Also, the design of parent training programs is important. Those that are most effective often include a manual for how these programs should be delivered [2]. Those that are ineffective, are often developed in ad hoc ways. This ad hoc approach, unfortunately, is very common in child welfare agencies [2].

There are effective common elements of parent training programs [2]. These common elements include the ability to utilize the program in multiple clinical and service applications, having benchmarks for assessing the quality of care, simplified therapy training efforts focused on key techniques as opposed to individual treatment manuals, and having individualized modular or stepped-care interventions that fit the unique characteristics of the client rather than the vision of the treatment designer [2]. A CDC review of parent training programs also found that when parents are given hands-on practice using new skills under the watchful eye of a professional, they acquire the skills more effectively [2]. Another factor which improved training programs was teaching parents how to communicate their emotions more effectively [2]. Granted, as mentioned earlier, addressing multiple components as part of a training program decreased effectiveness [2].

The lists of types of parent training programs available are exhaustive. These programs, not only vary depending on the goals, but also cater to different age groups of children and to different service entities. Some programs are evidence-based, others are frequently used despite having sufficient research to support their efficacy. For instance, the National Registry of Evidence Based Programs and Practices [3] lists 66 different parenting programs; this includes 30 newly reviewed programs and 36 legacy programs which were reviewed previously. Assessing all the programs in operation throughout the country would be a daunting task. However, an assessment of parenting programs is necessary, particularly when an organization is looking to choose which program would be most effective for implementation. Thus, for the purpose of this research paper, we will focus on newly researched programs identified by the National Registry of Evidence Based Programs and Practices as having effective or promising outcomes and prior programs evaluated by the National Registry of Evidence Based Programs and Practices

which have been determined evidence based. Programs which are implemented in prisons or residential treatment programs will be excluded. An additional program, Common Sense Parenting, will be included for review, as this program is currently considered a widely used parent-training program [4].

Literature Review

To begin with, according to Oats et al. [4] Common Sense Parenting is a widely used parent-training program that is workshop based. The program is fully manualized. It consists of 6 learning activities. Within these learning activities, a large block of time is dedicated to modeling examples and practicing skills. The program was originally designed for parents of children between the ages of 6 and 16 years of age. Participant satisfaction ratings of this program were high [4]. This program has accrued positive support in prior small scale, nonexperimental and quasi-experimental studies [4]. Thompson, Grow, Ruma, Daly, & Burke stated parental reports of child behavioral problems, parent attitudes, and parent problem-solving skills improved from before to after utilizing the training [5]. Thompson, Schuchmann, & Burke concluded there was improvement in externalizing child problems and more satisfaction and efficacy as a parent, but there were no statistically significant treatment effects for internalizing problem behavior (such as depression or anxiety) or for clinical recovery rates for children [5].

The newly reviewed parent-training programs designed for parents with children include Connect, DARE to be You, Parenting with Love and Limits, Safe Care, Systematic Training for Effective Parenting, and the 4 Rs and 2 Ss for Strengthening Families.

To begin with, Connect is a 10-week manualized group program for parents with children aged 8-19 years of age with significant behavioral and mental health problems. Two group leaders facilitate groups of parents. Role play and reflection exercises are utilized. Manuals are available in English, French, and Swedish. Giannotta, Ortega, & Smith found a statistically significant difference in reduction of parents' angry outbursts, an increase in perceived parenting competence, and a decrease in beer consumption by children [6]. Stattin, Enebrink, Ozdemir, & Giannotta found a statistically significant effect indicating fewer depression symptoms, lower levels of stress for parents, reduced levels of problem behaviors in children, and an increase use of rewards by parents [7]. According to SAMHSA's National Registry of Evidence Based Programs [7], findings indicate this program may be promising for improving family cohesion, general functioning and well-being, knowledge, attitudes and beliefs about parenting, and parenting practices. This program was also effective in reducing depression and depression symptoms in parents [7].

Next, Dare to be You focuses on increasing parental efficacy, family resiliency, and positive youth development. The program is delivered over 10-12 weeks with sessions lasting 2 ½ hours. Sessions include 10 to 30-minute activities with parents and children to allow practice of the skills being learned. Variations of this program include training for families with children aged 2 to 5, parents with children aged 5 to 8, families with children aged 11 to 14, educators in school and afterschool programs for grades K through 12, community-based program teams, and teen peer educators. MacPhee, Miller-Hey, & Carroll found a statistically significant difference indicating an increase in the use of democratic control by parents, an improvement in parental self-efficacy, a decrease in the use of coercion by parents, and improvement in the parent-child relationship [7]. SAMHSA's National Registry of Evidence-based Programs conclude, this program is promising for improving parenting practices and family cohesion, but has been found ineffective for improving parents' knowledge, attitudes and beliefs about parenting [7].

