

APPENDICES

Systematic review of parenting & whole-family interventions: families with multiple and complex needs with children & young people aged 11–19

Read the full systematic review: <https://foundations.org.uk/wp-content/uploads/2025/12/systematic-review-parenting-through-adversity-11-18-practice-guide.pdf>

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Click to go to:

- [Appendix A: Search strategies](#)
- [Appendix B: Study characteristics of included effectiveness studies tables](#)
- [Appendix C: Population characteristics of included effectiveness studies tables](#)
- [Appendix D: Effectiveness outcomes](#)
- [Appendix E: Forest plots](#)
- [Appendix F: GRADE CERQual Assessment of Qualitative Evidence](#)



Appendix A: Search strategies

MEDLINE via Ovid

	Search terms
1	Adolescent/
2	("older child" or "older children" or "young person**" or "young people" or "young adult**" or youth or youths or youngster* or adolescen* or pre-adolescen* or preadolescen* or pre-teen* or preteen or teen or teens or teenage*).ti,ab.
3	1 or 2
4	Parenting/ or Parents/ or Parent-Child Relations/ or Father-Child Relations/ or Mother-Child Relations/
5	(family or families or parent or parents or parental or carer* or caregiver* or mother* or father* or maternal or paternal or guardian* or mum or dad).ti,ab.
6	4 or 5
7	3 and 6
8	Vulnerable Populations/
9	exp Child abuse/
10	("at risk" or at-risk or "high risk" or high-risk or "high need**" or high-need* or "multiple need**" or multi-stressed or vulnerable or vulnerability or disadvantage* or "adverse childhood experience**" or neglect* or abuse* or maltreat* or exploitat* or marginali* or violence).ti,ab.
11	(complex* adj1 (need or needs or life or lives or lived or living)).ti,ab.
12	("early help" or "social care" or "social work" or "social services" or "child protection" or "child welfare" or "welfare involved" or welfare-involved).ti,ab.
13	((family or families or parent or parents or parental or mother* or father* or maternal or paternal) adj2 (substance or drug or drugs or methadone or opioid or opiate or heroin or cocaine or "problem drinking" or alcohol or addiction)).ti,ab.
14	((family or families or parent or parents or parental or mother* or father* or maternal or paternal) adj2 ("mental health" or depression or "mental illness" or "mentally ill" or psychiatric or disorder)).ti,ab.
15	((family or families or parent or parents or parental or mother* or father* or maternal or paternal) adj2 (criminal* or detention* or imprison* or incarcerat* or inmate* or jail* or penitentiar* or prison* or offender*)).ti,ab.
16	((family or families or parent or parents or parental or mother* or father* or maternal or paternal) adj2 ("intellectual* disabl*" or "learning disabl*" or "learning difficult*" or "cognitive disabl*" or "cognitive impair**" or "mental disabl*" or "mental impair**" or "mental* deficie**")).ti,ab.
17	8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16
18	((parent* or family) adj2 (program* or intervent* or approach* or group* or train* or educat* or therap* or psychotherap* or support* or promot* or skill* or coach* or practice* or service*)).ti,ab.
19	Randomized Controlled Trial/ or Controlled Clinical Trial/ or "Controlled Before-After Studies/
20	("randomized controlled trial" or "controlled clinical trial" or "comparative study").pt.
21	(randomized or randomised or randomly or non-randomised or non-randomized or nonrandomised or nonrandomized or quasiexperimental or quasi-experimental).ti,ab.
22	((post or pre) adj test) or pretest or posttest).ti,ab.
23	((pretest or (pre adj5 (intervention or posttest or test))) and (posttest or (post adj5 (intervention or test))) or (pretest adj5 posttest)).ti,ab.



24	(trial or RCT or intervention).ti.
25	19 or 20 or 21 or 22 or 23 or 24
26	7 and 17 and 18 and 25
27	limit 26 to yr="2010 -Current"

APA PsycINFO via ProQuest

	Search terms
1	MAINSUBJECT.EXACT(Adolescent)
2	TIAB("older child" or "older children" or "young person*" or "young people" or "young adult*" or youth or youths or youngster* or adolescen* or pre-adolescen* or preadolescen* or pre-teen* or preteen or teen or teens or teenage*)
3	[S1] or [S2]
4	MAINSUBJECT.EXACT.EXPLODE(Parenting) OR MAINSUBJECT.EXACT.EXPLODE(Parents)
5	TIAB(family or families or parent or parents or parental or carer* or caregiver* or mother* or father* or maternal or paternal or guardian* or mum or dad)
6	[S4] or [S5]
7	[S3] and [S6]
8	MAINSUBJECT.EXACT("At Risk Populations")
9	MAINSUBJECT.EXACT.EXPLODE("Child abuse")
10	TIAB("at risk" or at-risk or "high risk" or high-risk or "high need*" or high-need* or "multiple need*" or multi-stressed or vulnerable or vulnerability or disadvantage* or "adverse childhood experience*" or neglect* or abuse* or maltreat* or exploitat* or marginali* or violence)
11	TIAB(complex* NEAR/1 (need or needs or life or lives or lived or living))
12	TIAB("early help" or "social care" or "social work" or "social services" or "child protection" or "child welfare" or "welfare involved" or welfare-involved)
13	TIAB((family or families or parent or parents or parental or mother* or father* or maternal or paternal) NEAR/2 (substance or drug or drugs or methadone or opioid or opiate or heroin or cocaine or "problem drinking" or alcohol or addiction))
14	TIAB((family or families or parent or parents or parental or mother* or father* or maternal or paternal) NEAR/2 ("mental health" or depression or "mental illness" or "mentally ill" or psychiatric or disorder))
15	TIAB((family or families or parent or parents or parental or mother* or father* or maternal or paternal) NEAR/2 (criminal* or detention* or imprison* or incarcerat* or inmate* or jail* or penitentiar* or prison * or offender*))
16	TIAB((family or families or parent or parents or parental or mother* or father* or maternal or paternal) NEAR/2 ("intellectual* disabl*" or "learning disabl*" or "learning difficult*" or "cognitive disabl*" or "cognitive impair*" or "mental disabl*" or "mental impair*" or "mental* deficie*"))
17	[S8] or [S9] or [S10] or [S11] or [S12] or [S13] or [S14] or [S15] or [S16]
18	TIAB((parent* or family) NEAR/2 (program* or intervent* or approach* or group* or train* or educat* or therap* or psychotherap* or support* or promot* or skill* or coach* or practice* or service*))
19	MAINSUBJECT.EXACT.EXPLODE("Clinical Trials")
20	SU.EXACT("Clinical Trials")
21	TIAB(randomized or randomised or randomly or non-randomised or non-randomized or nonrandomised or nonrandomized or quasiexperimental or quasi-experimental)
22	TIAB(((post* or pre*) NEAR/1 test) or pretest or posttest)



23	TIAB(((pretest OR (pre* NEAR/5 (intervention OR posttest OR test))) AND ((posttest OR (post NEAR/5 (intervention OR test))) OR (pretest NEAR/5 posttest))))
24	MAINSUBJECT.EXACT("Mindfulness-Based Stress Reduction") OR MAINSUBJECT.EXACT("Family Intervention") OR MAINSUBJECT.EXACT("Mentalization-Based Interventions")
25	TI(intervention)
26	[S19] or [S20] or [S21] or [S22] or [S23] or [S24] or [S25]
27	[S7] and [S17] and [S18] and [S26]
28	limit [S27] to (yr="2010 -Current") (Use limiters on the result list)

CINAHL via EBSCOhost

	Search terms
1	MH ("Adolescence+")
2	TI("older child" or "older children" or "young person*" or "young people" or "young adult*" or youth or youths or youngster* or adolescen* or pre-adolescen* or preadolescen* or pre-teen* or preteen or teen or teens or teenage*) or AB("older child" or "older children" or "young person*" or "young people" or "young adult*" or youth or youths or youngster* or adolescen* or pre-adolescen* or preadolescen* or pre-teen* or preteen or teen or teens or teenage*)
3	S1 or S2
4	MH(Parenting or "Parents+" or "Parent-Child Relations+")
5	TI(family or families or parent or parents or parental or carer* or caregiver* or mother* or father* or maternal or paternal or guardian* or mum or dad) or AB(family or families or parent or parents or parental or carer* or caregiver* or mother* or father* or maternal or paternal or guardian* or mum or dad)
6	S4 or S5
7	S3 and S6
8	MH("Special Populations")
9	MH("Child abuse+")
10	TI("at risk" or at-risk or "high risk" or high-risk or "high need*" or high-need* or "multiple need*" or multi-stressed or vulnerable or vulnerability or disadvantage* or "adverse childhood experience*" or neglect* or abuse* or maltreat* or exploitat* or marginali* or violence) or AB("at risk" or at-risk or "high risk" or high-risk or "high need*" or high-need* or "multiple need*" or multi-stressed or vulnerable or vulnerability or disadvantage* or "adverse childhood experience*" or neglect* or abuse* or maltreat* or exploitat* or marginali* or violence)
11	TI(complex* N1 (need or needs or life or lives or lived or living)) or AB(complex* N1 (need or needs or life or lives or lived or living))
12	TI("early help" or "social care" or "social work" or "social services" or "child protection" or "child welfare" or "welfare involved" or welfare-involved) or AB("early help" or "social care" or "social work" or "social services" or "child protection" or "child welfare" or "welfare involved" or welfare-involved)
13	TI((family or families or parent or parents or parental or mother* or father* or maternal or paternal) N2 (substance or drug or drugs or methadone or opioid or opiate or heroin or cocaine or "problem drinking" or alcohol or addiction)) or AB((family or families or parent or parents or parental or mother* or father* or maternal or paternal) N2 (substance or drug or drugs or methadone or opioid or opiate or heroin or cocaine or "problem drinking" or alcohol or addiction))
14	TI((family or families or parent or parents or parental or mother* or father* or maternal or paternal) N2 ("mental health" or depression or "mental illness" or "mentally ill" or psychiatric or disorder)) or AB((family or families or parent or parents or parental or



	mother* or father* or maternal or paternal) N2 ("mental health" or depression or "mental illness" or "mentally ill" or psychiatric or disorder)
15	TI((family or families or parent or parents or parental or mother* or father* or maternal or paternal) N2 (criminal* or detention* or imprison* or incarcerat* or inmate* or jail* or penitentiar* or prison* or offender*)) or AB((family or families or parent or parents or parental or mother* or father* or maternal or paternal) N2 (criminal* or detention* or imprison* or incarcerat* or inmate* or jail* or penitentiar* or prison* or offender*))
16	TI((family or families or parent or parents or parental or mother* or father* or maternal or paternal) N2 ("intellectual* disabl*" or "learning disabl*" or "learning difficult*" or "cognitive disabl*" or "cognitive impair*" or "mental disabl*" or "mental impair*" or "mental* deficie*") or AB((family or families or parent or parents or parental or mother* or father* or maternal or paternal) N2 ("intellectual* disabl*" or "learning disabl*" or "learning difficult*" or "cognitive disabl*" or "cognitive impair*" or "mental disabl*" or "mental impair*" or "mental* deficie*"))
17	S8 or S9 or S10 or S11 or S12 or S13 or S14 or S15 or S16
18	TI((parent* or family) N2 (program* or intervent* or approach* or group* or train* or educat* or therap* or psychotherap* or support* or promot* or skill* or coach* or practice* or service*)) or AB((parent* or family) N2 (program* or intervent* or approach* or group* or train* or educat* or therap* or psychotherap* or support* or promot* or skill* or coach* or practice* or service*))
19	MH("Clinical Trial+" or " Controlled Before-After Studies")
20	PT("randomized controlled trial" or "controlled clinical trial" or "comparative study")
21	TI(randomized or randomised or randomly or non-randomised or non-randomized or nonrandomised or nonrandomized or quasiexperimental or quasi-experimental) or AB(randomized or randomised or randomly or non-randomised or non-randomized or nonrandomised or nonrandomized or quasiexperimental or quasi-experimental)
22	TI(((post or pre) N1 test) or pretest or posttest) or AB(((post or pre) N1 test) or pretest or posttest)
23	TI((pretest or (pre N5 (intervention or posttest or test))) and (posttest or (post N5 (intervention or test))) or (pretest N5 posttest)) or AB((pretest or (pre N5 (intervention or posttest or test))) and (posttest or (post N5 (intervention or test))) or (pretest N5 posttest))
24	TI(trial or RCT or intervention)
25	S19 or S20 or S21 or S22 or S23 or S24
26	S7 and S17 and S18 and S25
27	PY 2010 - 2025
28	S26 AND S27

Cochrane Central Register of Controlled Trials (CENTRAL)

	Search terms
1	[mh Adolescent]
2	("older child" or "older children" or "young person*" or "young people" or "young adult*" or youth or youths or youngster* or adolescen* or pre-adolescen* or preadolescen* or pre-teen* or preteen or teen or teens or teenage*):ti,ab
3	#1 or #2
4	[mh Parenting] or [mh Parents] or [mh "Parent-Child Relations"]
5	(family or families or parent or parents or parental or carer* or caregiver* or mother* or father* or maternal or paternal or guardian* or mum or dad):ti,ab
6	#4 or #5
7	#3 and #6
8	[mh "Vulnerable Populations"]



9	[mh "Child Abuse"]
10	("at risk" or at-risk or "high risk" or high-risk or "high need*" or high-need* or "multiple need*" or multi-stressed or vulnerable or vulnerability or disadvantage* or "adverse childhood experience*" or neglect* or abuse* or maltreat* or exploitat* or marginali* or violence):ti,ab
11	(complex* NEAR/1 (need or needs or life or lives or lived or living)):ti,ab
12	("early help" or "social care" or "social work" or "social services" or "child protection" or "child welfare" or "welfare involved" or welfare-involved):ti,ab
13	((family or families or parent or parents or parental or mother* or father* or maternal or paternal) NEAR/2 (substance or drug or drugs or methadone or opioid or opiate or heroin or cocaine or "problem drinking" or alcohol or addiction)):ti,ab
14	((family or families or parent or parents or parental or mother* or father* or maternal or paternal) NEAR/2 ("mental health" or depression or "mental illness" or "mentally ill" or psychiatric or disorder)):ti,ab
15	((family or families or parent or parents or parental or mother* or father* or maternal or paternal) NEAR/2 (criminal* or detention* or imprison* or incarcerat* or inmate* or jail* or penitentiar* or prison* or offender*)):ti,ab
16	((family or families or parent or parents or parental or mother* or father* or maternal or paternal) NEAR/2 ("intellectual* disabl*" or "learning disabl*" or "learning difficult*" or "cognitive disabl*" or "cognitive impair*" or "mental disabl*" or "mental impair*" or "mental* deficie*")):ti,ab
17	#8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16
18	((parent* or family) NEAR/2 (program* or intervent* or approach* or group* or train* or educat* or therap* or psychotherap* or support* or promot* or skill* or coach* or practice* or service*)):ti,ab
19	#7 and #17 and #18
20	Add date limit to final search (Between Jan. 2010 and Dec. 2025)

Web of Science

	Search terms
1	TS=("older child" or "older children" or "young person*" or "young people" or "young adult*" or youth or youths or youngster* or adolescen* or pre-adolescen* or preadolescen* or pre-teen* or preteens or teen or teens or teenage*)
2	TS=(family or families or parent or parents or parental or carer* or caregiver* or mother* or father* or maternal or paternal or guardian* or mum or dad)
3	#1 and #2
4	TS=((parent* or family) NEAR/2 (program* or intervent* or approach* or group* or train* or educat* or therap* or psychotherap* or support* or promot* or skill* or coach* or practice* or service*))
5	TI=(randomized or randomised or randomly or non-randomised or non-randomized or nonrandomized or nonrandomized or quasiexperimental or quasi-experimental or trial or RCT)
6	AB=(((post or pre) NEAR/1 test) or pretest or posttest)
7	AB=((pretest or (pre NEAR/5 (intervention or posttest or test))) and (posttest or (post NEAR/5 (intervention or test))) or (pretest NEAR/5 posttest))
8	#5 or #6 or #7
9	#3 and #4 and #8
10	Need to add date limits to final search (2010-01-01 to 2025-12-31)



