Protocol - The effectiveness of interventions/training programmes for the parents of adolescents: a systematic review of the literature

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Systematic Review Protocol

Title
The effectiveness of interventions/training programmes for the parents of adolescents: a systematic review of the literature

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BACKGROUND

Adolescence is a period of significant developmental transition, involving physical, emotional, social and cognitive change (Sorkhabi 2010). Parents frequently report adolescence as the most difficult stage of parenting; conflict is common, as roles are re-negotiated, and parents are often concerned about peer pressure and the risks associated with their child’s growing independence. Also, as their child moves towards greater levels of autonomy, parents may, simultaneously, be confronting psychological issues associated with their own transition to middle-age (Pratt et al 2001).

The capacity of parents to adapt their parenting practices to the shifting needs of their child has been shown to influence adolescent adjustment (Stallman & Ralph 2007). The major re-alignments that should occur are designed to transform the parent-child relationship from one based on unilateral authority to one of interdependence and cooperative negotiation (Bogenschneider & Stone 1997). Parent-child relationships, characterised by careful monitoring, firm and consistent limit-setting and nurturing communication patterns, have been shown to help adolescents develop skills, values and behaviours that lead to competent self-regulation, emotional wellbeing and positive behaviours (Griffin et al 2011; De Vore & Ginsburg 2005; Baumrind 1991). In contrast, authoritarian parenting, which is high in rigid control and lacks support, permissive parenting, which lacks control, and neglectful parenting, which lacks support and control have been linked with poor self-regulation, limited academic achievement, problems with substance use/misuse, delinquency and risky sexual behaviour (Baumrind 1991).

Conflict, poor parent-child relationships and worries about risky behaviour can, of course, impact negatively on parental health and wellbeing (Jarvis 2005). Also, it has been suggested that it can be difficult for parents to cope with these issues and with ‘de-idealisation’ by their adolescent child when they are dealing, in parallel, with practical and psychological issues associated with midlife e.g. caring commitments, loss of their own youth, health concerns, pressures associated with employment/unemployment (Steinberg & Steinberg 1994).

A substantial body of evidence suggests a need to support parents during this challenging developmental period. Parenting programmes began in the 1960s, with the use of groups to train parents commencing a decade later (Barlow 2009). A massive expansion in group-based programmes has occurred in the past 10-15 years, in the developed world, with growing involvement of voluntary and statutory organisations (Barlow et al 2009). Interventions generally focus on parenting practices known to enhance positive social, emotional and behavioural development in young children, with parents being encouraged to exhibit warmth, to be supportive, to be firm and consistent in establishing and setting guidelines and to have developmentally appropriate expectations.

Recent systematic reviews have shown that parenting programmes can be effective in preventing or reducing behavioural problems in young children (e.g. Barlow et al 2009). However, while there have been a number of attempts to develop and evaluate interventions for the parents of adolescents in recent years, there have been few attempts to synthesise the evidence. In light of this paucity, this systematic review seeks to establish the effectiveness of training/education programmes for the parents of adolescents.
METHODS

Criteria for considering studies for inclusion in the review

Types of studies

The studies included will be randomised controlled trials in which participants were allocated to an experimental or a control group, the latter being a waiting-list control or no-treatment group (including treatment-as-usual or normal service provision). Blinding to treatment group will not be a criterion for inclusion as it is not possible to blind participants in trials of this nature.

Type of participants

Participants will be ‘population samples’ of parents (mothers, fathers, step-mothers and/or step-fathers) and their adolescent children. In keeping with the WHO definition, and to ensure alignment with the world-wide literature, adolescents will be defined as young people aged 10-19 years (WHO 2012). Clinical populations will be excluded.

Types of interventions

Parenting programmes which meet the following criteria will be included:

- Individual or group-based format
- Structured format
- Offered to the parents of adolescents
- Focus on enhancing parental knowledge, attitudes, practices and skills

Parenting programmes which meet any of the following criteria will be excluded:

- Programmes not aimed specifically at the parents of adolescents
- Programmes for parents with long-term health problems/disabilities (e.g. learning disabilities, mental health problems, substance misuse problems)
- Programmes for parents of adolescents with long-term health problems/disabilities (e.g. physical disabilities, learning disabilities, mental health problems)

Types of outcome measures

Parental outcomes

- psycho-social health
- parenting knowledge
- parenting behaviours and skills
- sense of competence in the parenting role
- interaction with adolescent

