

Last reviewed: July 2016

Intervention website: www.generationpmto.org

GUIDEBOOK INTERVENTION INFORMATION SHEET

Generation Parent Management Training Oregon

Please note that in the ‘Intervention summary’ table below, ‘child age’, ‘level of need’, and ‘race and ethnicities’ information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	Generation Parent Management Training Oregon (GEN PMTO) is a parenting intervention for families with a child aged 3 to 18 years who is at risk of developing behavioural problems. It is delivered by practitioners to groups of 12 to 16 families for 10 to 14 weekly sessions. During these sessions, parents learn strategies for reducing child and adolescent behaviour problems, improve school performance, and prevent entry to the youth justice system.
Evidence rating	4
Cost rating	N/A
Child outcomes	<ul style="list-style-type: none"> • Supporting children’s health and wellbeing <ul style="list-style-type: none"> - Improved emotional wellbeing - Improved prosocial behaviour. • Preventing crime, violence and antisocial behaviour <ul style="list-style-type: none"> - Improved behaviour - Reduced police arrests.
Child age (population characteristic)	3 to 12 years
Level of need (population characteristic)	Targeted Indicated

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Intervention summary	
Race and ethnicities (population characteristic)	<ul style="list-style-type: none">• African American• Native American• Lationa/o• White American.
Type (model characteristic)	Group
Setting (model characteristic)	<ul style="list-style-type: none">• Out-patient health setting• Home• Community centre.
Workforce (model characteristic)	Psychologists, social workers, or counsellors
UK available?	Yes
UK tested?	No

Model description

Generation Parent Management Training Oregon (GEN PMTO) is for parents with a child aged 3 to 18 years who is at risk of developing behavioural problems. GEN PMTO provides parents with practical skills to prevent, reduce, and reverse behavioural problems while fostering positive family relationships.

GEN PMTO can be delivered as a targeted-indicated intervention aimed at treating serious child behavioural problems that have become entrenched or as a targeted-selected intervention aimed at preventing behavioural problems in children where there are identified risks.

GEN PMTO is delivered by two parent facilitators to groups of 12 to 16 parents for 10 to 14 weekly sessions lasting 90 to 120 minutes each. The model can be adapted for diverse family structures, including two-parent, single-parent, grandparent-led, adoptive parents, foster parents, birth parents of children in foster care and reunification families.

In the first session, the facilitators begin building a positive relationship with the parents and encourage collaboration within the group. In subsequent sessions, parents learn how to:

- Give good directions and encourage cooperation with their child
- Observe and regulate their own emotions and the emotions of their child

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- Incentivise positive child behaviour through rewards, token systems, and sticker charts
- Implement age-appropriate discipline
- Improve family communication and problem solving
- Manage family conflict
- Monitor children's behaviour and set limits
- Establish positive family routines
- Promote children's school success
- Strengthen the family's support network
- Balance work with play.

Skills taught in the intervention are promoted through active teaching methods such as group problem solving, role-play, homework assignments, and video modelling to engage parents and help them apply the techniques at home.

Target population

Age of child	3 to 18 years
Target population	Families with a child aged 3 to 18 years who is at risk of developing behavioural problems, or where behavioural problems are already present

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



Theory of change

Why		Who	How	What		
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
<ul style="list-style-type: none"> • Young children naturally behave in challenging and non-compliant ways • Challenging child behaviours during preschool and primary school increase the risk of more serious behavioural problems occurring in adolescence. 	<p>Ineffective parenting responses to challenging child behaviours increase the likelihood of problematic behaviour persisting and becoming more entrenched</p>	<p>Parents experiencing high levels of stress are at greater risk of implementing ineffective parenting practices.</p>	<p>Parents learn how to:</p> <ul style="list-style-type: none"> • Encourage positive child behaviours • Discourage challenging child behaviours through limit setting and age-appropriate discipline • Manage family conflict • Support children's school success. 	<ul style="list-style-type: none"> • Parents implement effective parenting strategies in the home • Parents' confidence increases • Parental stress reduces • Family conflict decreases • Parent–child interaction improves. 	<ul style="list-style-type: none"> • Children's behaviour improves • Children experience greater emotional wellbeing • Children develop positive relationship with others • Children are less likely to have antisocial peers • Children feel positively about school. 	<ul style="list-style-type: none"> • Children are at less risk of antisocial behaviour in adolescence • Children are at less risk of substance misuse and other mental health problems in later life.