Appendix B: Study characteristics of included effectiveness studies tables

Study ID	Methods	Participants		Intervention	Outcome assessment	Funding/Conflicts
Akin et al., 2018; Akin & McDonald, 2018 <i>Parent Management Training, Oregon (PMTO)</i>	Design: Randomised controlled trial (post randomisation consent design). Recruitment period: Sep 12 – Sep 14. Location: Midwestern state, USA. Setting: Foster care setting.	Inclusion: (a) Parents of children, ages 3–16, newly entering or reentering foster care with serious emotional or behavioral problems; (b) With reunification as case plan goal; (c) Parent resided in the service area and was not incarcerated longer than 3 months or under court order of “no contact”; (d) Parent was identified as the primary caregiver. Intervention: 461 Control: 457 PROGRESS-Plus	Measured: Child age, sex, race/ethnicity, disability status, removal reason (e.g. abuse, neglect), parent marital status, socioeconomic barriers (e.g. unemployment, mental health, substance abuse), and IV-E payment eligibility. Differential effects: None reported	Aim: Examine the effects of PMTO model on parenting effectiveness and caregiver functioning, for parents of children in foster care with SED. Brief description: PMTO is a behavioural parent training program; covers core parenting practices: skill encouragement, positive involvement, problem solving, communication/monitoring, and ineffective discipline. Delivery: Face-to-face, delivered in-home to individual families. Duration: Two weekly sessions, for a maximum of 6 months, no specific dose or timeline; practitioners worked with families until they completed the curriculum. Comparator: Services As Usual (SAU)	Timing of assessments: 6-months follow-up. 2+ years (reunification) Outcome measures: Effective parenting Skill encouragement Ineffective discipline Positive involvement Problem-solving Monitoring Caregiver functioning Parent mental health Parent substance use Parent social supports Readiness for reunification Reunification rates Days saved in foster care	Funding: Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, US Department of Health and Human Services, under grant number 90-CT-0152. Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Asscher et al., 2013; Asscher et al., 2014 <i>Multisystemic Therapy (MST)</i>	Design: Randomised controlled trial. Recruitment period: 2006 – 2010 Location: The Netherlands. Setting: Community programme.	Inclusion: (a) Youth aged 12–18 years with severe antisocial behavior (externalizing or violent) requiring treatment. Intervention: 147 Control: 109	Measured: Age, gender/sex, race/ethnicity. Differential effects: gender, age, ethnicity, and initial problem severity in terms of number of police contacts at pre-test.	Aim: Examine sustainability of MST's effects on delinquency and recidivism. Brief description: a home-based program, aiming to decrease delinquent behaviour and prevent recidivism, focuses on diminishing the risk factors and increasing protective factors in the various systems in which juveniles' function, e.g., family, school, peer group, and neighbourhood. Delivery: Face-to-face, delivered individually to families. Duration: Once a week. Comparator: Treatment As Usual (TAU).	Timing of assessments: Post-test 6-months follow-up 2-year follow-up (Official judicial data) Outcome measures: Different problem behaviours (externalizing problems, ODD and CD symptoms, property offenses, violence); Dimensions of parenting (positive/inept discipline, parent-adolescent relationship quality), parents' competence; Adolescent's cognitions, and adolescent's relationship with deviant and prosocial peers.	Funding: Supported by Netherlands Organisation for Scientific Research (NWO) and the Netherlands Organisation for Health Research and Development (ZonMw). Conflicts of interest: No conflicts reported.

Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Barone et al., 2021 <i>Connect Parenting Programme</i>	Design: Multicentre, randomised controlled trial Recruitment period: Not reported Location: Italy Setting: Mental health centres	Inclusion: (a) Mothers of adolescents aged 12–18 with behavioral problems living in two-parent families. (b) Living in Italy Study 1 (Mothers only): Intervention: 50 Control: 50 Study 2 (Mother – Adolescent dyads): Intervention: 20 Control: 20	Measured: Age, gender/sex, race/ethnicity, education, occupation, mother annual income, number of children. Differential effects: None.	Aim: Examine the effectiveness of an attachment-based parenting intervention in reducing adolescents' behavioural problems and attachment insecurity. Brief description: Connect addresses four aspects of parenting linked with attachment security in adolescence to support adolescents in taking developmentally appropriate steps toward autonomy while remaining emotionally connected to their parents Delivery: Face-to-face, delivered in groups of 8–14 mothers. Duration: 10 90-min sessions. Comparator: Waitlist group.	Timing of assessments: 2 weeks postintervention 4-month follow-up Outcome measures: Adolescent avoidant and anxious attachment Internalizing and externalizing problems	Funding: Canadian Institutes of Health Research (CIHR, grant no. TVG-115617). Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Cassells et al., 2015 <i>Positive Systemic Practice (PSP)</i>	Design: Non - randomised controlled trial. Recruitment period: July 10 – Jan 13 Location: Ireland. Setting: Clinical and community services.	Inclusion: (a) Adolescents aged 12–18 years referred to Crosscare Teen Counselling with clinically significant emotional and/or behavioural problems (SDQ ≥ 16) and their parents; (b) At least one parent was required to participate; (c) Excluded if presenting with acute suicidal risk, ongoing intra-familial child abuse, moderate/severe intellectual disability, psychosis, severe drug/alcohol problems, or severe anorexia. Intervention: 37 Control: 35	Measured: Age, gender/sex, socioeconomic status, family structure, and clinical profile. Differential effects: None.	Aim: To help families resolve adolescent emotional and behavioural problems Brief description: Based on 10 principles: a positive perspective, a systemic perspective, a normal development perspective, a preventative and therapeutic perspective, PSP as phasic, therapeutic alliance as central, problem solving informed by research, motivation and resistance to be expected, counsellor team development essential, routine evaluation. Delivery: Face-to-face, paired and one-to-one; (child and parent separately and together). Duration: 9-session over 16 weeks. Comparator: Waiting-list group.	Timing of assessments: 16 weeks 6- month follow up Outcome measures: Adolescent emotional and behavioural problems; Family adjustment; Quality of the therapeutic relationship; Client satisfaction; Counsellor adherence to the practice model.	Funding: Not reported. Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Compas et al., 2011; Compas et al., 2010; Compas et al., 2015 <i>Family Group Cognitive Behavioural intervention (FG-CBI)</i> Also: Bettis et al., 2018; Ciriegio et al., 2025; Sullivan et al., 2018	Design: Randomised controlled trial. Recruitment period: Not reported. Location: Southeastern and northeastern areas in the United States. Setting: University psychology department (Clinical).	Inclusion: (a) Parents with a history of Major Depressive Disorder (MDD) and their children aged 9–15 years; (b) Parent had no history of bipolar I, schizophrenia, or schizoaffective disorders and did not meet current criteria for alcohol or substance use; (c) children had no history of autism spectrum disorders, mental retardation, bipolar I disorder, or schizophrenia, current depression, conduct disorder, or substance/alcohol abuse/dependence. Intervention: 56 (90) Control: 55 (90) NB: Original sample (n=111) expanded to 180 families in Compas et al., (2015).	Measured: Age, gender/ sex, race/ethnicity, family income, and education. Differential effects: Positive parenting (Iowa Family Interaction Rating Scales) and youth secondary control coping (SCC) skills (Responses to Stress Questionnaire), child age and gender, parent BDI-II score at baseline, parent major depressive episode status at baseline, and parental education.	Aim: To examine effects of the FGCB intervention on child psychopathology symptoms and MDD diagnoses at 18- and 24-month follow-ups. Brief description: Aimed to prevent major depressive disorder and internalizing and externalizing symptoms in high-risk youth, included a parent component that taught parenting skills to parents who have experienced MDD and a child component that taught children skills to cope with the stress of living with a depressed parent. Delivery: Face-to-face, group (child and parent separately and together); up to 4 families in each group. Duration: 12-session (eight weekly sessions and four monthly booster sessions). Comparator: written information (WI) control condition.	Timing of assessments: <i>Original sample (n=111)</i> 6- and 12- month follow up <i>Updated sample (n=180)</i> 2-, 6-, 12-, 18- and 24- month follow up Outcome measures: Changes in youth psychopathology symptoms (changes in youth internalizing and externalizing symptoms); Child depressive symptoms (CES-D); Child internalizing/externalizing symptoms (YSR, CBCL); Child diagnoses of MDD (K-SADS-PL). Parent depressive symptoms, adolescents' secondary control coping; Observed negative and positive parenting.	Funding: Supported by National Institute of Mental Health grants R01MH069940 (Bruce E. Compas) and R01MH069928 (Rex Forehand), with additional gifts from Patricia and Rodes Hart and the children of Heinz and Rowena Ansbacher. Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Darnell & Schuler, 2015 <i>Functional Family Therapy (FFT)</i>	Design: Quasi-experimental study using propensity score weighting to adjust for baseline differences. Recruitment period: July 07 – Jan 12 Location: Large urban area, USA. Setting: Juvenile justice aftercare services.	Inclusion: (a) Youth aged 11–18 years released from court-ordered out-of-home placement (OHP) for serious offenses; (b) engaged with probation services; (c) are returning home to live with their families. Intervention: 1,279 Control: 7,434	Measured: Age, gender/ sex, race/ethnicity, prior arrests, prior OHPs, age at first arrest, age at first felony, and geographic region. Differential effects: None.	Aim: To evaluate the effectiveness of FFT and FFP as an aftercare intervention in reducing recidivism and subsequent OHP placements. Brief description: Intensive, family-based intervention that seeks to strengthen family functioning and communication and consists of five phases: Engagement, Motivation, Relational Assessment, Behaviour Change, and Generalization. Delivery: Face-to-face Duration: FFT: Average 9 sessions over 4.2 months. Comparator: Probation Services as Usual.	Timing of assessments: Baseline 36- month follow up Outcome measures: Occurrence of a subsequent out-of-home placement (OHP) following release from placement.	Funding: Casey Family Programs. Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Duppong Hurley et al., 2020 <i>Boys Town In-Home Family Services Programme (BT-IHFS)</i>	Design: Randomised controlled trial. Recruitment period: Aug 12 – June 16 Location: Nebraska, United States. Setting: Community programme.	Inclusion: (a) Families with children aged 5–14 years who called the family helpline for parenting or child behavior issues; (b) Fluent in English; (c) The family lived within a local geographic region; (d) Caregivers were required to identify a target child. Intervention: 152 Control: 148	Measured: Age, Gender/sex, race/ethnicity, school identified disability, caregiver education, Caregiver Relation to Child, family annual income, SDQ Total Score (SD), other (e.g., Mental Health Services use, Out-of-Home Services use, Outpatient/Community MH Services use). Differential effects: None.	Aim: Examine the efficacy of the Boys Town In-Home Family Services (IHFS) programme for families of high-risk youth. Brief description: Programme for families with children aged 5–14 years experiencing emotional or behavioural difficulties. Delivery: Face-to-face, delivered individually to families. Duration: Once a week, for up to 4 months. Comparator: Services As Usual (SAU).	Timing of assessments: Post-intervention 6-months follow-up 12-months follow-up Implementation and satisfaction measures at 4, 8, and 12 weeks after intake. Outcome measures: Caregiver strain; Parenting skills; Family functioning; Family resources; Child emotional and behavioural functioning.	Funding: Supported by a research contract from Father Flanagan's Boys Home to the University of Nebraska–Lincoln, plus partial support from the U.S. Department of Education Grant R324B160033. Conflicts of interest: No conflicts reported.

Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Fonagy et al., 2018 (START I)	Design: Multicentre superiority RCT. Two phases (START I & II). Recruitment period: START I: Feb 2010 to Sept 2012 START II: Involved the families recruited into START I Location: Nine areas of England: Peterborough, Leeds, Trafford, Barnsley, Sheffield, Reading, Hackney, Greenwich, and Merton and Kingston. Setting: Community-based youth offending services.	Inclusion: (a) Adolescents aged 11-17 years referred for antisocial behaviour; (b) Living with a caregiver; (c) At risk of offending or antisocial behaviour (e.g., persistent violent/aggressive behaviour, significant risk of harm to self/others, recent convictions, externalising disorder). Intervention: 342 Control: 342	Measured: Age, gender/sex, race/ethnicity, SES, family income, family structure, offences in the year before referral, number with custodial sentences, and Comorbid psychiatric diagnosis at baseline. Differential effects: Subgroup analyses with age, gender, onset of CD, Baseline Inventory of Callous-Unemotional Traits (ICUT) score, Baseline Peer Delinquency score, Baseline Antisocial Beliefs and Attitudes Scale score, Previous offence status at baseline, diagnosis of CD or Depression or ADHD or Anxiety, and referral path (e.g., from social services, CAMHS, youth justice).	Aim: To assess the effectiveness and cost-effectiveness of multisystemic therapy versus management as usual in the treatment of adolescent antisocial behaviour. Brief description: MST is an intensive, home-based family intervention focusing on reducing antisocial behaviour through cognitive-behavioural and family therapy to provide an individualised approach. Delivery: Face-to-face, delivered individually to families. Duration: Three times a week, and lasts between 3 – 5 months depends on family need. Comparator: Management as usual (MAU).	Timing of assessments: START I 6-, 12-, 18- and 24-month follow up START II 36-, 48- month follow up 60-month follow-up (offending only) Outcome measures: Primary outcomes: START I: Proportion in out-of-home placements START II: Criminal convictions (data from police records). Secondary outcomes: Offending behaviour (violent and non-violent), psychological well-being (SDQ, ASR), parental reports, service use (CAMHS), quality of life (EQ-5D-3L).	Funding: National Institute for Health Research (NIHR) Health Services and Delivery Research programme, project number 08/13/30. Conflicts of interest: No conflicts reported.

Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Fongaro et al., 2023 <i>Non-Violent Resistance (NVR) program</i>	Design: Randomised parallel group superiority trial. Recruitment period: July 17 – March 19 Location: France Setting: Clinical and community settings.	Inclusion: (a) Parent of a child aged 6–20 years who meets DSM-5 criteria for Intermittent Explosive Disorder (IODD); (b) Two or more positive answers to custom screening questions on STB within the last 12 months (fear of child, child violence, child as decision-maker, parental shame); (c) Ability to attend at least half of the sessions. Intervention: 36 Control: 37	Measured: Age, gender/sex, psychological care, SES, family financial impact, family structure. Differential effects: None.	Aim: To evaluates whether the NVR intervention, was more effective in reducing stress in parents of children aged 6–20 years and displaying STB compared to a treatment as usual (TAU) intervention that provided supportive counselling and psychoeducation. Brief description: NVR parent training focuses on non-escalating coping responses to the child's violence, de-accommodation, and self-control. Moreover, the program helps parents to step out from secrecy and social isolation by building a support network and promoting a new model of parental authority. Delivery: Face-to-face, group sessions. Duration: 10, 2-h sessions over 4 months. Comparator: Treatment as usual (TAU).	Timing of assessments: Post-intervention 4- months follow-up Outcome measures: Parenting Stress Index (PSI-SF) score changes at completion; Parental anxiety/depression (HADS); Child Behaviour Checklist (CBCL); Strengths and Difficulties Questionnaire (SDQ).	Funding: funded by a regional grant AOI Montpellier Nimes 2016. The promoter was the CHU of Montpellier. Conflicts of interest: DP-O has received honoraria, travel, and non-financial support from Medice and HAC Pharma over the last three years before publication, without any potential conflict of interest, and the research was conducted without commercial or financial relationships.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Gan, et al., 2021 <i>Functional Family Therapy (FFT)</i>	Design: Randomised controlled trial Recruitment period: Dec 14 – March 18 Location: Singapore Setting: Community settings	Inclusion: (a) Youth aged 13 -18 years displaying moderate to high risk of reoffending (YLS/CMI 2.0); (b) having at least 8 months remaining on their probation order; (c) had a stable living arrangement with their caregivers; (d) not already receiving services; (e) or presented with any of the following: low intellectual functioning, active psychotic symptoms, high risk of suicidal or self-injurious behaviors, or sexualized behaviors. Intervention: 63 Control: 57	Measured: Age, gender/sex, SES, recidivism risk profiles, and psychometric outcome scores. Differential effects: None.	Aim: To examine the effectiveness of FFT on mental well-being, family functioning, and probation completion rates of youth offenders placed on community probation in Singapore. Brief description: FFT is a structured family therapy intervention that targets risk and protective factors through phases of engagement/motivation, behaviour change, and generalization. Delivery: Face-to-face, individual family sessions. Duration: 12, 60 min sessions over 4 – 6 months. Comparator: Treatment as usual (TAU).	Timing of assessments: After the first program End of probation Outcome measures: Mental well-being (Youth Outcome Questionnaire—Self-Report 2.0), family functioning (Family Assessment Device—General Functioning Scale (FAD-GF)), and probation completion (data official case closure reports).	Funding: Not reported. Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Ghaderi et al., 2018 <i>Family Check Up (FCU)</i>	Design: Randomised controlled trial. Recruitment period: Mar 11 – Apr 18 Location: Gothenburg, Sweden. Setting: Community settings.	Inclusion: Parents of children aged 10–13 years showing conduct problems based on SDQ conduct subscale). Intervention: 122 Control: 109	Measured: Parents Marital status, education, family income, number of children in the family. Differential effects: Child age, parental education, income level, severity of problems, and parental motivation for treatment.	Aim: To compare the effects of FCU to iComet for children and adolescents (10–13 years old) with conduct problems, on externalizing behaviours, social adaptation, family conflict and warmth, and general psychological health, as reported by themselves, their parents and teachers and to evaluate the intervention effect after 1 and 2 years. Brief description: The FCU is based on the Oregon PMT-model. It aims to improve children's adjustment across settings (home, school, neighbourhood) by motivating effective and positive parenting practices. Delivery: Face-to-face, individual family sessions. Duration: 10 weeks. Comparator: iComet, internet adapted version of the Comet intervention	Timing of assessments: Post-treatment (10 Weeks) 1- and 2-year follow-up Outcome measures: Disruptive Behaviour Disorders Rating Scale (DBD); Strengths and Difficulties Questionnaire (SDQ). Family functioning (warmth, conflict); Parental knowledge; Parental control; Parent relationship quality (DAS).	Funding: Supported by the Swedish National Board of Health and Welfare (Socialstyrelsen: Dnr 6.2.1–18225/2010: Psyk 2010/170 Doss. 1:3). Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Giannakopoulos et al., 2021 <i>Family Talk intervention (FTI)</i>	Design: Randomised controlled trial. Recruitment period: 8 months (no clear date). Location: Athens, Greece. Setting: Clinical (Child Psychiatry Department) and outpatient adult mental health services.	Inclusion: (a) Parents with a clinician-based diagnosis of major depressive disorder (ICD-10), single or recurrent episode; (b) Receiving psychiatric treatment for at least three months prior to inclusion in the study and had at least one child aged 8 - 16 years that he/she was not receiving treatment for any mental disorder; (c) Parent had no history of bipolar, schizophrenia spectrum disorders, or Life-threatening physical illness; (d) No ongoing family therapy, or dispute over child custody, or an urgent need for child protection services; Intervention: 30 Control: 32	Measured: Age, gender/sex, education, SES. Differential effects: None.	Aim: To evaluate the effectiveness of the "Family Talk Intervention" (FTI) compared to "Let's Talk about Children" (LTC) on parents' mental health, parenting, family functioning, and children's psychosocial outcomes. Brief description: Whole-family preventative intervention involving the child or multiple children with a parent with depression. Delivery: Face-to-face, in groups/pairs of family members. Duration: 6 – 8, 60 min weekly or fortnightly sessions for a duration of about 6 -18 weeks. Comparator: Let's Talk about Children (LTC)	Timing of assessments: 4-, 10- and 18 months post-baseline Outcome measures: Parent's depression, and anxiety; Family functioning; Child's prosocial behaviour; Emotional/behavioural problems; Anxiety; Depression; Health-related quality of life.	Funding: The study was implemented within the mental health promotion program for children and young adolescents funded by Stavros Niarchos Foundation). Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Hartnett et al., 2016 <i>Functional Family Therapy (FFT)</i>	Design: Randomised controlled trial. Recruitment period: Not reported. Location: Ireland. Setting: Community settings.	Inclusion: (a) Adolescents aged ~14 years with significant behavioural problems (SDQ total difficulties score ≥ 17); (b) Parents and adolescents consented to participate in the trial; (c) there were no practical obstacles to participating in the study. Intervention: 42 Control: 55	Measured: Age, gender/sex, SES, family structure, education, and clinical and psychometric outcome scores. Differential effects: None.	Aim: To examine the effectiveness of FFT in alleviating adolescent psychological issues and improving family adjustment in an Irish context, as well as to demonstrate the model's applicability across diverse cultural settings. Brief description: FFT is a structured family therapy intervention that targets risk and protective factors through phases of engagement/motivation, behaviour change, and generalization. Delivery: Face-to-face, individual family sessions. Duration: 20 sessions over 4 – 6 months. Comparator: Waiting-list control group.	Timing of assessments: Baseline 20 weeks after baseline 3 months follow-up Outcome measures: Adolescent behaviour problems and risk of mental health disorder (assessed with parent and adolescent versions of the SDQ); Family adjustment (assessed with the 28-item version of the SCORE).	Funding: Support from Archways, an Atlantic Philanthropies grantee and a recipient of funding from the Irish Youth Justice Service for this project. Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Hogue et al., 2015 <i>Structural-strategic family therapy (SS-FT)</i>	Design: Randomised naturalistic trial. Recruitment period: Not reported. Location: Inner-city areas of a large northeastern city, USA. Setting: Community settings.	Inclusion: (a) adolescent ages 12 to 18; (b) primary caregiver willing to participate in treatment; (c) adolescent met criteria for either the Mental Health (MH) or Substance Use (SU) study track (defined next); (d) adolescent not enrolled in any other behavioral treatment; (e) caregiver expressed desire, and adolescent expressed willingness, to participate in counseling; (f) family had health benefits that met the requirements of study treatment sites, all of which accepted a broad range of insurance plans including Medicaid. Intervention: 104 Control: 101	Measured: Age, gender/sex, ethnicity, family structure, family characteristics, Adolescent participation in services; psychiatric diagnoses; and legal issues. Differential effects: None.	Aim: To examine whether family therapy, evidence-based treatment approach for adolescent behaviour problems, was more effective than nonfamily treatment when implemented as the routine standard of care in a community clinic. Brief description: Standard structural-strategic family therapy (non-manualized) delivered by licensed/trained therapists in weekly sessions, including family members. Delivery: Face-to-face, group and paired therapy within the family. Duration: Participants attended 8.5 sessions total. Comparator: Usual care	Timing of assessments: 3-, 6- and 12-months follow-up Outcome measures: Externalizing and internalizing behaviours; Delinquency; Substance use and the clinical significance of symptom reduction.	Funding: The National Institute on Drug Abuse (R01DA019607). Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Humayun et al., 2017 <i>Functional Family Therapy (FFT)</i>	Design: Randomised controlled trial. Recruitment period: 08 – 11 Location: England Setting: Community settings.	Inclusion: (a) Adolescent aged 10 - 18 and their parents recruited through youth offending services, Targeted youth support services and other crime prevention agencies; (b) Had been sentenced for offending or were receiving agency intervention following contact with the police for ASB; (c) No developmental delay. Intervention: 65 Control: 46	Measured: Age, gender/sex, ethnicity, marital status, living situation, employment, and income. Differential effects: None.	Aim: To evaluate the effectiveness of the FFT+MAU intervention compared to MAU only in reducing antisocial behaviour and offending among youths, improving family interactions, and enhancing parenting strategies over a period of 6 and 18 months. Additionally, it seeks to determine if youths with more severe initial offending will benefit more from the FFT+MAU intervention. Brief description: FFT is a structured family therapy intervention that targets risk and protective factors through phases of engagement/motivation, behaviour change, and generalization. Delivery: Face-to-face, individual family sessions. Duration: 8–12, one hour sessions over 3-5 months. Comparator: Management As Usual (MAU).	Timing of assessments: 6- and 18-months follow-up Outcome measures: Self-reported delinquency; Official records of offending; Oppositional defiant disorder (ODD); Conduct disorder (CD); Parent–youth relationship.	Funding: S.L. received salary support from the National Institute for Health Research (NIHR) Biomedical Research Centre for Mental Health at the South London and Maudsley NHS Foundation Trust and King's College London. Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Irvine et al., 2015 <i>Parenting Toolkit (Behavioural Parenting Training)</i>	Design: Randomised controlled trial. Recruitment period: Not reported. Location: Austin, Oakland, New York City, San Antonio, Edgewood, and Washington, DC. Setting: Community settings.	Inclusion: (a) parents who had primary parenting responsibilities for children aged 11-14 years; (b) children exhibited at least four problematic behaviours such as poor grades, trouble at school, drug use, or associating with troublesome peers. Intervention: 155 Control: 152	Measured: Age, gender/sex, ethnicity, parenting status, income, education, employment, and computer use per week. Differential effects: None.	Aim: To improving parenting practices and reducing parent-reported behavioural issues among at-risk adolescents. Brief description: BPT is based on the social cognitive theory and the theory of reasoned action using a scenario-based hybrid instructional design developed for parents of at-risk adolescents, the program provides a theoretical framework for development and measuring psychosocial constructs, targeting key psychosocial mechanisms such as parental self-efficacy and behavioural intentions. Delivery: Online individually, using desktop computers in public community technology centres. Duration: Two visits, one week apart Comparator: No treatment control condition.	Timing of assessments: 30-day follow-up Outcome measures: Psychosocial Constructs (self-efficacy, behavioural intentions); Parent reported discipline style (Parenting Scale, Adolescent version); Child behaviour (Eyberg Child Behaviour Inventory).	Funding: National Institute on Drug Abuse, #R44 DA12082. Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Jalling et al., 2016 <i>Comet 12-18 / ParentSteps</i>	Design: Randomised controlled trial. Recruitment period: Aug 08 – Feb 01 Location: Sweden. Setting: Community settings.	Inclusion: (a) parents / caregiver of adolescent children aged 12-18 years at risk of consolidating antisocial behavior; (b) adolescents not on ongoing psychotherapy, treatment for alcohol or drug use, out-of-home placement; (c) parents not participating in another parent program. Intervention: 88 Control: 82	Measured: Age, gender/sex, parenting status, education, employment. Differential effects: None.	Aim: To support parents in the development and improvement of their parenting skills and self-efficacy, thereby preventing the consolidation of antisocial behaviours in their adolescents. Brief description: Manualised parent group intervention, uses video vignettes in each session to illustrate common parent-adolescent interactions. Delivery: Face-to-face, in groups of 6-8 (Comet 12-18) or 8-12 (ParentSteps) parents Duration: Comet 12-18: 9 weekly sessions (2-2.5 hours) + 1 optional booster ParentSteps: 6 weekly sessions (1.5-2 hours) Comparator: Wait-list control condition.	Timing of assessments: 6- months follow-up Outcome measures: Antisocial behaviour; Substance use; Delinquency; Psychosocial dysfunction.	Funding: Not reported. Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Kolko et al., 2018; Kolko et al., 2012 <i>Alternatives for Families: Cognitive Behavioral Therapy (AF-CBT)</i>	Design: Randomised controlled trial. Recruitment period: Not reported. Location: Pennsylvania, USA. Setting: Community settings.	Inclusion: (a) Families with a child aged 5 – 15 years had a history of physical force/aggression or physical abuse with an open case in MHS or CWS; (b) caregiver had at least weekly contact with child; (c) caregiver reported at least one of four items related to physical force (e.g. any physical conflict with the child, physical discipline or force, action that could have resulted in injury, or an official report of physical abuse). Intervention: 122 Control: 73	Measured: age, gender/sex, ethnicity/race), education, other (behavioural or emotional problems, parenting practices, child to parent aggression, family functioning, and child abuse and maltreatment). Differential effects: None.	Aim: To address physical aggression/abuse, build parenting skills, and reduce family conflict using CBT and family systems theory. Brief description: An evidence-based treatment for family conflict, coercion, and aggression, including child physical abuse. Delivery: Face-to-face, individual and family sessions. Duration: 80 hrs over 24 weeks (average 6-month duration). Comparator: Treatment as usual (TAU).	Timing of assessments: Post-test 6 – and 12 - months follow-up Outcome measures: Achievement of individualized treatment goals; Child functioning outcomes; Caregiver functioning outcomes; Family functioning outcomes.	Funding: Grant from the National Institute of Mental Health Grant R01 074737. Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Lee et al., 2013 <i>Integrated families and systems treatment (I-FAST)</i>	Design: Non-randomized noninferiority trial. Recruitment period: Jan 09 – Sep 10 Location: Midwestern state, USA. Setting: Community settings.	Inclusion: (a) Youth 12 to 18 years old at risk families and their families. (b) Youth with DSM-IV diagnosis; predominant types of diagnoses related to attention-deficit hyperactivity disorder and disruptive behavior disorders including oppositional defiant disorder and conduct disorder. Intervention: 79 Control: 47	Measured: Age, gender/sex, ethnicity/race, education, other (primary DSM-IV diagnosis, OS problem severity pretreatment, and OS functioning pretreatment). Differential effects: None.	Aim: Provide a flexible, strengths-based, home-based family treatment that incorporates common therapeutic factors to address the needs of youth with serious emotional and behavioural problems—particularly those at risk of out-of-home placement. Brief description: Home-based family intervention aiming to improve outcomes for at-risk children and their families by highlighting existing strengths and resources in their family system Delivery: Face-to-face, in home sessions. Duration: 2-3 weekly visits for a total of up to 4-6 hr a week, over 3 – 6 months. Comparator: Multisystemic therapy (MST).	Timing of assessments: Post-test Outcome measures: Problem severity; Emotional and behavioural functioning.	Funding: The Buckeye Ranch. Conflicts of interest: No conflicts reported.

Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
<p>Löchner et al., 2021; Löchner et al., 2023</p> <p><i>Family group cognitive-behavioural intervention (FG-CBI/“GuG-Auf”)</i></p>	<p>Design: Parallel randomized controlled trial</p> <p>Recruitment period: July 14 – Oct 17</p> <p>Location: Munich, Germany.</p> <p>Setting: Clinical settings.</p>	<p>Inclusion: (a) At least one parent diagnosed with depressive disorder (DSM-IV);</p> <p>(b) Children aged 8–17 years with IQ > 85 and no current/past psychiatric diagnosis.</p> <p>(c) Participants fluent in German.</p> <p>(d) parents were excluded if they suffered from alcohol/drug abuse, bipolar disorder, psychosis, personality disorder, or suicidal crisis.</p> <p>Intervention: 50 / 66</p> <p>Control: 50 / 69</p>	<p>Measured: Age, gender/sex, education, school type, IQ, socioeconomic status, family income, parent depressive status.</p> <p>Differential effects: Emotion regulation, attributional style, knowledge of depression and parenting style.</p>	<p>Aim: to examine the effectiveness of the family- and group-based cognitive behavioural “GuG-Auf” intervention in preventing depression in children of depressed parents.</p> <p>Brief description: German adaptation of FG-CBI intervention. Group based-intervention to prevent onset of depression in children of depressed parents through Psychoeducation, coping strategies (A-APP), and parenting training.</p> <p>Delivery: Face-to-face at hospital; group—based with separate and joint sessions for parents and children.</p> <p>Duration: 12-session (8 weekly + 4 monthly sessions; 2 hours each) over 6 months.</p> <p>Comparator: Usual care.</p>	<p>Timing of assessments: 6 , 9 – and 15 - months follow-up</p> <p>Outcome measures:</p> <ul style="list-style-type: none"> Onset of depression Children’s depression; Self-reported internalizing, externalizing, and depressive symptoms Parent-reported internalizing and externalizing symptoms Children’s knowledge of depression; Children’s Emotional Regulation; Child attributional style; Parenting style; Parents’ symptoms of depression; Children’s risk of depression; 	<p>Funding: Gesund. Leben. Bayern, Förderprogramm für Forschung und Lehre (FöFoLe; Reg.-Nr. 895), Hans und Clementia Langmatz Stiftung, and Gender Mentoring Program of Ludwig-Maximilians-University Munich.</p> <p>Conflicts of interest: No conflicts reported.</p>

Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Maya et al., 2020; Maya et al., 2018; <i>Scene-Based Psychodramatic Family Therapy (SB-PFT)</i>	Design: Randomized controlled trial; longitudinal quasi-experimental. Recruitment period: 15-17 Location: 10 priority areas of southern Spain. Setting: Community settings (child welfare service settings).	Inclusion: (a) Adolescents aged between 11 and 17 years; (b) with problematic behaviors, such as frequent fights with peers, alcohol use, social conflict, or expulsion from school; (c) significant impairment in family relations and a family crisis situation; and (d) consent to multiple-family treatment from both the parents and adolescents. Intervention: 109 Control: 107	Measured: Age, gender, family structure, family-related stressful events, and individual stressful events. Differential effects: None.	Aim: To examine variability in emotional intelligence, aggressive behaviour, and parent attachment in adolescents with problematic behaviours, according to the experience of stressful life events. Brief description: A multiple-family groups intervention that combines the theoretical principles of both family therapy and psychodrama and is aimed at reducing adolescent behaviour problems and improving family relationships. Delivery: Face-to-face multiple-family group sessions (8 adolescent and their caregiver). Duration: 2-hour sessions over 10 weeks. Comparator: No-intervention control group.	Timing of assessments: Post-intervention (end of the intervention; 3 months between T1 and T2) Follow-up (5-months post-intervention) Outcome measures: Psychosocial stress profiles Emotional intelligence components Aggressive behaviour Parent attachment Emotional intelligence components Parent attachment Anti-social behaviours	Funding: Ponte Association, ESAFAM Association and the Spanish Government: Ministry of Economy, Industry and Competitiveness (MINECO), Project reference: EDU2013-41441-P, "Evaluación de intervenciones psicoeducativas con familias en situación de riesgo psicosocial", and Ministry of Education, Culture and Sports, under research grant FPU Program-3113. Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Milburn et al., 2012 <i>STRIVE (Support to Reunite, Involve and Value Each Other) cognitive behavioural intervention</i>	Design: Randomised controlled trial. Recruitment period: March 06 – June 09 Location: Los Angeles and San Bernardino Counties. Setting: Community settings.	Inclusion: (a) Homeless adolescent aged 12 to 17 years; (b) having been away from home for at least two nights in the past 6 months, not being away for more than 6 months; (c) having the potential to return home; (d) no current abuse or neglect, no active psychosis, or no current substance intoxication. Intervention: 86 Control: 83	Measured: Age, gender, ethnicity/sex, sexual orientation, birthplace, and other (Lifetime history of sexual- and drug related HIV risk behaviours, and delinquent behaviour). Differential effects: None.	Aim: To reduce sexual risk behaviour, drug use, and delinquent behaviours among homeless youth. Brief description: STRIVE delivers parent-youth sessions in-home to parents and runaway youth, aiming to resolve family conflict and improve family functioning. Delivery: Face-to-face sessions; adolescent and parents together. Duration: 1.5 - 2-hour sessions over 5 weeks. Comparator: No-intervention control group.	Timing of assessments: 3-, 6- and 12-months follow-up Outcome measures: Measures of recent risky behaviour. Delinquent behaviours.	Funding: National Institute of Mental Health (NIMH R01-MH070322). Conflicts of interest: No conflicts reported.

Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Olseth et al., 2024 <i>Functional Family Therapy (FFT)</i>	Design: Randomised controlled trial. Recruitment period: 13 – 17 Location: Norway. Setting: Community settings.	Inclusion: (a) Youth aged 11 - 18 and their families referred to CWS as a result of severe problem behavior such as criminal, violent, or aggressive behavior, truancy, or other disruptive problems in the home or at school; (b) at risk of out-of-home placement or drug abuse; (c) Not having autism, being without a primary caregiver or youth living by themselves, having acute psychosis or acute suicide risk; (d) receiving treatment or interventions already initiated that could interfere with FFT treatment. Intervention: 87 Control: 72	Measured: Child age, gender/sex, and school participation, parent age, country of origin, education, and marital status. Differential effects: None.	Aim: To examine the effectiveness in reducing youth disruptive behaviour problems, producing improvement in school performance and social skills, and a greater reduction in their delinquency and contact with deviant peers. Brief description: Structured family therapy intervention that targets risk and protective factors through phases of engagement/motivation, behaviour change, and generalization. Delivery: Face-to-face, individual family sessions. Duration: 8–12, one hour sessions over 3–5 months. Comparator: Treatment As Usual (TAU).	Timing of assessments: 6-months post-test 18-months follow-up Outcome measures: Aggressive behaviours; Rule-breaking behaviours; Internalizing; Social skills. Academic performance; Adaptive functioning; Aggressive behaviours; Rule-breaking behaviours; Internalizing; Social skills. Negative peers; Delinquency.	Funding: Norwegian Centre for Child Behavioural Development (NCCBD) Conflicts of interest: Asgeir Røyrhus Olseth and Kristine Amlund Hagen are currently employed at NCCBD, the organization responsible for the implementation of functional family therapy in Norway. Serap Keles and Gunnar Bjørnebekk have previously been employed at NCCBD.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Pérez-García et al., 2020 <i>Multifamily therapy (MFT)</i>	Design: Randomised controlled trial. Recruitment period: 13 – 17 Location: Southeastern Spain. Setting: Mental health centre	Inclusion: (a) Adolescents aged 12 - 15 with hyperkinetic, conduct, emotional, and social functioning disorders, as well as depression and stress reactions; (b) Adolescents with acute symptoms or refusal to participate were excluded from the study. Intervention: 40 Control: 35	Measured: Age, gender, number of siblings, the order in the phratry, academic performance, cohabitating family, academic level of the parents, and the municipality of residence. Differential effects: None.	Aim: To examine the effectiveness of Multifamily therapy on adolescent behaviour problems. Brief description: Semi-structured group discussions to address adolescent disruptive and emotional problems by involving both adolescents and their families; rationale grounded in the efficacy of integrative family-based models. Delivery: Face-to-face, group-based family sessions (8-10 families). Duration: 8–12, one hour sessions over 3-5 months. Comparator: Treatment As Usual (TAU).	Timing of assessments: 6 months (mid-treatment) 12 months (post-test at end of treatment). Outcome measures: Externalizing Behaviour Verbal Aggressiveness; Delinquent Behaviour; Attention-Seeking. Internalizing Behaviour Depression; Somatic Complaints; Relationship Problems; Anxiety.	Funding: The authors received no financial support for the research, authorship, and/or publication. Conflicts of interest: No conflicts reported.

Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Robbins et al., 2011; Horigian et al., 2015a; Horigian et al., 2015b <i>Brief Strategic Family Therapy (BSFT)</i>	Design: Multi-site randomised trial. Recruitment period: <i>Original sample:</i> Oct 04 – Jan 08 <i>Follow-up sample:</i> June 10 – July 11 Location: USA Setting: Community settings.	Inclusion: (a) adolescent ages 12 to 17 with a self-report illicit drug use in the 30-day period preceding the baseline assessment; (b) or referred from an institution for the treatment of drug abuse; (c) living with a family (d) No current/pending severe criminal offenses that could result in incarceration; (e) adolescent assent and a parent or legal guardian consent to participate in the study. Intervention: 245 Follow-up sample: 140 Control: 235 Follow-up sample: 121 <i>NB: 378 participants agreed to be contacted for future studies.</i>	Measured: Age, gender/sex, ethnicity, family structure, education, household composition, household income. Differential effects: None.	Aim: To examine the effectiveness of BSFT, compared to TAU in engaging and retaining adolescents in treatment, reducing parent and adolescent substance use, and improving family functioning. Follow-up study sought to examine long-term outcomes; rates of drug use, number of arrests and externalizing behaviours Brief description: Integrates structural and strategic theory and intervention techniques to address systemic (primarily family) interactions that are associated with adolescent substance use and related behaviour problems. Delivery: Face-to-face, within family groups involving multiple family members. Duration: 12-16, 90 min sessions over 8 months. Comparator: Treatment As Usual (TAU).	Timing of assessments: <i>Original sample (N=480):</i> Monthly for 12-months post-randomization 4-, 8-, and 12 months post-randomization <i>Follow up sample (N=261):</i> Single time point 3 – 7 years post-randomization. Outcome measures: Adolescent Substance Use; Parent Substance Use; Engagement and Retention; Family Functioning; Adolescent Psychiatric Comorbidity; Criminal Justice Involvement; Externalizing Behaviours.	Funding: National Institute on Drug Abuse Grant U10DA 13720 (Jose' Szapocznik, principal investigator). Conflicts of interest: Author Jose Szapocznik is the developer of the BSFT model and has copyrighted the intervention. He is also the director for the BSFT training institute.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Salari et al., 2014 <i>Standard Teen Triple P (Positive Parenting Program)</i>	Design: Quasi-randomised group comparison. Recruitment period: Apr 07 – Aug 08 Location: Brisbane area, Australia. Setting: Community settings.	Inclusion: (a) Target child aged 11-16 scores in the elevated range (i.e., borderline or abnormal range) of parent version of SDQ; (b) At least one parent concerned about child's behavior; (c) Child not in regular contact with other professionals for emotional or behavioral issues) (d) child living with interested parent for at least 2 days weekly; (e) No severe developmental disorder or significant health impairment. Intervention: 33 Control: 29	Measured: Age, gender/sex, ethnicity, household composition, household income. Differential effects: None.	Aim: To examine the effectiveness of STTP in preventing and treating behavioural, emotional and developmental problems in children and adolescents by enhancing the knowledge, skills and confidence of parent. Brief description: An individual face-to-face version of Teen Triple P, based on social learning principles, provides parents with information and practical strategies to promote healthy development and manage problem behaviours in their teenagers. Delivery: Face-to-face, individually with parents (optional involvement of child or young person). Duration: 10, 90-min sessions. Comparator: Wait-list conditions.	Timing of assessments: Post-intervention 3 months follow-up Outcome measures: <i>Adolescent outcomes:</i> Emotional Symptoms; Conduct Problems; Hyperactivity; Peer Problems; Prosocial Behaviour. <i>Parent outcomes:</i> Laxness; Over reactivity; Problem; Intensity; RQI; DASS (Anxiety, Depression, Stress).	Funding: None reported. Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Schaub et al., 2014 <i>Multidimensional family therapy (MDFT)</i>	Design: Randomised controlled trial. Recruitment period: July 06 – Feb 07 Location: Berlin, Brussels, Geneva, The Hague, and Paris. Setting: Clinical settings.	Inclusion: (a) Teens aged 13-18 with cannabis use disorder; (b) At least one parent involved in treatment; (c) Not suffer current mental disorder or substance use disorder required inpatient treatment (e.g., psychosis, advanced eating disorder, suicidal ideation); (d) Adolescent and/or parent speak and read local language. Total: 450 Intervention: 212 Control: 238	Measured: Not reported. Differential effects: None.	Aim: To examine if MDFT had positive effects in adolescents on comorbid mental and behavioural symptoms and on family functioning. Brief description: Therapeutic outpatient treatment programme, targeting problematic behaviour in teenagers. Delivery: Face-to-face, individual (parent, child or young person) and family sessions. Duration: 2 weekly sessions for 6 months. Comparator: Treatment as usual (TAU).	Timing of assessments: 3-, 6-, 9- and 12- months follow-up Outcome measures: Cannabis (used assessed by Timeline Follow-Back method (TLFB) and urine samples); Adolescents' internalising and externalising (assessed by Youth Self Report (YSR); Parent version of the YSR, and CBCL (Child Behaviour Checklist); Family conflict and cohesion (assessed by Family Environment Scale (FES)).	Funding: Jointly funded by the (federal) Ministries of Health of Belgium, Germany, the Netherlands, Switzerland, and by the MILDT - the Mission Interministerielle de Lutte Contre la Drogue et de Toximanie - in France. Conflicts of interest: CR trains teams of therapists in MDFT as a consultant. HR has established MDFT training programmes in Europe. No other competing interests.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Sexton & Turner, 2010 <i>Functional Family Therapy (FFT)</i>	Design: Randomised controlled trial. Recruitment period: Not reported. Location: Western State, USA Setting: Community settings.	Inclusion: (a) adolescent aged 13 - 17 and their parents recruited through youth offending services, Targeted youth support services and other crime prevention agencies; (b) Had been sentenced for offending or were receiving agency intervention following contact with the police for ASB; (c) No developmental delay. Total: 917 families. Intervention: Not reported. Control: Not reported.	Measured: Age, gender/sex, family risk, and Peer risk. Differential effects: None.	Aim: To evaluate the effectiveness of FFT in treating high-risk behaviour disordered youth in a community juvenile justice setting considering the impact of therapist (model specific adherence) and client (youth risk and protective) factors. Brief description: FFT is a structured family therapy intervention that targets risk and protective factors through phases of engagement/motivation, behaviour change, and generalization. Delivery: Face-to-face, individual family sessions. Duration: 12, one hour sessions over 3-6 months. Comparator: Treatment as usual condition (TAU); Usual probation services.	Timing of assessments: 12-months follow-up (post-intervention) Outcome measures: Adjudicated felony recidivism; Adjudicated misdemeanour; Violent crime recidivism; High Family Risk – Felony Recidivism; High Peer Risk – Felony Recidivism; Low Peer Risk – Felony Recidivism.	Funding: Supported in part by grants from the National Institute on Drug Abuse (R01DA023165, R01-DA017218-01A1). Conflicts of interest: Thomas L. Sexton, is president of Functional Family Therapy Associates.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Slesnick et al., 2013 <i>Ecologically-Based Family Therapy (EBFT)</i>	Design: Randomised controlled trial. Recruitment period: 05 - 07 Location: Western State, USA. Setting: Community settings.	Inclusion: (a) Runaways adolescent aged 12 - 17 with at least one parent/caretaker willing to participate; (b) Had the Legal option to return home; (c) Meet the DSM-IV criteria for alcohol/drug abuse/dependency. Total: 179 Intervention: 57 Control: MI: 61; CRA: 61	Measured: Age, gender/sex, ethnicity / race, caregiver relationship to the adolescent, education, marital status and income. Differential effects: None.	Aim: To evaluate the impact of EBFT on internalizing and externalizing behaviours of substance abusing runaway adolescents. Brief description: EBFT is a family therapy intervention that based on ecological and family systems theory; aims to improve family dynamics to reduce substance use and child behaviour problems. Delivery: Face-to-face. Duration: 12 sessions over 6 months. Comparator: Motivational Interviewing (MI) and Community Reinforcement Approach (CRA).	Timing of assessments: 3- months post-baseline Post-test (6- months post-baseline) 3-month follow-up (9-months post-baseline) 6-month follow-up (12-months post-baseline) 12-month follow-up (18-months post-baseline) 18-month follow-up (24-months post-baseline) Outcome measures: Internalizing and Externalizing Problems (assessed by Youth Self-Report (YSR)/Child Behaviour Checklist (CBCL)); Family reunification.	Funding: NIDA grant R01 DA016603. Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Slesnick & Zhang, 2016; Wu & Slesnick, 2019; Zhang & Slesnick, 2017; Zhang & Slesnick, 2018 <i>Ecologically-Based Family Therapy (EBFT)</i>	Design: Longitudinal randomised controlled trial. Recruitment period: Not reported. Location: Western State, USA. Setting: Community settings.	Inclusion: (a) Substance use disordered mothers with at least one biological child aged 8 - 16 years in their care; (b) the child either resided with the participating mothers at least 50% of the time in the past 2 years or 100% of the time in the past 6 months; (c) seeking outpatient treatment for their substance use disorder; (d) Meet the DSM-IV criteria for alcohol/drug use disorder; (e) If more than one eligible child was identified, the child reporting substance use or other problem behaviors was selected as the target child. Intervention: 123 Control: 60	Measured: Child gender/sex, GPA, problem behaviour, Mother age, ethnicity/race, education, employment, marital status and income. Differential effects: None.	Aim: To evaluate the effectiveness of EBFT for mothers seeking substance use treatment and their children. Brief description: EBFT is a family therapy intervention that based on ecological and family systems theory. It focuses on improving social interactions, emotional connectedness, and problem resolution skills among family members. Delivery: Face-to-face. Duration: 12 sessions over 6 months. Comparator: Women's Health Education (WHE).	Timing of assessments: 3- months post-baseline Post-test (6- months post-baseline) 3-month follow-up (9-months post-baseline) 6-month follow-up (12-months post-baseline) 12-month follow-up (18-months post-baseline) 18-month follow-up (24-months post-baseline) Outcome measures: Mother-child interactions; Mother's substance use (Form 90); Mothers' depressive symptoms (BDI-II); Children's behavioural problems (YSR).	Funding: National Institutes of Health Grant R01DA023062. Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Smith et al., 2015 <i>Family Check-Up (FCU)</i>	Design: Randomised controlled trial. Recruitment period: Not reported. Location: Multnomah County, Oregon, USA. Setting: Community settings.	Inclusion: Caregivers of children aged 5–17 years receiving mental health services. Intervention: 31 Control: 31	Measured: Child gender/sex, GPA, problem behaviour, Mother age, ethnicity/race, education, employment, marital status and income. Differential effects: None.	Aim: To evaluate the effectiveness and implementation of the FCU when embedded into routine care in community mental health agencies. Brief description: Brief, tailored, strengths-based intervention including assessment, feedback, and follow-up sessions focused on parenting and child behaviour. Delivery: Face-to-face. Duration: 3 sessions. Comparator: Treatment as usual (TAU).	Timing of assessments: Baseline Post-test (6- months after baseline) ~7.5 months follow-up Outcome measures: Child conduct problems; Parenting practices.	Funding Centers for Disease Control Grant CE001389-01 to Elizabeth A. Stormshak. Justin Smith received support from research training Grant MH20012 from the National Institute of Mental Health, awarded to Elizabeth A. Stormshak, and from the National Institute on Drug Abuse through a pilot study grant awarded to Justin Smith by the Center for Prevention Implementation Methodology for Drug Abuse and Sex Risk Behavior (P30 DA027828). Conflicts of interest: No conflicts reported.

Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Solantaus et al., 2010 <i>Family Talk Intervention (FTI)</i>	Design: Cluster randomised controlled trial. Recruitment period: Not reported. Location: Finland. Setting: Clinical (Child Psychiatry Department) and outpatient adult mental health services.	Inclusion: (a) Parents with a clinician-based diagnosis of major depressive disorder (ICD-10); (b) had at least one child aged 8 - 16 years that he/she was not receiving treatment for any mental disorder; (c) Parent had no history of bipolar, schizophrenia spectrum disorders, or Life-threatening physical illness; (d) No ongoing family therapy, or dispute over child custody, or an urgent need for child protection services. Intervention: 56 Control: 57	Measured: Gender/sex, education, employment, marital status, and mental health diagnosis. Differential effects: None reported.	Aim: To evaluate the effectiveness of the "Family Talk Intervention" (FTI) in preventing the development of psychosocial symptoms in children of parents with mood disorders. Brief description: A manualized 6+ sessions involving parents and children, focused on family communication, psychoeducation, and future planning. Delivery: Face-to-face, in groups/pairs within the family. Duration: 6 sessions (increased if >1 child). Comparator: Let's Talk about Children.	Timing of assessments: 4-, 10- and 18-months follow-up Outcome measures: Child's Psychological symptoms and prosocial behaviour (assessed by SDQ); Children's anxiety (assessed by Anxiety Related Emotional Disorders (SCARED)); Parent depressive symptoms (assessed by The Beck Depression Inventory (BDI)).	Funding: Finnish Academy Grants 77553; 215242; 209610 (TERTTU); 204337. KELA Dno 5/26/2006. Conflicts of interest: No conflicts reported.

Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Swenson et al., 2010 <i>Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)</i>	Design: Randomised controlled trial. Recruitment period: Nov 00 – Oct 03 Location: Charleston County, USA. Setting: Community setting.	Inclusion: (a) Youth aged 10–17 years and their custodial parent, referred by the county CPS for physical abuse occurrence; (b) Family resided within Charleston County; (c) case was opened within the past 90 days; (d) children and their parents not currently or previously enrolled in an MST project or having active psychosis. Intervention: 43 Control: 35	Measured: Child age, gender/sex, ethnicity/race, Caregiver age, gender/sex, education, income, marital status, and family structure. Differential effects: None.	Aim: To examine the effectiveness of the adaptive MST-CAN for physically abused and neglected adolescents and their families, in improving youth and parent functioning, reduce abusive parenting behaviour, and decrease reabuse and placement. Brief description: a home-based program, includes the core components of standard MST, as well as several adaptations for treating maltreated youth and their families. Delivery: Face-to-face, delivered individually to families. Duration: ranging from daily sessions to once or twice per week. Comparator: Enhanced Outpatient Treatment (EOT)	Timing of assessments: 2-months (intermediate) Post-test (4-months) 10-months follow-up 16-months follow-up Outcome measures: Youth behavioural and emotional functioning (CBCL, TSCC, Social Skills Rating System); Parent functioning (GSI and BSI); Parenting behaviour (Parent self-report and youth report of parental behaviour on (CTS)); Parents Social support (ISEL); Maltreatment outcomes (obtained from CPS records); Service utilization.	Funding: National Institute of Mental Health Grant R01MH60663 to Cynthia Cupit Swenson. Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
The Multisite Violence Prevention Project (MVPP), 2013; MVPP, 2014a; MVPP, 2014b; Matjasko et al., 2013 <i>GREAT Families Program (Selective MVPP intervention)</i>	Design: Cluster randomised controlled trial. Recruitment period: 2001. Location: Chicago, Illinois; Durham, North Carolina; Northeastern Georgia; Richmond, Virginia, USA. Setting: Community settings.	Inclusion: (a) Sixth-grade students identified by teachers as high in aggression (top 25%) based on the following: (1) gets into physical fights; (2) intimidates others; (3) gets angry easily; and (4) encourages others to fight; (b) Social influence ranking (top 30–40% among aggressive students). Total: 37 schools participated.	Measured: Age, gender/sex, ethnicity, and family structure. Differential effects: Family Risk, peer risk, school risk.	Aim: To evaluate the relative influence of family, peer, and school microsystem characteristics as potential moderators of the effects of a selective prevention program for sixth grade students and their families. Brief description: The program focused on six core constructs: (a) Promoting home–school partnerships; (b) Parental monitoring and supervision; (c) Promoting care and respect through discipline and rules; (d) Parent and child coping, self-control, and management skills; (e) Developing healthy, respectful, and effective family communication and problem-solving skills; (f) Planning for the future. Delivery: Face-to-face in group of 4 – 8 high risk youth and their parents. Duration: 15 weekly sessions. Comparator: No-intervention control group.	Timing of assessments: Post-intervention (end of the intervention) Outcome measures: Nonphysical aggression; Physical aggression; Victimization; Aggressive strategies; Prosocial strategies; Self-efficacy for nonviolent responses; Student's value for achievement; Parent involvement in school; Monitoring Discipline practices; Family organization; Family cohesion; Family problem solving	Funding: The National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, CDC Cooperative Agreements U81/CCU417759 (Duke University), U81/CCU517816 (University of Illinois at Chicago), U81/CCU417778 (University of Georgia), and U81/CCU317633 (Virginia Commonwealth University). Conflicts of interest: No conflicts reported.



Study ID	Methods	Participants	PROGRESS-Plus	Intervention	Outcome assessment	Funding/Conflicts
Wirehag Nordh et al., 2023 <i>Family Talk intervention (FTI)</i> <i>Let's Talk about Children (LTC)</i>	Design: Quasi-experimental longitudinal study (Non-randomised). Recruitment period: Sep 14 – Dec 17 Location: Sweden. Setting: Clinical (Child Psychiatry Department) and outpatient adult mental health services.	Inclusion: (a) Patients with depression, anxiety, or bipolar disorder, and their partners) having a child aged 8 – 17 years; (b) had no main diagnosis of substance use or schizophrenia; (c) family had not received preventive intervention in the previous 12 months; (d) Not experiencing a severe crisis, such as divorce, violence, or family member death. Intervention: FTI: Families, 21; Children, 35 LTC: Families, 8; Children, 11 Control: Families, 17; Children, 22	Measured: Parent age, gender, civil status, children, occupation, profession, education. Child age, gender, legal custody, residence arrangement, contact with Child and Adolescent Mental Health Services.	Aim: To evaluate the effectiveness of the FTI and LTC in preventing the development of psychosocial symptoms in children of parents with mood disorders. Brief description: FTI: Manualized 6+ sessions involving parents and children, focused on family communication, psychoeducation, and future planning. LTC: child-centred discussion with the patient and their partner, assessing the child's situation and providing guidance on how parents can support their child. Delivery: Face-to-face, in groups/pairs. Duration: FTI: 6 sessions (increased if >1 child); LTC: 1 – 2 sessions. Comparator: Interventions as Usual (IAU).	Timing of assessments: Post-test (6 months post-baseline) 6-month follow-up (12 months post baseline) Outcome measures: Child's Psychological symptoms and prosocial behaviour (assessed by SDQ-P); Children's anxiety (assessed by Anxiety Related Emotional Disorders (SCARED)); Perceived parental control of child behaviour assessed using the (PLOC--PPC)); Clinical Outcomes in Routine Evaluation – Outcomes Measure (CORE- OM).	Funding: Swedish National Board of Health and Welfare (Socialstyrelsen) under registration number 2.7-38380/2013. Conflicts of interest: No conflicts reported.

Appendix C. Population characteristics of included effectiveness studies tables

Study ID	Akin et al., 2018; Akin & McDonald, 2018 <i>Parent Management Training, Oregon (PMTO)</i>	
Total No.	918	
	Intervention	Control
Arm No.	461	457
Age (years) mean (SD) (caretaker age at 1st removal)	38.2 (10.4)	38.7 (10.1)
Age (years) mean (SD) (Youth)	11.6 (4.1)	11.9 (4.3)
Sex, % female (Youth)	44.3	48.8
Race or Ethnicity %	White, 75.9 Latino, 11.9	White, 78.6 Latino, 12.7
Socioeconomic status %	Not reported	Not reported
Education %	Not reported	Not reported
Disability %	52.9	54.7
Sexual orientation %	Not reported	Not reported
Removal reason %	Physical abuse, 18.9 Sexual abuse, 5.9 Neglect, 36.9 Parent substance abuse, 22.1 Child behaviour, 52.3	Physical abuse, 17.9 Sexual abuse, 6.6 Neglect, 37.2 Parent substance abuse, 20.6 Child behaviour, 49.5
Prior removal %	23.2	19.7
Time in care at study start mean (SD)	54.4 (102)	45.6 (50.8)
Eligible for IV-E payment %	13.7	9.8
Caregiver status %	single mother, 55.3 single father, 8.2 married/unmarried couple, 36.4	single mother, 49.0 single father, 7.9 married/unmarried couple, 43.1

* Only recorded total figures of both control and intervention groups for these categories



Study ID	Asscher et al., 2013; Asscher et al., 2014 <i>Multisystemic Therapy (MST)</i>
Total No.	256
Arm No.	Intervention: 147 Control: 109
Age (years) mean (SD)	16.02 (1.31)
Sex, % male, % female	% m, 73.4 % f, 26.6
Race or Ethnicity %	Dutch, 55 Moroccan, 34 Surinamese, 32
Socioeconomic status %	Below minimum income level, 56 Financial constraints, 45
Unemployed parent %	Mothers, 50 Fathers, 36
Education %	Not reported
Disability %	Not reported
Sexual orientation %	Not reported
Caregiver status %	Single parent, 50
Official judicial arrest %	Intervention: At least 1 arrest, 70.7 Number of arrests, 2.29 Violent offense, 54 Control: At least 1 arrest, 70.6 Number of arrests, 2.14 Violent offense, 57



Study ID	Barone et al., 2021	
	<i>Connect parenting program</i>	
Total No.	100	
	Intervention	Control
Arm No.	Study (1) 50 Study (2) 20	Study (1) 50 Study (2) 20
Age (years) mean (SD) (Adult)	50.52 (5.42)	48.84 (4.97)
Age (years) mean (SD) (Youth)	14.90 (1.30)	14.88 (1.84)
Sex % male, % female	m, 62 f, 38	m, 58 f, 42
Race or Ethnicity %	Italian, 90 Non-Italian, 10	Italian, 88 Non-Italian, 12
Socioeconomic status %	0–25,000, 22 25,001–50,000, 24 50,001 or higher, 54	0–25,000, 26 25,001–50,000, 32 50,001 or higher, 38
Education %	High school or less, 48 Master's degree, 34 Post-lauream, 18	High school or less, 64 Master's degree, 26 Post-lauream, 10
Disability	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Mother working status %	Employed, 75 Unemployed, 25	Employed, 90 Unemployed, 10
Psychological support %	Yes, 60 No, 40	Yes, 40 No, 60
Number of children %	0.79	0.80



Study ID	Cassells et al., 2015	
	<i>Positive systemic practice (PSP)</i>	
Total No.	72	
	Intervention	Control
Arm No.	37	35
Age (years) mean (SD) (Youth)	14.96 (1.71)	14.89 (1.53)
Sex % male (Youth)	m, 38	m, 43
Education %	Not reported	Not reported
Disability	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Living with both biological parents %	43	43
Socioeconomic status %	Managerial or professional, 35 Skilled manual or clerical, 11 Semiskilled, 5 Unskilled, 14 Unemployed, 19 Other, 16	Managerial or professional, 37 Skilled manual or clerical, 9 Semiskilled, 9 Unskilled, 17 Unemployed, 20 Other, 8
Clinical profile mean (SD)	SDQ-P total difficulties, 21.26 (4.58) SDQ-A total difficulties, 19.19 (5.22) SCORE-P total family adjustment, 2.81 (0.83) SCORE-A total family adjustment, 3.08 (0.84)	SDQ-P total difficulties, 21.79 (4.18) SDQ-A total difficulties, 18.63 (5.82) SCORE-P total family adjustment, 2.98 (0.77) SCORE-A total family adjustment, 3.20 (0.98)



Study ID	Compas et al., 2010 <i>Family Group Cognitive Behavioural Intervention (FG-CBI)</i>
Total No.	111 parents / 111 youth
Age (years) mean (SD) (Adult)	Mothers, 41.9 (6.8) Fathers, 48.3 (8.2)
Age (years) mean (SD) (Youth)	Girls, 11.4 (1.9) Boys, 11.3 (2.1)
Sex % male, % female (Adult)	Father, 16 Mother, 95
Sex % male, % female (Youth)	m, 58 f, 42
Race or Ethnicity %	Euro-American, 86 African American, 5.4 Hispanic American, 2.7 Asian American, 1 Native American, 1 Mixed ethnicity, 3.6
Race or Ethnicity % (Youth)	Euro-American, 78 African American, 7.3 Hispanic American, 1 Asian American, 4.6 Mixed ethnicity, 9.2
Socioeconomic status %	Annual family income ranged from less than \$5,000 to more than \$180,000 (Mdn = \$40,000)
Education %	less than high school, 7.2 completed high school, 8.1 completed some college, 31.5 had a college degree, 27 began or completed graduate education, 26.1
Disability	Not reported
Sexual orientation %	Not reported
Caregiver status %	Married/partnered, 64 Divorced, 21.6 Separated, 3.6 Never married, 9 Widowed, 1.8
Current depressive episode status%	In a current episode of MD, 24 Not in episode at the time of the baseline assessment, 76
Lifetime History of Depression%	Parents had experienced a median of three depressive episodes during their child's life. One parent experienced only one major depressive episode during the postpartum period.