SAMHSA's National Registry of Evidence-based Programs and Practices [8] provides an overview regarding Parenting with Love

and Limits. This program targets families who have children aged 10-18 that are at low to high risk for out-of-home placement or are returning from out-of-home placement. The targeted youths have emotional and behavioral problems (ADHD, anxiety, alcohol/drug use, depression, truancy, suicidal ideation, domestic violence, or severe disrespect). The program uses a motivational interview process and a combination of group therapy, family therapy, and family-systems trauma treatment. There are six multi-family group sessions which includes group therapy, videotapes, breakout sessions, and role play. Two facilitators conduct these sessions. Following completion of the program, clinicians reach out to the family at 30, 60, and 90-day intervals to assess program implementation. Sterrett-Hong, Karam & Kiaer noted lower rates of readmission to outpatient treatment, crisis services, and inpatient hospitalizations [8]. Early, Chapman, & Hand and Karam, Sterrett, & Kiaer noted lower rates of recidivism when compared with the control group [8]. In short, this program has been determined promising for improving receipt of mental health and substance abuse treatment and for reducing criminal and delinquent behavior [8].

Safe Care is an in-home parenting program. The goal is to prevent child maltreatment and abuse and improve health, development, and welfare [8]. It is offered to parents of children ages 0 to 5. It focuses on parenting skills, home safety, parental supervision, and health decision making. The program can be implemented by individuals, teams, or organizations. In this model, trained providers conduct weekly home visits. Each visit last 60 to 90 minutes and the family is engaged for between 18 to 20 weeks. Education regarding skills is provided, the skills are demonstrated, parents practice the skills, and feedback is provided regarding these skills. Chaffin, Hecht, Bard, Silovsky, & Beasley identified statistically significant decreases in recidivism (when looking at maltreatment) [9]. Thus, this program has shown promise in reducing victimization and maltreatment. A version of this program also targets fathers (SafeCare Dad to Kids) [1]. Self-Brown et al. [1] noted decreases in psychologically aggressive behaviors, but no significant finding indicating decreases in child maltreatment behaviors. Intervention fathers reported high satisfaction ratings for the program and demonstrated improvements in father-child interaction skills [1].

Systematic Training for Effective Parenting (STEP) is a program designed for parents who are at high risk for maltreatment, child abuse, and [6]. A group format is utilized to teach lessons regarding child behavior, positive listening, encouragement rather than praise, parenting behaviors, child responsibilities, natural and logical consequences, and child confidence. Role play is utilized. Fennell & Fishel noted a statistically significant improvement in parents' perceptions of their children's behaviors and a reduction in parents' potential for physical child abuse [7]. This program has been determined promising for family cohesion and general functioning and well-being [7].

The final promising or effective program reviewed by SAMHSA's National Registry of Evidence-based Programs [10] is the 4 Rs and 2 Ss for Strengthening Family Programs. The 4 Rs represent Rules, Responsibility, Relationships, and Respectful communication. The 2 Ss reflect Stress and Social Support. This program utilizes a manual and is conducted in a group format with multiple families. It is designed for families with children aged 7 to 11 that have been diagnosed with a disruptive behavior disorder. The program lasts 16 weeks. Parents, providers, and research staff collaborate to provide the training. A study by Chacko, Gopalan, Franco, Dean-Assael, Jackson, Marcus, Hoagwood, & McKay found that following implementation of this program, children showed a statistically significant reduction in oppositional defiant behavior and an improvement in their caregiver reported social skills, when compared with children in the services as usual group [11]. McKay, Gopalan, Franco, Dean-Assael, Chacko, Jackson, & Fuss noted that over time, scores on a measure of parenting

stress and social isolation decreased for parents involved in this program, when compared to the control group [11]. Prior parenting programs geared toward children and reviewed and approved by the National Registry of Evidence Based Programs and Practices include Active Parenting (4th Edition), Celebrating Families, Family Check-Up for Children, Family Spirit, Family Wellness: Survival Skills for Healthy Families, Metropolitan Family Services Parenting Fundamentals, Nurturing Parent Program, Parent Corps, Parents as Teachers, Strengthening Families Program, and Triple P-Positive Parenting Program.

Active Parenting (4th Edition) is a video-based education program for parents of children aged 2 through 12. It teaches parents how to utilize encouragement, self-esteem building, and relationship development when raising children. It also teaches parents how to implement and use natural and logical consequences and other positive discipline skills. This program usually consists of one two-hour class a week for 6 weeks. Improvements were noted in parental perception of child behavior, parental attitudes and beliefs, parent-child relationships, and an increase in positive child behaviors [12].