Implementation requirements

Who is eligible?	Families with a child aged 3 to 18 years who is at risk of developing behavioural problems, or where behavioural problems are already present.
How is it delivered?	GEN PMTO is delivered in 10 to 14 sessions of one and a half to two hours' duration, each by two practitioners, to groups of 12 to 16 parents.
What happens during the intervention?	During the sessions, active teaching approaches are used (e.g. group problem solving, role-play, homework assignments, video modelling) to engage parents actively in learning to apply the techniques effectively at home.
Who can deliver it?	Facilitators typically have a master's qualification or equivalent in counselling, clinical social work, or education.
What are the training requirements?	Facilitators must attend a one-day kick-off workshop to build enthusiasm. This is followed by two training workshops over 10 to 12 days that focus on learning and practising model content and the group facilitation process.
How are practitioners supervised?	Facilitators are expected to attend local PMTO coaching groups on a monthly basis.
What are the systems for maintaining fidelity?	Intervention fidelity is maintained through the following processes: <ul style="list-style-type: none"> • PMTO manual • Videotaped sessions for observation-based coaching based on five categories within the Fidelity of Implementation Rating System (FIMP) • Certification process • Ongoing coaching through local PMTO groups and annual recertification.
Is there a licensing requirement?	Information not available.
*Contact details	<p>Contact person: Anna Snider</p> <p>Organisation: GenerationPMTO</p> <p>Email address: annas@generationpmto.org</p> <p>Website: www.generationpmto.org</p> <p>*Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.</p>



Evidence summary

GEN PMTO Group's most rigorous evidence comes from two RCTs consistent with Foundations' Level 3 evidence strength criteria. One of these studies has evidence of a long-term impact, meaning that GEN PMTO has evidence consistent with Foundations' Level 4 criteria.

GEN PMTO's first Level 3 RCT was conducted in the United States, and observed that GEN PMTO children were less likely to have a police arrest at nine-year follow-up in comparison to children whose parents did not receive the intervention.

GEN PMTO's second Level 3 RCT was conducted in Norway, observing statistically significant improvements in GEN PMTO parents' reports of their children's behaviour, conduct problems, and social interactions with their peers in comparison to children of parents who did not receive the intervention.

GEN PMTO can be described as evidence-based: it has evidence from at least one rigorously conducted RCT demonstrating positive impact on a child outcome, and also has evidence of a long-term effect.

Child outcomes			
Outcome	Improvement index	Interpretation	Study
Improved social competence	+22	10.95-point improvement on the Home and Community Social Behaviour Scales (parent report) – Immediately after the intervention	2
Improved social competence	+15	8.43-point improvement on the Home and Community Social Behaviour Scales (parent report) – 6 months later	2
Improved social competence	+18	2.85-point improvement on the Home and Community Social Behaviour Scales (teacher report) – Immediately after the intervention	2
Reduced police arrests	+11	0.14-point reduction in arrests (measured using official court records) – Long-term: 8 and a half years later	1b



Reduced child conduct problems	+16	8-point improvement on the Eyberg Child Behaviour Inventory (Intensity Scale – parent report) – Immediately after the intervention	2
Reduced child conduct problems	+18	9.19-point improvement on the Eyberg Child Behaviour Inventory (Intensity Scale – parent report) – 6 months later	2
Reduced externalising behaviour problems	+15	8.44-point improvement on the Home and Community Social Behaviour Scales (parent report) – 6 months later	2

Search and review

	Number of studies
Identified in search	11
Studies reviewed	2
Meeting the L2 threshold	1
Meeting the L3 threshold	2
Contributing to the L4 threshold	0
Ineligible	8