Study ID	Compas et al., 2015 <i>Family Group Cognitive Behavioural intervention (FG-CBI)</i>
Total No.	180 parents / 242 youth
Arm No.	Intervention: 90 Control:
Age (years) mean (SD) (Adult)	Mothers, 41.16 (7.17) Fathers, 48.3 (7.5)
Age (years) mean (SD) (Youth)	Girls, 11.38 (2.00) Boys, 11.68 (2.03)
Sex % male, % female (Adult)	Father, 11 Mother, 89
Sex % male, % female (Youth)	m, 50 f, 50
Race or Ethnicity %	European American, 82 African American, 12 Hispanic American, 2 Asian American, 1 Native American, 1 Mixed ethnicity, 2
Race or Ethnicity % (Youth)	European American, 74 African American, 13 Asian American, 3 Hispanic American, 2 Native American, 1 Mixed ethnicity, 7
Socioeconomic status %	Annual family income ranged from less than \$5,000 to more than \$180,000 (Mdn = \$40,000–\$60,000)
Education %	less than high school, 6 completed high school, 9 completed some college, 30 had a college degree, 32 began or completed graduate education, 23
Disability	Not reported
Sexual orientation %	Not reported
Caregiver status %	Married/partnered, 62 Divorced, 22 Separated, 5 Never married, 10 Widowed, 1
Current depressive episode status%	In a current episode of MD, 27 Not in episode at the time of the baseline assessment, 73
Lifetime History of Depression%	Parents reported experiencing multiple episodes of depression during their child's/children's life, 82 A single episode during their child's/children's life, 15 Dysthymic disorder during their child's life, 2.7 Did not provide enough information to determine frequency of depressive episodes, 0.3
Psychological or pharmacological support during the 2 years of the study%	Parents, 76 Youth, 23



Study ID	Darnell & Schuler, 2015 <i>Functional Family Therapy (FFT) / Functional Family Parole (FFP)</i>	
Total No.	8713	
	Intervention	Control
Arm No.	FFT, 280 FFP, 161 FFT + FFP, 262	7434
Age (years) mean at current release	FFT, 16.8 FFP, 16.9 FFT + FFP, 17	17
Age (years) mean at first arrest	FFT, 14.5 FFP, 14.5 FFT + FFP, 14.6	14.6
Age (years) mean at first OHP	FFT, 15.6 FFP, 15.7 FFT + FFP, 15.9	15.8
Age (years) mean at first felony	FFT, 14.7 FFP, 14.8 FFT + FFP, 14.9	14.9
Sex % male	FFT, 77.3 FFP, 78.8 FFT + FFP, 73.9	78.4
Count of prior arrests mean	FFT, 2.2 FFP, 2.3 FFT + FFP, 2.5	2.3
Count of prior OHPs mean	FFT, 1.8 FFP, 1.9 FFT + FFP, 2.0	1.8
Race or Ethnicity %	White, 8.3, 6.7, 8 African American, 29.2, 29.2, 28.0 Latino, 59.6, 61.3, 61.1 Other race/ethnicity, 2.9, 2.8, 2.9	White, 7.9 African American, 28.8 Latino, 60.7 Other race/ethnicity, 2.5
Disability	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Counts of prior petitions (by type)	Assault deadly weapon, 0.20, 0.15, 0.19 Battery, 0.22, 0.21, 0.28 Burglary, 0.26, 0.21, 0.30 Petty theft, 0.26, 0.35, 0.36 Robbery, 0.16, 0.18, 0.18 Vandalism, 0.27, 0.21, 0.21	Assault deadly weapon, 0.17 Battery, 0.20 Burglary, 0.23 Petty theft, 0.30 Robbery, 0.18 Vandalism, 0.22



Study ID	Duppong Hurley et al., 2020 <i>Boys Town In-Home Family Services programme (BT-IHFS)</i>	
Total No.	300	
	Intervention	Control
Arm No.	152	148
Age (years) % (Adult)	≤31, 12.5 31–39, 48.7 ≥39, 38.8	≤31, 19.5 31–39, 50.7 ≥39, 29.8
Age (years) mean (SD) (Youth)	11.6 (2.6)	10.6 (2.8)
Sex % male, % female (Adult)	m, 11.2 f, 88.8	m, 7.4 f, 92.6
Sex % male, % female (Youth)	m, 69.7 f, 30.3	m, 66.9 f, 33.1
Race or Ethnicity %	White/Caucasian, 67.1	White/Caucasian, 73.6
Socioeconomic status % (family income <\$30,000)	<\$20k, 27.6 \$20–49k, 34.3 \$50k+, 34.2 Unspecified, 3.9	<\$20k, 33.1 \$20–49k, 31.8 \$50k+, 28.4 Unspecified, 6.7
Education %	Less than HS, 4.6 HS Diploma, 18.4 Some College/Assoc., 42.7 Bachelor's+, 31.0 Other, 3.3	Less than HS, 6.1 HS Diploma, 18.9 Some College/Assoc., 48.7 Bachelor's+, 22.9 Other, 3.4
Individualized Education Plan % (Youth)	47.4	41.2
Disability	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Caregiver relation to child %	Biological Parent, 88.2 Other, 11.8	Biological Parent, 93.2 Other, 6.8
SDQ Total mean (SD)	Borderline, 7.9 Abnormal, 77.6	Borderline, 8.1 Abnormal, 82.4
Services Ever Used %	Mental Health, 91.4 Out-of-Home, 31.3 Out-Patient/Community Mental Health, 90.8	Mental Health, 91.9 Out-of-Home, 28.1 Out-Patient/Community Mental Health, 91.9



Study ID	Fonagy et al., 2020b	
	<i>Multisystemic Therapy (MST)</i>	
Total No.	684	
	Intervention	Control
Arm No.	342	342
Age (years) mean (SD)	13.7 (1.4)	13.9 (1.4)
Sex % male, % female	m, 63 f, 37	m, 64 f, 36
Race or Ethnicity %	White British/European, 76 Black African/Afro-Caribbean, 11 Asian, 2 Mixed/other, 10	White British/European, 80 Black African/Afro-Caribbean, 10 Asian, 3 Mixed/other, 5
Socioeconomic status mean (SD)	3.0 (1.4)	2.9 (1.3)
Education %	Not reported	Not reported
Disability	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Caregiver status %	Single or widowed, 42 Separated or divorced, 23 Married or cohabiting, 36	Single or widowed, 38 Separated or divorced, 17 Married or cohabiting, 43
Average number of siblings mean (SD)	2.5 (1.3)	2.5 (1.4)
Number with siblings offending %	35	37
Offences in the year before referral mean (SD)	Non-offender on referral %, 36 Total number of offences, 1.1 (2.2) Violent offences, 0.4 (1.0) Non-violent offences, 0.5 (1.2)	Non-offender on referral %, 32 Total number of offences, 1.2 (2.5) Violent offences, 0.4 (0.9) Non-violent offences, 0.6 (1.3)
Number with custodial sentences %	1	2
Comorbid psychiatric diagnosis %	CD, 77 Oppositional defiant disorder, 4 Any CD, 80 Social phobia, 4 Obsessive-compulsive disorder, < 1 Post-traumatic stress disorder, 7 Separation anxiety disorder, 2 Specific phobia, 2 Generalised anxiety disorder, 2 Panic disorder, 1 ADHD combined, 33 ADHD hyperactive-impulsive, 2 ADHD inattentive, 4 Pervasive developmental disorder or autism, 1 Eating disorders, 1 Tic disorder, 2 Major depression, 9 Any emotional disorder, 22 Mixed anxiety and CD, 13 Number without diagnosis, 15 Number of Axis I diagnoses, 1.5 (1.0) Onset of CD, 43 ICUT score, 33.5 (9.7) Peer delinquency score (SRDM), 5.0 (4.7)	CD, 79 Oppositional defiant disorder, 4 Any CD, 82 Social phobia, 3 Obsessive-compulsive disorder, 1 Post-traumatic stress disorder, 8 Separation anxiety disorder, 4 Specific phobia, 4 Generalised anxiety disorder, 3 Panic disorder, 1 ADHD combined, 27 ADHD hyperactive-impulsive, 1 ADHD inattentive, 4 Pervasive developmental disorder or autism, 1 Eating disorders, 1 Tic disorder, 1 Major depression, 12 Any emotional disorder, 26 Mixed anxiety and CD, 16 Number without diagnosis, 15 Number of Axis I diagnoses, 1.5 (1.1) Onset of CD, 44 ICUT score, 32.7 (9.6) Peer delinquency score (SRDM), 4.9 (4.7)



Study ID	Fongaro et al., 2023 <i>Non-Violent Resistance (NVR) program</i>	
Total No.	73	
	Intervention	Control
Arm No.	36	37
Age (years) mean (SD) (Youth)	12.11 (2.70)	11.32 (3.06)
Sex, % male (Youth)	61.11	54.05
Child psychiatric/psychological care %	85.71	83.78
Socioeconomic status % (family financial impact)	58.33	35.14
Education %	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Tyrannical behavior %	Afraid of your child, 72.22 Children decisional power, 83.33 Violence toward you, 97.22 Feeling ashamed by this relationship, 58.33	Afraid of your child, 70.27 Children decisional power, 83.78 Violence toward you, 94.59 Feeling ashamed by this relationship, 70.27
Parent participation %	Parent (mother), 75.00 Both parents, 29.73	Parent (mother), 67.57 Both parents, 22.22



Study ID	Gan et al., 2021 <i>Functional Family Therapy (FFT)</i>	
Total No.	120	
	Intervention	Control
Arm No.	63	57
Age (years) mean (SD)	16.3 (1.28)	16.0 (1.39)
Sex, % male (Youth)	90.5	87.7
Race or Ethnicity %	Not reported	Not reported
Socioeconomic status % (meet criteria for social assistance)	46%	45.6%
Education %	Not reported	Not reported
Disability %	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Recidivism risk profile %	YLS/CMI 2.0 rating, 18.5 (3.54) YLS/CMI 2.0 classification (high vs. mod risk), 27%	YLS/CMI 2.0 rating, 17.7 (3.75) YLS/CMI 2.0 classification (high vs. mod risk), 21.1%
Mental well-being means (SD) (YOQSR 2.0 total score)	42.1 (27.2)	50.5 (28.2)
Family functioning mean (SD) (FAD-GF total score)	1.96 (0.50)	2.07 (0.59)
The mean length of court mandated probation orders	606 days (Mdn = 549, SD = 119, range = 364–913)	



Study ID	Ghaderi et al., 2018 <i>Family Check Up (FCU) / iComet</i>	
Total No.	231 parents / 200 youth	
	Intervention	Control
Arm No.	122	109
Age (years) mean (SD) (Adult)	Not reported	Not reported
Age (years) mean (SD) (Youth)	13 - 18	13 - 18
Sex % male, % female (Youth)	Not reported	Not reported
Race or Ethnicity %	Not reported	Not reported
Socioeconomic status % Family income	Insufficient related to expenses, 5.7 Almost sufficient, 23 Sufficient: We don't worry, 58.2 Good Don't think of expenses, 13.1	Insufficient related to expenses, 8.2 Almost sufficient, 26.4 Sufficient: We don't worry, 55.4 Good: Don't think of expenses, 10
Education %	Primary school, 9.8 High school (2 years), 15.6 High school (3–4 years), 21.3 College/university, 53.3	Primary school, 9.2 High school (2 years), 22.9 High school (3–4 years), 24.8 College/university, 43.1
Disability	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Caregiver status %	Married, 41.8 Living together with a partner, 28.7 Single parent/divorced, 22.1 Widowed/other, 7.4	Married, 40.4 Living together with a partner, 29.4 Single parent/divorced, 22.9 Widowed/other, 7.3
Number of children in the family %	1 child, 18 2 children, 48.4 3 or more children, 33.6	1 child, 21.1 2 children, 43.1 3 or more children, 35.8



Study ID	Giannakopoulos et al., 2021 <i>Family Talk intervention (FTI) / Let's Talk about the Children (LTC)</i>	
Total No.	62	
	Intervention	Control
Arm No.	30	32
Age (years) mean (SD) (Adult)	41.4 (5.6)	41.1 (5.4)
Age (years) mean (SD) (Youth)	11.7 (2.6)	12.3 (2.7)
Sex % female (parent)	Mother, 80 Father, 20	Mother, 81.3 Father, 18.8
Sex % female (Youth)	Girls, 53.3 Boys, 46.7	Girls, 40.6 Boys, 59.4
Race or Ethnicity %	Not reported	Not reported
Socioeconomic status % Family income	Low, 20 Middle, 73.3 High, 6.7	Low, 34.4 Middle, 50 High, 15.6
Education %	Low, 16.7 Middle, 46.7 High, 36.7	Low, 12.5 Middle, 65.6 High, 21.9
Disability	Not reported	Not reported
Sexual orientation %	Not reported	Not reported



Study ID	Hartnett et al., 2016 <i>Functional Family Therapy (FFT)</i>	
Total No.	97	
	Intervention	Control
Arm No.	42	55
Age (years) mean (SD)	14.22 (1.45)	14.39 (1.55)
Sex, % male, %female (Youth)	m, 64.30 f, 35.7	m, 60.00 f, 40
Race or Ethnicity %	Not reported	Not reported
Socioeconomic status %	Unemployed, 42.9 Unskilled manual, 11.9 Semi-skilled manual, 7.1 Skilled manual, 11.9 Other nonmanual, 19 Lower professional/managerial, 4.8 Higher professional/managerial, 2.4	Unemployed, 49.1 Unskilled manual, 27.3 Semi-skilled manual, 0 Skilled manual, 5.5 Other nonmanual, 7.3 Lower professional/managerial, 5.5 Higher professional/managerial, 5.5
Education % (Youth)	No exams, 28.6 Junior school final examination, 38.1 Junior high school certificate, 33.3 Leaving high school certificate, 0	No exams, 16.1 Junior school final examination, 36.4 Junior high school certificate, 43.6 Leaving high school certificate, 3.6
Disability %	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Adolescent Behavior Problems mean (SD)	SDQ-P-Total difficulties, 23.07 (3.80) SDQ-A-Total difficulties, 16.81 (5.47)	SDQ-P-Total difficulties, 23.05 (3.70) SDQ-A-Total difficulties, 16.67 (3.84)
Family Adjustment means (SD)	SCORE-P-Family adjustment, 3.35 (0.71) SCORE-A-Family adjustment, 3.45 (0.95)	SCORE-P-Family adjustment, 3.33 (0.71) SCORE-A-Family adjustment, 3.14 (0.86)
Family functioning mean (SD) (FAD-GF total score)	1.96 (0.50)	2.07 (0.59)
The mean length of court mandated probation orders	606 days (Mdn = 549, SD = 119, range = 364–913)	



Study ID	Henry, 2013 <i>GREAT Families Program</i>	
Total No.	1113	
	Intervention	Control
Arm No.	Not reported	Not reported
Age (years) mean (SD)	Not reported	Not reported
Sex, % male (Youth)	64.98	64.45
Race or Ethnicity %	African American, 73.23 Hispanic Non-African American, 12.27	African American, 70.14 Hispanic Non-African American, 16.32
Socioeconomic status %	Not reported	Not reported
Education % (Youth)	Not reported	Not reported
Disability %	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Risk Variables mean (95 % CI)	Family, 0.63 (.62–.63) Peer, 0.09 (.07–.10) School, 0.59 (.58–.60)	Family, 0.62 (.61–.63) Peer, 0.09 (.08–.10) School, 0.59 (.58–.60)
Pretest Measures means (95 % CI)	Composite Aggression, 0.43 (0.42–0.44) Composite Violence, 0.29 (0.27–0.30) Overt Victimization, 0.22 (0.20–0.24) Relational Victimization Total, 0.17 (0.15–0.19) Victimization, 0.19 (0.17–0.21)	Composite Aggression, 0.43 (0.42–0.44) Composite Violence, 0.29 (0.28–0.30) Overt Victimization, 0.21 (0.19–0.23) Relational Victimization Total, 0.16 (0.15–0.18) Victimization, 0.18 (0.16–0.19)



Study ID	Hogue et al., 2015 <i>Structural-strategic family therapy / Usual Care—Family Therapy (UC-FT)</i>
Total No.	205
Arm No.	Intervention: 104 Control: 101
Age (years) mean (SD)	15.7 (1.5)
Sex, % male (Youth)	52
Race or Ethnicity %	Hispanic, 59 Black, 21 More Than One Race, 15 Other Race, 6
Caregiver relation %	Biological mothers, 83.4 Biological fathers, 3.4 Adoptive parents, 1.95 Stepparent, 0.5 Foster parents, 1 Biological grandmothers, 5.85 other relatives, 3.9
Family Composition %	Single Parent, 66 Two Parents, 26 Grandparent, 6 Other, 3
Family Characteristics %	Caregiver Graduated High School, 71 Caregiver Employed, 64 Caregiver Income Greater Than \$15K, 55 Caregiver Receiving Public Assistance, 17 Ever Investigated by Child Welfare, 51 Household Member Drug Use, 32 Household Member Illegal Activity, 19
Education %	Not reported
Disability %	Not reported
Sexual orientation %	Not reported
Adolescent Participation in Services %	Past Year Individualized Education Program, 30 Past Year Educational Intervention, 41 Past Year Mental Health Treatment, 17
Adolescent Psychiatric Diagnoses %	Oppositional Defiant Disorder, 87 Conduct Disorder, 53 Attention-Deficit/Hyperactivity Disorder, 74 Depression Diagnosis, 42 Substance Use Disorder, 28 Generalized Anxiety Disorder, 17 Posttraumatic Stress Disorder, 17 More Than One Diagnosis, 89
Adolescent Legal Issues %	Picked Up by Police Past Year, 31 Probation/Parole Past Year, 7 No. of Delinquent Acts Past Month mean (SD), 3.1 (3.0) Days Used Substances Past Month mean (SD), 3.2 (7.3)