Celebrating Families is designed for families in which one of the parents is in the early stages of recovery from a substance addiction and where there is a high probability of domestic violence and/or child abuse. It is to serve families with children aged 4 to 17. Following a family meal, sessions include family group sessions which last 90 minutes. This model sees addiction as a disease and is frequently utilized by drug courts, dependency courts, faith-based organizations, residential and outpatient treatment services, and social services agencies. This program has been found to be effective in improving parenting skills, reducing parent tobacco and substance use, reducing parental depressive symptoms, improving the family environment, improving child behaviors, and increasing the likelihood of family reunification [13].

Family Check-Up for Children is a strengths-based approach which involves an initial interview and assessment, followed by 3 to 15 parenting sessions. This approach prefers the facilitator have a master's degree in education, social work, counseling, or a related field. This program is geared towards families with children aged 2 to 17. Research has been conducted on a variety of populations including African American, American Indian, White, Latino or Hispanic, and other races and ethnicities. The program can be integrated into school, mental health, and primary care settings. Family Check-Up for Children has seen improvement in maternal involvement, a decrease in destructive behavior by children, more positive support from caregivers when looking at children's behaviors, a decrease in problem behaviors of children, and a decrease in oppositional defiant behavior [10].

Family Spirit is a parent training program specifically tailored to American Indian teenage mothers. The goal is to increase parenting competence, reduce maternal psychosocial and behavioral risks, and promote healthy infant and toddler emotional and social adjustment. The program consists of 63 structured lessons given by educators in participants' homes. It begins when the mother is still pregnant (28 week's gestations) and continues until age 3. This program has been associated with improved parenting knowledge, increased understanding of infant and toddler behavior, improved parental self-efficacy, decreased depressive symptoms of the mother, and decreased substance use by the mother [14].

Family Wellness: Survival Skills for Healthy Families is a program designed for families with children aged 8 and over. Information is delivered to families via workshops, weekly classes, and/or weekend retreats. Interactive techniques are utilized, including role-play, group activities, and visuals. A 3-day training is required for facilitators prior to certification to deliver this program. Positive outcomes have been noted in communication skills, conflict resolution skills,

problem-solving skills, disciplinary skills, and cooperation [15].

Metropolitan Family Services Parenting Fundamentals is a parent education program designed for English or Spanish speaking individuals whom may have low incomes and are part of the court or social service system. The program can be tailored for various age groups; this includes children ages 0 to 18. The program includes 2-hour weekly group training and three home visits with each participant. The course is an 8-week program. The group training sessions are curriculum based. The program showed positive outcomes in understanding parenting strategies, the overall home environment, and reducing child problem behaviors in the home [16].

Nurturing Parenting Programs (NPP) are family-based parenting programs designed to prevent and treat child abuse and neglect. Parents complete questionnaires, engage in role-play, participate in discussions, and have audio-visual exercises. This consists of group sessions and in-home based sessions. Parents and children meet separately and jointly during these 90-minute lessons which occur once a week for 15 weeks. Two facilitators are utilized for every 7 adults in the program. Studies have been completed on effectiveness for children aged 0 to 5 and aged 5 to 12. According to SAMHSA's National Registry of Evidence-based Programs [16] this program assists in improving parenting attitudes, knowledge, beliefs, and behaviors; reduces recidivism associated with child abuse and neglect; improves children's behaviors; improves attitudes toward parenting; and improves family interactions. Barth [2] noted participants have reported improved parenting skills (when self-rating their progress). Parent Corps is designed for parents with children aged 3 to 6 from low-income communities. There are weekly 2-hour group sessions which occur separately with parents and children. The groups last 14 weeks and include approximately 15 participants. These groups are held in early childhood or child care settings. Facilitators are mental health professionals. In the parenting groups, facilitators assist parentings in tailoring and adopting strategies which are meaningful and relevant to the family's cultural background, values, and goals. Sessions include group discussions, role-play, videos, and a photography-based book of stories and homework. Child groups are facilitated by classroom teachers which assist in supporting the individual goals that the parents set for their children. The program has noted improvement in parenting practices, a reduction in child behavior problems, improved parent involvement in school, improved academic achievement, and reduced body mass index for the children [18].