Individual study summary: Study 1

Study 1	
Study design	RCT
Country	United States
Sample characteristics	238 recently separated mothers and their sons aged between 6 and 10 years
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 86% White • 1% African American • 2% Latino • 2% Native American • 9% Other.
Population risk factors	Most participants had a low-income, with 76% receiving public assistance
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention (6 months and 12 months post-baseline) • 9-year follow-up (with measurements taken at 18, 24, 30, and 36 months post-baseline and 6-, 7-, 8-, and 9-year follow-up).
Child outcomes	Reduced police arrests (9-year follow-up, administrative data)
Other outcomes	<ul style="list-style-type: none"> • Reduced negative reinforcement (post-intervention, coded observation) • Reduced negative reciprocity (post-intervention, coded observation) • Slowed reduction in positive involvement (post-intervention, coded observation).
Study Rating	3
Citations	<p>Study 1a: Forgatch, M. S. & DeGarmo, D. S. (1999) Parenting through change: An effective prevention program for single mothers. <i>Journal of Consulting and Clinical Psychology</i>. 67 (5), 711.</p> <p>Study 1b: Forgatch, M. S., Patterson, G. R., DeGarmo, D. S. & Beldavs, Z. G. (2009) Testing the Oregon delinquency model with 9-year follow-up of the Oregon Divorce Study. <i>Development and Psychopathology</i>. 21 (2), 637–660.</p>



Brief summary

Population characteristics

The study involved 238 mother–son dyads. Mothers were recently separated (within the prior 3 to 24 months), with sons in Grades 1 to 3. The sons were 6 to 10 with an average age of 7.8 years and mothers' average age was 34.8 years. Most families were low-income (mean income: \$14,900), with 76% receiving public assistance. 86% of the boys were White, 1% African American, 2% Latino, 2% Native American, and 9% from other minoritised ethnic groups.

Study design

This study was an RCT. 153 mother–son dyads were randomly assigned to the GenerationPMTO group and 85 to a control group who received no intervention.

Measurement

Assessments took place at baseline, at 6-, 12-, 18-, 24-, 30-, and 36-month post-baseline, and at 6-, 7-, 8-, and 9-year follow-up.

Measures completed at baseline and 12 months post-baseline

- **Child report measures** included the Child Depression Inventory (CDI) and the Child Loneliness Scale (CLS).
- **Mother report measures** included the Child Behaviour Checklist (CBCL) and two items from the Chedoke-McMaster Teacher Questionnaire.
- **Teacher report measures** included the Teacher Report Form (TRF) and the Chedoke-McMaster Teacher Questionnaire.
- **Researcher-led assessments** included coded laboratory observations of eight structured interaction tasks (SIT) using the Interpersonal Process Code (IPC), conducted by researchers blind to treatment condition.
- **Administrative records** included public arrest records for all participating youth and parents.

Measures completed at 6 months post-baseline

- **Child report measures** included the Child Depression Inventory (CDI) and the Child Loneliness Scale (CLS).
- **Mother report measures** included the Child Behaviour Checklist (CBCL) and two items from the Chedoke-McMaster Teacher Questionnaire.
- **Researcher-led assessments** included coded laboratory observations of eight structured interaction tasks (SIT) using the Interpersonal Process Code (IPC), conducted by researchers blind to treatment condition.
- **Administrative records** included public arrest records for all participating youth and parents.

Measures completed at 18 months post-baseline and at 7-, 8-, and 9-year follow-up

- **Teacher report measures** included the Teacher Report Form (TRF).



- **Administrative records** included public arrest records for all participating youth and parents.

Measures completed at 24, 30, and 36 months post-baseline and at 6-year follow-up

- **Administrative records** included public arrest records for all participating youth and parents.

Study retention

6 months post-baseline

89.5% (213) families participated in 6-month post-baseline assessment, representing 93.5% (143) of GenerationPMTO participants and 82.4% (70) of control.

12 months post-baseline

81.9% (195) families participated in 12-month post-baseline assessment, representing 81.7% (125) of GenerationPMTO participants and 82.4% (70) of control.

18 months post-baseline

82.8% (197) families participated in 18-month post-baseline assessment, representing 84.3% (129) of GenerationPMTO participants and 80.0% (68) of control.

30 months post-baseline

87.8% (209) families participated in 24-month post-baseline assessment, representing 86.9% (133) of GenerationPMTO participants and 89.4% (76) of control.

6 years post-baseline

81.5% (194) families participated in 6-year post-baseline assessment, representing 81.0% (124) of GenerationPMTO participants and 82.4% (70) of control.