Study ID	Humayun et al., 2017 <i>Functional Family Therapy (FFT)</i>	
Total No.	111	
	Intervention	Control
Arm No.	65	46
Age (years) mean (SD)	15.0 (1.77)	15.1 (1.42)
Sex, % male	71	72
Race or Ethnicity %	non-White British, 9	non-White British, 11
Child IQ mean (SD)	83.6 (13.88)	85.6 (11.64)
Parent characteristics %	Single, 55 no education after 16 years, 65 unemployed, 60	Single, 54 no education after 16 years, 57 unemployed, 52
Education %	Not reported	Not reported
Disability %	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Youth behaviour and history %	Self-reported delinquency, 13.9 (11.75) Offended in previous 6 months, 57 Conduct disorder symptoms, 2.8 (2.30) Oppositional defiant disorder symptoms, 4.1 (2.33) Conduct disorder diagnosis, 45 Oppositional defiant disorder diagnosis, 57 Early onset conduct problems, 55 Observed negative behaviour score, 3.0 (1.25) Observed positive behaviour score, 2.3 (0.81)	Self-reported delinquency, 11.2 (8.62) Offended in previous 6 months, 50 Conduct disorder symptoms, 2.5 (2.02) Oppositional defiant disorder symptoms, 3.6 (2.32) Conduct disorder diagnosis, 43 Oppositional defiant disorder diagnosis, 48 Early onset conduct problems, 41 Observed negative behaviour score, 2.8 (1.15) Observed positive behaviour score, 2.2 (0.78)
Parental behaviour means (SD)	Observed positive parenting score, 3.4 (0.77) Observed negative parenting score, 2.5 (1.14) Parental poor monitoring, 5.8 (3.02) Father antisocial history score, 12.0 (8.74)	Observed positive parenting score, 3.5 (0.73) Observed negative parenting score, 2.5 (1.09) Parental poor monitoring, 6.3 (2.61) Father antisocial history score, 10.4 (8.15)



Study ID	Irvine et al., 2015 <i>Parenting Toolkit (Behavioural Parenting Training)</i>	
Total No.	307	
	Intervention	Control
Arm No.	155	152
Age (years) mean (SD)	40.6 (6.5) across total sample	40.6 (6.5) across total sample
Sex, % female	89.0	91.4
Race or Ethnicity % (minority)	African American, 42.5 Asian, 1.3 White, 31.5 Other, 24.8	African American, 41.0 Asian, 1.4 White, 28.5 Other, 29.2
Hispanic or Latino heritage (% yes)	27.9	30.9
Annual family income %	Less than \$10,000, 59.7 \$10,000–19,999, 21.1 \$20,000–39,999, 30.3 \$40,000–59,999, 12.5 \$60,000–79,999, 6.6 More than \$80,000, 3.3	Less than \$10,000, 18.5 \$10,000–19,999, 19.2 \$20,000–39,999, 36.3 \$40,000–59,999, 13.7 \$60,000–79,999, 5.5 More than \$80,000, 6.8
Parenting Status %	Single, 57.8 Parent with spouse, 33.1 Parent with partner, 37.8	Single, 50.7 Parent with spouse, 34.0 Parent with partner, 15.3
Education %	Grade school or less, 2.6 Some high school, 13.1 High school graduate, 19.0 Some college, 35.9 Community college/trade school, 15.0 College graduate, 9.2 Graduate/professional, 5.2	Grade school or less, 1.3 Some high school, 8.1 High school graduate, 25.5 Some college, 28.2 Community college/trade school, 24.8 College graduate, 10.1 Graduate/professional, 2.0
Disability %	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Employment status %	Do not work, 32.3 Part-time, 17.4 Full-time, 43.2 Other, 7.1	Do not work, 42.8 Part-time, 22.1 Full-time, 41.6 Other, 11.4
Computer use per week %	0 h, 22.7 1–4 h, 35.7 5–10 h, 20.1 11 or more hours, 21.4	0 h, 23.3 1–4 h, 35.3 5–10 h, 20.7 11 or more hours, 20.7



Study ID	Jalling et al., 2016	
	<i>Comet 12–18</i>	
Total No.	170	
	Intervention	Control
Arm No.	Parents, 88 Adolescents, 86	Parents, 82 Adolescents, 86
Age (years) mean (SD)	14.6 (1.67)	14.7 (1.89)
Sex, % female	38.4	58.0
Race or Ethnicity %	Not reported	Not reported
Family income %	Not reported	Not reported
Parenting Status %	Foreign-born mother, 19.8 Single-parent family, 43.7	Foreign-born mother, 20.9 Single-parent family, 41.5
Education %	university degree, 28.4	university degree, 28.0
Disability %	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Employment status %	Employed, 86.4	Employed, 84.1
Participating parent %	Mothers/stepmothers, 92.0 Fathers/stepfathers, 8.0 More than one parent in the trial, 18.2	Mothers/stepmothers, 93.9 Fathers/stepfathers, 6.1 More than one parent in the trial, 17.1



Study ID	Kolko et al., 2018 <i>Alternatives for Families: Cognitive Behavioral Therapy (AF-CBT)</i>	
Total No.	195	
	Intervention	Control
Arm No.	122	73
Age (years) mean (SD)	Overall, 11.3 (3.2) MHS, 11.6 (3.1) CWS, 10.0 (3.5)	Overall, 11.9 (3.0) MHS, 11.3 (3.1) CWS, 12.5 (2.8)
Social assistance mean (SD)	Overall, 2.0 (1.1) MHS, 2.0 (1.2) CWS, 2.1 (1.0)	Overall, 2.1 (1.0) MHS, 2.0 (1.1) CWS, 2.2 (0.9)
Sex, % female	Overall, 43.4 MHS, 40.9 CWS, 51.7	Overall, 50.7 MHS, 34.2 CWS, 68.6
Race or Ethnicity % (minority)	Overall, 52.1 MHS, 46.7 CWS, 69.0	Overall, 59.4 MHS, 54.1 CWS, 65.6
Caregiver education % (any college)	Overall, 40.2 MHS, 40.9 CWS, 37.9	Overall, 43.8 MHS, 47.4 CWS, 40.0
Disability %	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Screening items %	Caregiver-child had physical conflict <ul style="list-style-type: none">• Overall, 82.8• MHS, 83.9• CWS, 79.3 Physical discipline used with child <ul style="list-style-type: none">• Overall, 83.6• MHS, 86.0• CWS, 75.9 Caregiver could have harmed child <ul style="list-style-type: none">• Overall, 95.1• MHS, 95.7• CWS, 93.1 Report/allegation of physical abuse <ul style="list-style-type: none">• Overall, 36.1• MHS, 30.1• CWS, 55.2	Caregiver-child had physical conflict <ul style="list-style-type: none">• Overall, 82.2• MHS, 86.8• CWS, 77.1 Physical discipline used with child <ul style="list-style-type: none">• Overall, 83.6• MHS, 86.8• CWS, 80.0 Caregiver could have harmed child <ul style="list-style-type: none">• Overall, 94.5• MHS, 94.7• CWS, 94.3 Report/allegation of physical abuse <ul style="list-style-type: none">• Overall, 39.7• MHS, 31.6• CWS, 48.6
Agency/provider characteristics	Individual or team (% team) <ul style="list-style-type: none">• Overall, 58.2• MHS, 76.3• CWS, 0 Recruitment wave (% 3–5) <ul style="list-style-type: none">• Overall, 41.8• MHS, 46.2• CWS, 27.6 Education (% master's degree) <ul style="list-style-type: none">• Overall, 52.5• MHS, 66.7• CWS, 6.9	Individual or team (% team) <ul style="list-style-type: none">• Overall, 49.3• MHS, 94.7• CWS, 0 Recruitment wave (% 3–5) <ul style="list-style-type: none">• Overall, 34.2• MHS, 28.9• CWS, 40.0 Education (% master's degree) <ul style="list-style-type: none">• Overall, 37.0• MHS, 47.4• CWS, 25.7



Study ID	Lee et al., 2013 <i>Integrated families and systems treatment (I-FAST)</i>	
Total No.	126	
	Intervention	Control
Arm No.	79	47
Age (years) mean (SD) at pretreatment assessment	15.2 (1.5)	15.5 (1.3)
Sex, % male, % female (Youth)	m, 65.8 f, 34.2	m, 66.0 f, 34.0
Race or Ethnicity % (Youth)	White, 46.1 Black, 53.9 Others, 0	White, 40.4 Black, 55.3 Others, 4.3
Education %	High school, 59.2 Middle school, 39.4 Elementary, 1.4	High school, 68.1 Middle school, 29.8 Elementary, 2.1
Education % (Youth) currently enrolled in school	86 80	81
Length of treatment mean (SD)	162.4 (82.1)	151.2 (66.5)
Disability %	Not reported	Not reported
Sexual orientation %	Not reported	Not reported
Primary DSM-IV diagnosis %	ADHD and disruptive behaviour disorders, 87.3 Adjustment disorders, 2.5 Mood disorders, 13.9 All other diagnoses, 1.3	ADHD and disruptive behaviour disorders, 87.2 Adjustment disorders, 4.3 Mood disorders, 6.4 All other diagnoses, 2.1
OS problem severity pretreatment mean (SD)	Youth, 23.2 (14.9) Parent, 28.1 (19.9) Worker, 27.4 (15.2)	Youth, 15.0 (14.0) Parent, 23.6 (13.7) Worker, 26.7 (11.5)
OS functioning pretreatment mean (SD)	Youth, 56.3 (13.3) Parent, 42.4 (16.7) Worker, 44.1 (14.0)	Youth, 61.9 (12.0) Parent, 45.1 (17.1) Worker, 42.1 (14.3)



Study ID	Löchner et al., 2021; Löchner et al., 2023 <i>Family group cognitive-behavioural intervention (FG-CBI / "GuG-Auf")</i>	
Total No.	100 families / 135 children	
	Intervention	Control
Arm No.	50 / 50 children	50 / 50 children
Age (years) mean (SD) (youth)	11.73 (2.79)	12.04 (2.89)
Sex, % female (Youth)	55.1	52.0
IQ mean (SD)	103.81 (14.21)	109.08 (13.18)
Siblings %	77.8	72.7
School type % (Youth)	Primary school, 31.0 Hauptschule, 4.8 Realschule, 14.3 Gymnasium, 47.6	Primary school, 34.1 Hauptschule, 2.4 Realschule, 9.8 Gymnasium, 51.2
Age (years) mean (SD) (Parents)	45.15 (5.80)	47.10 (7.01)
Sex, % female (Parent)	60.0	62.7
Education % (Parent)	High school, 14.0 A-levels, 23.3 University, 46.5 Doctoral degree, 16.3	High school, 18.2 A-levels, 30.3 University, 51.5 Doctoral degree, 0
Family income %	< €2000 /month, 10.3 €2000 – €3000 /month, 17.9 €3000 – €4000 /month, 15.4 €4000 – €5000 /month, 30.8 > €5000 /month, 25.6	< €2000 /month, 12.5 €2000 – €3000 /month, 18.8 €3000 – €4000 /month, 18.8 €4000 – €5000 /month, 25.0 > €5000 /month, 25.0
Depressive symptoms (BDI-II) mean (SD)	16.7 (10.04)	17.7 (12.29)
Currently depressed (%)	58.0	56.9
Treatment experience %	Psychotherapy, 92.3 Psychopharmaceuticals, 82.1	Psychotherapy, 94.3 Psychopharmaceuticals, 69.7



Study ID	Maya et al., 2018; Maya et al., 2020 <i>Scene-Based Psychodramatic Family Therapy (SB-PFT)</i>	
Total No.	210	
	Intervention	Control
Arm No.	104	106
Age (years) mean (SD)	14.16 (1.48)	14.52 (1.44)
Sex, % female	49.00	52.00
Race or Ethnicity %	Not reported	Not reported
Families' characteristics	Two-parent structure %, 58.33 Number of members mean (SD), 4.07 (1.16)	Two-parent structure %, 65.42 Number of members mean (SD), 3.94 (1.05)
Education %	Not reported	Not reported
Family-related stressful events %	Severe financial problems, 48.10 Chronic parental conflict, 47.10 Parents' divorce, 34.60 Parent's new partner, 34.60 Parent's mental or physical illness, 30.80	Severe financial problems, 44.30 Chronic parental conflict, 33.00 Parents' divorce, 22.60 Parent's new partner, 15.10 Parent's mental or physical illness, 17.90
Individual stressful events %	Bullying (peer victimization), 31.70 Victim of intra-family violence, 21.20 Sexual harassment or abuse, 8.70	Bullying (peer victimization), 24.50 Victim of intra-family violence, 12.30 Sexual harassment or abuse, 4.70



Study ID	Milburn et al., 2012	
<i>STRIVE (Support to Reunite, Involve and Value Each Other) cognitive behavioural intervention</i>		
Total No.	151	
	Intervention	Control
Arm No.	68	83
Age (years) mean (SD)	14.7 (1.3)	14.9 (1.5)
Sex, % male, % female	m, 22.1 f, 77.9	m, 43.4 f, 56.6
Race or Ethnicity %	Hispanic, 61.8 White, 11.8 African American, 17.6 Other, mixed, 8.8	Hispanic, 61.4 White, 10.8 African American, 22.9 Other, mixed, 4.8
Sexual orientation %	Heterosexual, 88.2	Sexual orientation %
Born in this country %	91.2	92.8
Longest time ever away %	2 weeks or less, 64.2 3 weeks to 1 month, 25.4 2–6 months, 10.4	2 weeks or less, 62.7 3 weeks to 1 month, 21.7 2–6 months, 15.7
Where currently living %	Birth or adoptive family, 77.9 Other family or friends, 13.2 Shelter, group home, other, 8.8	Birth or adoptive family, 66.3 Other family or friends, 13.3 Shelter, group home, other, 20.5
In the 3 months before baseline	Had vaginal or anal sex %, 38.2 Had unprotected sex (without a condom) %, 24.1 Number of times had sex, mean (SD), 4.1 (12.3) Number of partners, mean (SD), .8 (1.5) Used alcohol %, 29 (43.3) Times used alcohol, mean (SD), 8.5 (25.9) Used marijuana %, 30 (44.1) Times used marijuana, mean (SD), 9.9 (29.0) Used hard drugs %, 14 (20.9) Times used hard drugs, mean (SD), 2.5 (9.4) Number of delinquent behaviors mean (SD), 2.4 (2.0)	Had vaginal or anal sex %, 39.1 Had unprotected sex (without a condom) %, 24.5 Number of times had sex, mean (SD), 3.0 (7.7) Number of partners, mean (SD), .8 (1.4) Used alcohol %, 39 (47.0) Times used alcohol, mean (SD), 5.5 (11.9) Used marijuana %, 42 (50.6) Times used marijuana, mean (SD), 11.6 (25.1) Used hard drugs %, 22 (26.5) Times used hard drugs, mean (SD), 2.8 (6.6) Number of delinquent behaviors mean (SD), 2.8 (2.4)



Study ID	The Multisite Violence Prevention Project, 2014 <i>GREAT Families program</i>	
Total No.	19 schools / 906 participant	
	Intervention	Control
Arm No.	334	572
Age (years) mean (SD)	Not reported	
Sex, % male (Youth)	65.24	64.38
Race or Ethnicity %	African American, 65.19 Hispanic Non–African American, 18.88	African American, 70.14 Hispanic Non–African American, 16.32
Adult male in household %	60.42	65.49
Pretest measures mean (SE)	Nonphysical aggression, 0.33 (0.01) Physical aggression, 0.28 (0.01) Student-reported victimization, 0.53 (0.03)	Nonphysical aggression, 0.34 (0.01) Physical aggression, 0.28 (0.01) Student-reported victimization, 0.55 (0.03)



Study ID	Olseth et al., 2024 <i>Functional Family Therapy (FFT)</i>	
Total No.	160	
	Intervention	Control
Arm No.	87	72
Age (years) mean (SD)	14.84 (1.41)	14.58 (1.53)
Sex, % female	43.7	48.6
Immigrant background %	17.2	12.7
Attending school at pretest %	94.1	97.1
Age (years) mean (SD) (Parent)	44.12 (6.74)	43.75 (7.10)
Parent Education %	Primary school (9 or 10 years), 14.0 High school (minimum 11 years), 39.5 University or college education (<4 years), 25.6 University or college education (>4 years), 20.9	Primary school (9 or 10 years), 16.9 High school (minimum 11 years), 46.5 University or college education (<4 years), 25.4 University or college education (>4 years), 11.3
Family situation %	Parents living together, 23.8 Parents living apart, 69.0 Long-term foster care or adoption, 7.1	Parents living together, 29.0 Parents living apart, 65.2 Long-term foster care or adoption, 5.8