Adolescent outcomes

- psycho-social health
- behaviours (e.g. including alcohol use/misuse, smoking, use of illicit drugs, risky sexual behaviour)
- interaction with parent/s

Within each generic category of outcome we will explore sub-outcomes, for example, parental psycho-social health included depression, anxiety and stress. To be included in the review, outcomes will have been measured using standardised and validated self-report and/or objective measures. Also, papers will be excluded if they did not include at least one parental outcome.
Search methods for identification of studies

Electronic searches

The following electronic databases will be searched:

Biomedical sciences databases
- Medline
- Embase

Social Science and allied health databases
- PsycINFO
- CINAHL

Other sources
- Cochrane (Central) Register of Controlled Trials
- ERIC

Reference lists of articles identified through database searches will be examined for further relevant studies. The reference lists of topic-related systematic reviews will also be hand-searched in order to identify potentially relevant citations. Systematic reviews will be sourced through DARE and the Cochrane Database of Systematic Reviews.

Search terms

The search will be undertaken using subject headings and keywords. Subject headings will be exploded, where appropriate, and standard symbols used as wildcards, to truncate words and/or to indicate proximity (e.g. teen*, parent* N3 training). The proposed PsycINFO search is presented in Appendix 1. Other searches will be broadly similar; however, some revisions will be required linked to minor differences in subject headings across databases and differences in the standard search symbols across platforms (e.g. Ebsco and Ovid). The dates searched will be 1996-2011, with the search being restricted to English language. Refworks will be used to manage the bibliographic records.

Data collection and analysis

Selection of studies

On completion of the electronic searches, titles and abstracts of the papers identified will be reviewed to determine whether they meet the study inclusion criteria. Titles and abstracts will be identified by Susan Kerr (SK) and read and reviewed by SK, Kerri McPherson (KMcP), Lisa Kidd (LK) and Elizabeth McGee (EMcG). Working in pairs, the reviewers will then assess full copies of papers that appeared to meet the inclusion criteria. Uncertainties concerning the appropriateness of studies for inclusion in the review will be resolved through consultation/discussion.

Data extraction and management

Data will be extracted independently by paired reviewers using a review-specific data extraction tool. Where data are not available in the published papers, authors will be contacted and asked to supply missing information.
**Assessment of risk of bias in included studies**

For each included study, paired reviewers will independently complete a quality appraisal tool designed to assess risk of bias. The quality appraisal tool will be based on the criteria suggested by Higgins & Green (2011).

**Measures of treatment effect**

We will present the standardised mean differences (SMD) and 95% confidence intervals for outcomes in individual studies.

**Missing data**

We will assess missing data and drop-outs for each study included.

**Assessment of heterogeneity**

An assessment will be made of the extent to which there are between-study differences, including the extent to which there are variations in the population, interventions and/or outcomes. Heterogeneity will be assessed using standard Chi-square analysis. We will combine studies only if the between-study differences are minor.

**Data synthesis**

Where appropriate, odds ratios and their 95% confidence intervals will be calculated and pooled in statistical meta-analyses (fixed-effects model). Log-rank variances will be shown on Forest Plots as indicators of the ‘information content’ of each result. If/where meta-analysis is not possible, the findings will be presented in narrative form.
References


## Appendix 1 – Proposed search strategy PsycINFO

<table>
<thead>
<tr>
<th>Topic</th>
<th>Descriptors and keywords- EBSCO</th>
</tr>
</thead>
</table>
| **Parents** | 1. parents/  
2. parent*  
3. mother*  
4. father*  
5. step W1 parent*  
6. step W1 mother*  
7. step W1 father*  
8. or/1-7 |
| **Adolescents** | 9. adolesc*  
10. teen*  
11. youth*  
12. young people  
13. young person*  
14. or/9-13 |
| **Interventions** | 15. parent training/  
16. health promotion/  
17. health education/  
18. parent focused intervention*  
19. parent-centred intervention*  
20. parent* N3 program*  
21. parent N3 training  
22. parent N3 education*  
23. parent* N3 promotion  
24. or/15-23 |
| **NOTS** | 25. s8 and s14 and s24  
26. Adolescent fathers OR adolescent mothers OR adolescent parents  
27. Foster parents OR adoptive parents  
28. s26 OR s27  
29. s25 NOT s28  
30. s29 limit to 1996-2011, English language, humans (n=1887) |