7 years post-baseline

81.5% (194) families participated in 7-year post-baseline assessment, representing 81.7% (125) of GenerationPMTO participants and 81.2% (69) of control.

8 years post-baseline

81.5% (194) families participated in 8-year post-baseline assessment, representing 81.0% (124) of GenerationPMTO participants and 82.4% (70) of control.

9 years post-baseline

81.5% (194) families participated in 9-year post-baseline assessment, representing 79.7% (122) of GenerationPMTO participants and 84.7% (72) of control.



Results

Study 1a

Data-analytic strategy

The effects of intervention on child and parent outcomes were tested using repeated measures ANOVA, using one-tailed test values.

Findings

The study did not find the intervention to have a significant impact on any of the child outcomes measured. The study did find that the intervention had a significant impact on several parenting outcomes including, reduced negative reinforcement and reciprocity and significantly less decline in positive involvement compared to control group parents. Note that negative reinforcement initially increased in the intervention group at 6 months, before reducing at 12 months.

Study 1b

Data-analytic strategy

Latent growth modelling (LGM) was used to evaluate changes in delinquency and arrests over time, accounting for missing data in teacher report outcomes with Full Information Maximum Likelihood (FIML). Missing arrest record data was not accounted for due to data missing from every time point for each individual with missing data; there were six cases of missing data in each group. An intent-to-treat approach was taken.

Findings

The study found that the intervention significantly reduced the number of arrests, with boys in the intervention group showing a lower average number of arrests over the 9-year follow-up compared to the control group. The study also reported significant reductions in teacher reported delinquency for boys in the intervention group, however due to levels of attrition greater than 10% for this measure and an absence of demonstration of equivalence of the post-attrition sample, the long-term teacher report outcomes do not contribute to the evidence rating.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Externalising behaviour	TRF (teacher report)	N/A	No	168	from baseline to 12 months



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Adaptive functioning	TRF (teacher report)	N/A	No	168	from baseline to 12 months
Pro-social behaviour	Chedoke-McMaster Teacher Questionnaire (teacher report)	N/A	No	168	from baseline to 12 months
Depressed mood	CDI (child report)	N/A	No	157	from baseline to 12 months
Peer adjustment	CLS (child report)	N/A	No	157	from baseline to 12 months
Externalising behaviour	CBCL (mother-report)	N/A	No	157	from baseline to 12 months
Depressed mood	CBCL (mother-report)	N/A	No	157	from baseline to 12 months
Anxiety symptoms	CBCL (mother-report)	N/A	No	157	from baseline to 12 months
Average Delinquency	TRF (teacher report)	N/A	Yes*	unclear	from baseline to 9-year follow-up
Growth in Delinquency	TRF (teacher report)	N/A	Yes*	unclear	from baseline to 9-year follow-up
Average Police Arrest frequency	police arrests (administrative data)	d=0.28	Yes	226	from baseline to 9-year follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Growth in Police Arrests	police arrests (administrative data)	N/A	No	226	from baseline to 9-year follow-up
Parent outcomes					
Negative reinforcement	8 SITs scored using the IPC (coded observation)	N/A	Yes	184	from baseline to 12 months
Negative reciprocity	8 SITs scored using the IPC (coded observation)	N/A	Yes	184	from baseline to 12 months
Positive involvement	8 SITs scored using the IPC (coded observation)	N/A	Yes**	184	from baseline to 12 months
Skill encouragement	8 SITs scored using the IPC (coded observation)	N/A	No	184	from baseline to 12 months
Problem solving	8 SITs scored using the IPC (coded observation)	N/A	No	184	12 months
<p>* Teacher report outcomes in study 1b were subject to greater than 10% attrition, where equivalence of the analysis (post-attrition) sample has not been clearly demonstrated; as such, these outcomes do not contribute to the evidence rating.</p> <p>** Note that positive involvement declined in both groups over time, but mothers in the experimental group showed significantly less decline in positive involvement.</p>					