Parents as Teachers (PAT) is a program designed to begin during pregnancy and until children enter Kindergarten. Facilitators are trained and certified in a curriculum geared toward both children aged 0 to 3 and children ages 3 to Kindergarten. Facilitators should have a bachelor's degree in early childhood education, human services, or a related field. Home visits are completed by the facilitator either every other week or monthly, depending on the need of the family. In addition, a group is held at least monthly to provide social support and additional information. SAMHSA's National Registry of Evidence-based Programs [18] equated this program with improved cognitive development, improved mastery motivation, increased school readiness, and an increased likelihood of third-grade achievement.

The Strengthening Families Program focuses on families with children aged 3 to 16 years of age. There are 14 weekly 2-hour sessions. There are Parenting Skills, Children's Life Skills, and Family Life Skills sessions tailored to each group's needs. Practice of skills learned occurs in the Family Life Skills section. Ongoing family support groups are also provided. This program was found to decrease children's internalizing and externalizing behaviors, increase parenting efficacy and practices, and improve family relationships [19].

Lastly, the Triple P-Positive Parenting Program is designed for

families with children aged 0 to 16 years. The Triple P program intervenes with parents rather than with the whole family [20]. There are 5 levels to this program as follows: Level 1 provides general information (media-based), Level 2 focuses on specific and common child-related concerns (one on one consultations, tip sheets, and videos), Level 3 looks at children with mild to moderate behavioral difficulties (advice, rehearsal, and self-evaluation), Level 4 for more severe behavioral difficulties (group sessions), and Level 5 considers additional family stressors (practice sessions tailored to the needs of the family). Barth [2] reported the initial trial of Triple P noted in a population of children under the age of eight there were 350 fewer cases of child maltreatment, 240 fewer children being removed from their homes, and 60 fewer injuries requiring medical attention because of maltreatment. Marryat et al. [20] reports Triple P has an extensive evidence base, with over 500 publications and a number of randomized trials. There are seven meta-analyses of Triple P, which demonstrate consistent positive effects on child behavior [20]. There is some doubt regarding the effectiveness of Triple P among impoverished communities, single parents, and with younger children [20]. The majority of data available is based on reports by parents whom have been involved with Triple P. Marryat et al. [20] requested teachers complete a Strengths and Difficulties Questionnaire (SDQ) on all pre-school children from 2010 through 2015. After analyzing the data, no significant improvement was found in social, emotional, or behavioral difficulties of preschool aged children after the implementation of Triple P [20]. Thus, Triple P did not appear to have an impact on population-level mental health problems. SAMHSA's National Registry of Evidence-based Programs [21] reports a decrease in negative and disruptive child behaviors, a decrease in negative parenting practices which are risk factors for later child behavioral problems, and an increase in positive parenting practices which are protective factors for later child behavioral problems have been seen with the Triple P program.

Discussion

When we refer back to the effective common elements of parent training, several of the programs reviewed meet these requirements. For instance, one element was for the program to be utilized in multiple clinical and service applications. And while the programs reviewed are varied in whether they are implemented in a group or individual setting, whether parents participate alone or there is some form of family involvement, or whether they take place in a facility or in the home, almost all can be facilitated from various service agencies. An exception, perhaps is ParentCorps, which is done in an early childhood or daycare facility specifically.

Two other elements of an effective program are for the program to have benchmarks for assessing the quality of care and for the training to be simplified and focused on key techniques. Regarding benchmarks, much of the literature failed to provide information regarding specific tools to measure the impact of these programs. Parenting with Love and Limits did allow for follow-up at three different intervals to assess effectiveness. However, this reference to an assessment was rare. And, while research and reviews have been conducted and there is some reference towards satisfaction surveys being conducted by parents before and after completing programs, it is uncertain if this is sufficient to assess for quality of care. Also, while the training programs point to specific goals, it is uncertain if key techniques are utilized in a simplified manner to achieve these goals. This information would likely be obtained by reviewing the manuals or implementation materials for individual programs. In short, further evaluation and information is warranted to answer these questions.

However, it is apparent that several programs do offer a modular or stepped-care interventions to fit unique characteristics of a client. For instance, the Triple P-Positive Parenting Program offers 5 levels.

particular is geared toward the family's individual circumstances. Similarly, the Strengthening Families Program claims to tailor its sessions to the individual needs of the family. Other programs are designed to accommodate specific individuals; such as the Family Spirit program which is tailored for Native American pregnant teenagers. Granted, other programs seem to lack this approach. For instance, the Common Sense Parenting program is offered to a fairly wide group (ages 6 to 16), has a manual for implementation, and involves only the parents. While the facilitators may adjust the group sessions to accommodate individual's needs, it seems less flexible than some of the other programs.