Individual study summary: Study 2

Study 2	
Study design	RCT
Country	Norway
Sample characteristics	The study involved 137 families seeking help for a child aged 3 to 12 years exhibiting early-stage or developed conduct problems
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 92% Norwegian • 0.7% Other Western European • 7.3% Other.
Population risk factors	<ul style="list-style-type: none"> • 56.2% of children scored above the clinical threshold for conduct problems • 36.5% of participants were single-parent families.
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention • 6-month follow-up.
Child outcomes	<ul style="list-style-type: none"> • Improved social competence (parent and teacher report) • Reduced child conduct problems (parent report) • Reduced externalising behaviour problems (parent report).
Other outcomes	<ul style="list-style-type: none"> • Reduced harsh discipline (parent report) • Reduced inconsistent discipline (parent report) • Improved positive parenting (parent report) • Improved ability to set clear expectation (parent report) • Reduced parental distress (parent report).
Study Rating	3
Citation	Kjøbli, J., Hukkelberg, S. & Ogden, T. (2013) A randomized trial of group parent training: Reducing child conduct problems in real-world settings. <i>Behaviour Research and Therapy</i> . 51 (3), 113–121.

Brief summary

Population characteristics

This study involved 137 families seeking help for children aged 3 to 12 years exhibiting early-stage or developed conduct problems. The sample included 36.5% girls. 36.5% of participants were single-parent families. Most parents were Norwegian (92%), and 60.6% had a high school education. Average parent age was 37.4 years.



Study design

This study was an RCT. 72 families were randomly assigned to the GenerationPMTO condition and 65 to a service as usual condition via computer generated randomisation.

There were no significant differences in demographic variables between groups at baseline.

Measurement

Assessments took place at pre-intervention, post-intervention, and at 6-month follow-up; measures were completed at all timepoints.

- **Parent report measures** included the Parenting Practices Interview (PPI), the Eyberg Child Behaviour Inventory (ECBI), the Home and Community Social Behaviour Scales, the Child Behaviour Checklist (CBCL), and the Symptom Check List-5 (SCL-5).
- **Teacher report measures** included the School Social Behaviour Scales (SSBS) and the Teacher Report Form (TRF).

Study retention

Post-intervention

92.0% (126) families participated in post-intervention assessment, representing 91.7% (66) of intervention group participants and 92.3% (60) of the control group.

6-month follow-up

89.8% (123) families participated in 6-month follow-up assessment, representing 88.9% (64) of intervention group participants and 90.8% (59) of the control group.

Results

Data-analytic strategy

Linear mixed models (LMM) were employed for intent-to-treat (ITT) analyses to evaluate the effects of the intervention, with missing data accounted for using direct likelihood estimation.

Findings

The study found that the intervention significantly improved several child outcomes, including, reduced child conduct problem intensity at both post-intervention and 6-month follow-up, as well as the number of conduct problems post-intervention only. Social competence also improved significantly; parent-reported social competence was significantly improved at post-intervention and 6-month follow-up, and teacher-reported social competence was significantly improved at post-intervention. Parent-reported externalising behaviour was significantly reduced at the 6-month follow-up only; there were no improvements in teacher-reported externalising behaviour. No significant impacts were observed for anxiety and depression symptoms.

The intervention had a significant impact on parenting outcomes, reducing parental mental distress, harsh discipline and improving positive parenting post-intervention and at the 6-month



follow-up timepoint. There was a significant increase in clear expectations at the post-intervention timepoint but not at 6-month follow-up, and inconsistent discipline also improved but only at the 6-month follow-up. There was no effect on levels of appropriate discipline at any timepoint.

Study 2: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Intensity of problem behaviours	ECBI (parent report)	$d=.42$	Yes	137	Post-intervention
Intensity of problem behaviours	ECBI (parent report)	$d=.47$	Yes	137	6-month follow-up
Number of problem behaviours	ECBI (parent report)	$d=.34$	Yes	137	Post-intervention
Number of problem behaviours	ECBI (parent report)	$d=.31$	No	137	6-month follow-up
Externalising behaviour	HCSBS (parent report)	$d=.15$	No	137	Post-intervention
Externalising behaviour	HCSBS (parent report)	$d=.39$	Yes	137	6-month follow-up
Externalising behaviour	SSBS (teacher report)	$d=.32$	No	137	Post-intervention
Externalising behaviour	SSBS (teacher report)	$d=.26$	No	137	6-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Social competence	HCSBS (parent report)	d=.57	Yes	137	Post-intervention
Social competence	HCSBS (parent report)	d=.38	Yes	137	6-month follow-up
Social competence	SSBS (teacher report)	d=.47	Yes	137	Post-intervention
Social competence	SSBS (teacher report)	d=.31	No	137	6-month follow-up
Anxiety / depression	CBCL (parent report)	d=.26	No	137	Post-intervention
Anxiety / depression	CBCL (parent report)	d=.10	No	137	6-month follow-up
Anxiety / depression	TRF (teacher report)	d=.11	No	137	Post-intervention
Anxiety / depression	TRF (teacher report)	d=.23	No	137	6-month follow-up
Parent outcomes					
Parental mental distress	SCL-5 (parent report)	d=.37	Yes	137	Post-intervention
Parental mental distress	SCL-5 (parent report)	d=.36	Yes	137	6-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Harsh discipline	PPI (parent report)	$d=.87$	Yes	137	Post-intervention
Harsh discipline	PPI (parent report)	$d=.77$	Yes	137	6-month follow-up
Inconsistent discipline	PPI (parent report)	$d=.22$	No	137	Post-intervention
Inconsistent discipline	PPI (parent report)	$d=.34$	Yes	137	6-month follow-up
Appropriate discipline	PPI (parent report)	$d=.02$	No	137	Post-intervention
Appropriate discipline	PPI (parent report)	$d=.27$	No	137	6-month follow-up
Positive parenting	PPI (parent report)	$d=.88$	Yes	137	Post-intervention
Positive parenting	PPI (parent report)	$d=.95$	Yes	137	6-month follow-up
Clear expectations	PPI (parent report)	$d=.56$	Yes	137	Post-intervention
Clear expectations	PPI (parent report)	$d=.10$	No	137	6-month follow-up

Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention receives the same rating as its most robust study or studies.



Amador Buenabad, N. G., Sánchez Ramos, R., Schwartz, S., et al. (2020) Cluster randomized trial of a multicomponent school-based program in Mexico to prevent behavioral problems and develop social skills in children. *Child Youth Care Forum*. 49, 343–364.

Bjørknes, R., Kjøbli, J., Manger, T. & Jakobsen, R. (2012) Parent training among ethnic minorities: Parenting practices as mediators of change in child conduct problems. *Family Relations*. 61 (1), 101–114.

Bjørknes, R. & Manger, T. (2013) Can parent training alter parent practice and reduce conduct problems in ethnic minority children? A randomized controlled trial. *Prevention Science*. 14 (1), 52–63.

Chamberlain, P., Feldman, S. W., Wulczyn, F., Saldana, L. & Forgatch, M. S. (2016) Implementation and evaluation of linked parenting models in a large urban child welfare system. *Child Abuse and Neglect*. 53, 27–39.

Gewirtz, A. & Davis, L. (2014) Parenting practices and emotion regulation in National Guard and Reserve families: Early findings from the After Deployment Adaptive Parenting Tools/ADAPT study. In *Military deployment and its consequences for families* (pp. 111–131). Springer.

Gewirtz, A. H., DeGarmo, D.S., Lee, S., Morrell, N. & August, G. (2015) Two-year outcomes of the Early Risers prevention trial with formerly homeless families residing in supportive housing. *Journal of Family Psychology*. 29 (2), 242–252.

Gewirtz, A. H., DeGarmo, D. S. & Zamir, O. (2018) After Deployment, Adaptive Parenting Tools: One year outcomes of an evidence-based parenting program for military families. *Prevention Science*. 19, 589–599.

Gewirtz, A. H., DeGarmo, D. S. & Zamir, O. (2016) Effects of military parenting program on parental distress and suicidal ideation: After Deployment Adaptive Parenting Tools. *Suicide and Life-Threatening Behaviors*. 46 (S1), S23–S3.

Parra-Cardona, J. R., Bybee, D., Sullivan, C. M., Rodríguez, M. M. D., Tams, L. & Bernal, G. (2017) Examining the impact of differential cultural adaptation with Latina/o immigrants exposed to adapted parent training interventions. *Journal of Consulting and Clinical Psychology*. 85 (1), 58–71. **This study received a L2+; however, it has been excluded as it evaluates a cultural adaptation of the intervention.**

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Note on provider involvement: This provider has agreed to Foundations’ terms of reference (or the Early Intervention Foundation’s terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.