Lastly, an important element was allowing for hands-on practice. For some of these programs, this entailed having the parents work directly with their children under observation. While, other programs utilized role-play or practice as a means of developing skills. Several of the programs reviewed offered this benefit, including Common Sense Parenting, Connect, Dare to be You, Parenting with Love and Limits, SafeCare, STEP, Family Wellness, Nurturing Parent Program, ParentCorps, Strengthening Families Program, and Triple P-Positive Parenting.

Recommendations

A brief review of the literature illustrated the complexity involved in selecting an effective parent training program. There is simply no way to choose one program that is the most effective overall; that could be implemented in any agency or successful for every population. Instead, it is imperative for an organization to make decisions regarding what elements are most critical to them and to their stakeholders. In addition, considerations will need to be made regarding what resources are or will be available. These resources pertain not only to financial resources (for purchasing curriculum, equipment, and paying facilitators), but also include examination of those available to facilitate the programs and the locations available to incorporate these programs. For instance, Family Check-Up and ParentCorps preferred individuals who are mental health professions or had a master's degree in this or a related field. Consideration also must be given to the amount of time dedicated to each family. As, some of these programs are brief (lasting weeks), whereas other programs follow the family throughout the early years. While a lengthy program, in some cases, may be more effective over the long term, many agencies want to see a family complete a program within a brief period.

In addition, after the key elements are identified and resources are determined, further scrutiny would be beneficial of a select few parenting programs. The information provide in this literature review provides only a snippet regarding each program. Further exploration is warranted to fill in any missing information, to explore potential problems with implementation, and to determine the likelihood of success in specific situations. Involving the agency designated to implement the program and stakeholders in the decision is critical. Additional insights will assist in ensuring the program that is selected will be the most beneficial to a majority of those involved.

Given the time and complexity involved in this process, it is understandable why many child welfare agencies create parenting programs or choose parenting programs in an ad hoc fashion. However, as noted earlier, this approach is often not effective. Ultimately, money and time is wasted to implement a program which will fail to be of benefit to the organization or the families that are served. And, if the goal is truly to prevent initial or recurrent child maltreatment, a thorough evaluation is essential.

Conflicts of Interest

The authors declare no conflicts of interest and do not have any financial disclosures.

References

1. Self-Brown, S., Osborne, M.C., Lai, B.S., De Brown, V., & Glasheen, N., et al. (2017). Initial findings from a feasibility trial examining the SafeCare Dad to Kids program with marginalized fathers. *J Family Viol* 32: 751-766.
2. Barth, R.P. (2009). Preventing child abuse and neglect with parent training: evidence and opportunities. *The Future Child* 19: 95-118.
3. Substance Abuse and Mental Health Services Administration (n.d.) SAMHSA's national registry of evidence based programs and practices.
4. Oats, R.G., Cross, W.F., Mason, W.A., Casey-Goldstein, M., & Thompson, R.W., et al. (2014). Implementation assessment of widely used but understudied prevention programs: An illustration from the common sense parenting trial. *Evaluat Program Plan* 44: 89-97.
5. California Evidence Based Clearinghouse for Child Welfare (2017). Common sense parenting (CSP).
6. SAMHSA's National Registry of Evidence-based Programs (2017). Systematic training for effective parenting (STEP).
7. SAMHSA's National Registry of Evidence-based Programs (2017). Connect.
8. SAMHSA's National Registry of Evidence-based Programs. (2016). SafeCare.
9. SAMHSA's National Registry of Evidence-based Programs and Practices (2016). Parenting with love and limits (PLL)
10. SAMHSA's National Registry of Evidence-based Programs (2015). The 4 rs and 2 ss for strengthening families program.
11. SAMHSA's National Registry of Evidence-based Programs (2015). Family check-up (FCU) for children.
12. SAMHSA's National Registry of Evidence-based Programs (2008). Active parenting.
13. SAMHSA's National Registry of Evidence-based Programs (2008). Celebrating families.
14. SAMHSA's National Registry of Evidence-based Programs (2013). Family spirit.
15. SAMHSA's National Registry of Evidence-based Programs (2012). Metropolitan family services parenting fundamentals.
16. SAMHSA's National Registry of Evidence-based Programs (2012). Family wellness: Survival skills for healthy families.
17. SAMHSA's National Registry of Evidence-based Programs (2010). Nurturing parent program.
18. SAMHSA's National Registry of Evidence-based Programs (2011). ParentCorps.
19. SAMHSA's National Registry of Evidence-based Programs (2007). Strengthening Families Program.
20. Marryat, L., Thompson, L., & Wilson, P. (2017). No evidence of whole population mental health impact of the Triple P parenting programme: findings from a routine dataset. *BMC Pediatrics* 17: 1-10.
21. SAMHSA's National Registry of Evidence-based Programs (2008). Triple p-positive parenting program.