Study ID	Pérez-García et al., 2020 <i>Multifamily Therapy (MFT)</i>	
Total No.	116	
	Intervention	Control
Arm No.	59	57
Age (years) mean (SD)	13.5 (1.3)	
Sex, % male, % female	m, 61 f, 39	m, 57.9 f, 42.1
Family life %	Father and mother, 59.3 Father, - Mother, 30.5 Another one, 10.2	Father and mother, 75.4 Father, - Mother, 21.1 Another one, 3.5
Municipality %	Cieza, 59.3 Abarán, 28.8 Blanca, 11.9	Cieza, 75.4 Abarán, 17.5 Blanca, 7.1
Course %	5º E. P., 1.7 6º E. P., 32.2 1º ESO, 22 2º ESO, 15.3 3º ESO, 20.3 4º ESO, 8.5 FP/PCPCI, -	5º E. P., 5.3 6º E. P., 15.8 1º ESO, 38.6 2º ESO, 28.1 3º ESO, 8.8 4º ESO, 1.8 FP/PCPCI, 1.8
Last four years qualifications %	High-level, 20.3 Medium-level, 42.4 Low-level, 37.3	High-level, 12.3 Medium-level, 61.4 Low-level, 26.3
Family situation %	Parents living together, 23.8 Parents living apart, 69.0 Long-term foster care or adoption, 7.1	Parents living together, 29.0 Parents living apart, 65.2 Long-term foster care or adoption, 5.8



Study ID	Robbins et al., 2011 Horigian et al., 2015a; Horigian et al., 2015b <i>Brief Strategic Family Therapy (BSFT)</i>	
Total No.	481	
	Intervention	Control
Arm No.	246	235
Age (years) mean (SD) (Youth)	15.5 (1.3)	15.4 (1.2)
Sex % male, % female (Youth)	m, 79.6 f, 20.4	m, 77.5 f, 22.5
Race or Ethnicity % (Youth)	Hispanic/Latino, 43.7 White, non-Hispanic, 30.6 Black, non-Hispanic, 23.7 Other, 2.0	Hispanic/Latino, 45.1 White, non-Hispanic, 31.1 Black, non-Hispanic, 22.1 Other, 1.7
Family composition %	Biological two-parent, 26.1 Biological one-parent, 44.5 Extended, 13.5 Blended, 13.5 Adoptive, 0.8 Foster, 0.0 Other, 2.0	Biological two-parent, 23.8 Biological one-parent, 48.9 Extended, 8.5 Blended, 13.6 Adoptive, 2.6 Foster, 1.3 Other, 1.3
Family income %	<\$10,000, 21.2 \$10,000 to \$19,999, 21.6 \$20,000 to \$29,999, 17.6 \$30,000 to \$39,999, 9.0 \$40,000 to \$49,999, 9.0 >\$50,000, 20.8 Missing, 0.8	<\$10,000, 15.3 \$10,000 to \$19,999, 28.9 \$20,000 to \$29,999, 16.6 \$30,000 to \$39,999, 11.9 \$40,000 to \$49,999, 5.1 >\$50,000, 20.4 Missing, 1.8
Drug abuse/dependence diagnosis %	71.4	74.5
Alcohol abuse %	27.3	25.6
Family functioning mean (SD)	- 0.29 (5.6)	0.15 (5.68)
Internalizing Behavior mean (SD)	0.10 (2.0)	0.16 (2.0)
Externalizing Behavior mean (SD)	- 0.05 (3.0)	0.02 (3.2)
Peer delinquency mean (SD)	28.0 (10.1)	27.2 (10.3)



Study ID	Salari et al., 2014 <i>Standard Teen Triple P (Positive Parenting Program)</i>	
Total No.	62	
	Intervention	Control
Arm No.	33	29
Age (years) mean (SD) (Youth)	12.92 (1.18)	
Sex % female (Youth)	30.3	62.1
Race or Ethnicity % (Youth)	Australians or Europeans, 93.5	
Age (years) mean (SD)	42.08 (5.12)	
Sex % female (Youth)	Mothers, 91.9	
Family composition %	two-parent, 75.8	
Family income %	> AUD\$75,000, 53.1	
Education %	Parents had some type of tertiary education Mothers, 75.8 Fathers, 79.2	
Employment %	Employed outside the home Mothers, 80.6 Fathers, 97.9	



Study ID	Schaub et al., 2014	
	Multidimensional Family Therapy (MDFT)	
Total No.	450	
	Intervention	Intervention
Arm No.	212 (across 5 sites)	238 (across 5 sites)
Age (years) Youth	16.3	
Sex, % male	85	
Race or Ethnicity* %	First- or second-generation foreign descent: 40%	
Education* %	In full time education: 75%	
Disability %	<i>Not reported</i>	<i>Not reported</i>
Sexual orientation %	<i>Not reported</i>	<i>Not reported</i>
Number of self-reported days of cannabis use in the past 90 days, by site M (SD)	Total: 59.8 (25.3) Belgium: 68.4 (20.6) France: 60.2 (24.7) Germany: 58.8 (28.2) The Netherlands: 62.6 (22.7) Switzerland: 47.3 (25.0)	Total: 61.5 (25.4) Belgium: 66.7 (23.1) France: 63.2 (26.8) Germany: 62.3 (24.1) The Netherlands: 60.9 (23.7) Switzerland: 52.2 (29.5)
Number and proportion of adolescents presenting with recent cannabis dependence diagnosis, by site. %	Total: 82% Belgium: 97% France: 76% Germany: 86% The Netherlands: 66% Switzerland: 93%	Total: 82% Belgium: 93% France: 73% Germany: 90% The Netherlands: 69% Switzerland: 97%
Arrested in past 3 months %	33.3	
Caregiver status* %	Divorced or separated: 56%	
Live with parents %	87%	

* MDFT and TAU groups did not differ on these variables, with a single exception (MDFT Brussels condition: more adolescents of foreign descent than in the corresponding TAU condition)



Study ID	Sexton & Turner, 2010 <i>Functional Family Therapy (FFT)</i>	
Total No.	917 families	
	Intervention	Control
Arm No.	Not reported	Not reported
Age (years) mean (SD)		Age 13, 11 Age 14, 17 Age 15, 23 Age 16, 24 Age 17, 25
Sex, % male, % female	male, 79 female, 21	
Race or Ethnicity %	White, 78 African American, 10 Asian, 5 Native American, 3 Not identified, 4	
Drug involvement %	85.4	
Alcohol use/abuse %	80.47	
Mental health / Behavioural problems %	27	
Criminal behaviour	Felony crimes, 56.2 Misdemeanours, 41.5	
Criminal behaviour starting age %	before age 12, 13.1 between the ages of 12 and 14, 63 between the ages of 14 and 17, 23	
Problem behaviours %	adjudicated weapons crimes, 10.4 gang involvement, 16.1 out of home placements, 10.5 a history of running away from home, 14.1 school dropout, 46.39	



Study ID	Slesnick et al., 2013 <i>Ecologically Based Family Therapy (EB-FT)</i>	
Total No.	179	
	Intervention	Control
Arm No.	57	MI, 61 CRA, 61
Age (years) mean (SD) (youth)	15.35 (1.25)	
Sex , %male, % female (Youth)	male, 52.51 female, 47.49	
Race or Ethnicity %	Anglo, 25.7 Minority, 74.3	
Age (years) mean (SD) (caretaker)	41.15 (8.38)	
Sex , %male, % female (caretaker)	male, 12.85 female, 87.15	
Race or Ethnicity % (caretaker)	Anglo, 28.49 Minority, 71.51	
Relationship to the adolescent %	Father, 11.73 Mother, 76.54 Other, 11.73	
Education % (caretaker)	11th grade and below, 27.93 High school graduate, 29.61 1–3 year full-time post-secondary, 29.05 College graduate, 8.93	
Marital status %	Single, never married, 43.58 Legally married, 31.84 Divorced, 14.53 Widowed, 2.79 Cohabiting with partner, 3.35	
Family income %	0–\$5,000, 10.61 \$5,001–\$15,000, 20.67 \$15,001–\$30,000, 24.58 \$30,001–\$45,000, 13.97 \$45,001 and above, 10.61	



Study ID	Slesnick & Zhang, 2016; Wu & Slesnick, 2019; Zhang & Slesnick, 2017; Zhang & Slesnick, 2018 <i>Ecologically Based Family Therapy (EB-FT)</i>	
Total No.	183	
	Intervention	Control
Arm No.	123	60
Age (years) range (mean) (youth)	8 – 16 (m = 11.54)	
Sex, %male (Youth)	male, 51.9	
Currently enrolled %	97.8	
GPA mean (SD)	2.87 (0.70)	
Children have ever been %	Placed in a foster home, 10.9 Placed in a group home, 3.8 Kept in juvenile detention, 7.1 Kept in jail overnight, 3.8 A ward of the state, 4.4	
Race or Ethnicity %	Anglo, 25.7 Minority, 74.3	
Age (years) range (mean) (Mothers)	22 - 54 (33.9)	
Race or Ethnicity % (Mother)	White, not of Hispanic Origin, 53.6 African American, 42.6 Other, 3.8	
Marital status %	Single, never married, 32.8 In a romantic relationship, 34.9 Legally married, 10.9 Separated but still married, 8.2 Divorced, 11.5 Widowed, 1.6	
Family income %	0 to 5,000, 26.8 \$5,001 to \$15,000, 33.3 \$15,001 to \$30,000, 21.3 \$30,001 to \$45,000, 8.7 \$45,001 to \$60,000, 3.8 \$60,001 to \$75,000, 3.3 \$75,001 or above, 2.2	
Employment status %	Work 40≤ hours a week, 12.0 Work fewer than 40 hours a week, 12.0 Homemaker, 5.5 Unemployed, 57.4 Student, 10.4 Others, 1.6	



Study ID	Smith et al., 2015	
	<i>Family Check Up (FCU)</i>	
Total No.	62	
	Intervention	Control
Arm No.	31	31
Age (years) mean (SD) (Caregiver)	40.1 (9.8)	
Age (years) mean (SD) (Youth)	11.6 (2.6)	
Sex % female (Youth)	49	
Race or Ethnicity % (Youth)	European American, 65 African American, 16 Hispanic-Latino, 3 Native American/American Indian/Alaska Native, 3 Asian/Asian American, 1 multiple ethnicities, 11	
Socioeconomic status % Family income	The average annual income before taxes, \$16,884 (below the federal poverty line for families of two or more)	
Education %	Primary school, 9.8 High school (2 years), 15.6 High school (3–4 years), 21.3 College/university, 53.3	Primary school, 9.2 High school (2 years), 22.9 High school (3–4 years), 24.8 College/university, 43.1
Caregiver status %	Single, 37 Divorced, 22 Separated, 11 Married, 15 Living together, 13	
Caregiver relationship to the child %	Biological mothers, 78 Biological fathers, 12 adoptive mothers, 4 foster mothers, 4 grandmothers, 1	
Youth's other biological parent did not live in the same household as the child %	87	



Study ID	Solantaus et al., 2010	
	Family Talk intervention (FTI)	
Total No.	119	
	Intervention	Control
Arm No.	56	57
Number of participants at baseline	Mothers, 50 Fathers, 34 Children, 78	Mothers, 51 Fathers, 35 Children, 67
Family structure	Both parents, 58.5 Mother only, 35.8 Father only, 5.7	Both parents, 62.3 Mother only, 34.0 Father only, 3.8
Number of children %	One, 45.1 Two, 29.4 Three, 11.8 Four, 11.8 Five, 2.0 Six or more, 0.0	One, 26.5 Two, 24.5 Three, 22.4 Four, 16.3 Five, 4.1 Six or more, 6.0
Marital status %	Unmarried, 6.0 Married or living together, 64.0 Divorced/separated/widow, 30	Unmarried, 17.6 Married or living together, 68.6 Divorced/separated/widow, 13.7
Mother's employment %	Gainfully employed, 54.0 A student, 0.0 Housewife, 8.0 Unemployed or laid off, 16.0 Retired, 10.0 Doing something else, 12.0	Gainfully employed, 60.8 A student, 3.9 Housewife, 2.0 Unemployed or laid off, 13.7 Retired, 3.9 Doing something else, 15.7
Father's employment %	Gainfully employed, 61.8 A student, 0.0 Housewife, 2.9 Unemployed or laid off, 14.7 Retired, 11.8 Doing something else, 8.8	Gainfully employed, 70.6 A student, 0.0 Housewife, 0.0 Unemployed or laid off, 11.8 Retired, 5.9 Doing something else, 11.8
Mother's education %	No professional training, 16.0 Vocational course(s), 22.0 Vocational training, 16.0 Technical college or vocational institute, 28.0 University, 12.0 Else, 6.0	No professional training, 5.9 Vocational course(s), 9.8 Vocational training, 13.7 Technical college or vocational institute, 49.0 University, 19.6 Else, 2.0
Father's education %	No professional training, 14.7 Vocational course(s), 26.5 Vocational training, 14.7 Technical college or vocational institute, 20.6 University, 26.5 Else, 5.9	No professional training, 8.8 Vocational course(s), 5.9 Vocational training, 23.5 Technical college or vocational institute, 29.4 University, 20.6 Else, 2.9
Patient %	Mother only, 69.8 Father only, 22.6 Both parents, 7.5	Mother only, 69.8 Father only, 24.5 Both parents, 5.7
Patient's BDI at baseline mean (SD)	23.3 (13.0)	20.9 (11.9)
When did the patient's symptoms start %	<6 months ago, 17.8 6–12 months ago, 24.4 12–18 months ago, 6.7 18–24 months ago, 11.1 24 months ago, 40.0	<6 months ago, 13.3 6–12 months ago, 24.4 12–18 months ago, 13.6 18–24 months ago, 11.1 24 months ago, 37.8



Study ID	Swenson et al., 2010 <i>Multisystemic Therapy (MST)</i>	
Total No.	86	
	Intervention	Control
Arm No.	44	42
Age (years) mean (SD) (Youth)	13.81 (2.22)	13.95 (1.91)
Sex, % female (Youth)	52.3	59.5
Race or Ethnicity % (Youth)	Black, 72.7 White, 18.2 Other, 9.1	Black, 64.3 White, 26.2 Other, 9.5
Age (years) mean (SD) (Caregiver)	40.82 (11.15)	41.81 (11.81)
Sex, % female (Caregiver)	65.9	64.3
Caregiver relationship to the child %	Biological mother, 43.2 Biological father, 25.0 Other female caregiver, 18.2 Other male caregiver, 13.6	Biological mother, 45.2 Biological father, 33.3 Other female caregiver, 14.3 Other male caregiver, 7.2
Abuse severity (scale 1–9) %	Pushing or shaking, no injury (1), 2.3 Excessive spanking, no injury (2), 18.2 Pinched or bit, minor injury (3), 11.4 Hit with object, minor injury (4), 59.1 Threatened with a weapon (6), 0 Major assault (e.g., battery, beating) (7), 9.1	Pushing or shaking, no injury (1), 7.1 Excessive spanking, no injury (2), 7.1 Pinched or bit, minor injury (3), 11.9 Hit with object, minor injury (4), 54.8 Threatened with a weapon (6), 4.8 Major assault (e.g., battery, beating) (7), 14.3
CPS reports preceding referral incident %	0, 77.3 1, 20.5 2 or more, 2.3	0, 76.2 1, 19.0 2 or more, 4.8
Placed for referral incident (% yes)	4.5	14.3
Placed at research enrolment (% yes)	2.3	9.5
Number of children in home mean (SD)	2.31 (1.43)	2.52 (1.45)
Caregiver high school graduate (% yes)	75.0	64.3
Caregiver marital status %	52.3	64.3
Family annual income %	Less than 10,000, 19.2 10,001–15,000, 14.4 15,001–20,000, 2.4 20,001–25,000, 19.1 25,001–30,000, 19.2 More than 30,000, 26.4	Less than 10,000, 31.3 10,001–15,000, 13.1 15,001–20,000, 5.2 20,001–25,000, 7.8 25,001–30,000, 5.3 More than 30,000, 36.5



Study ID	Wirehag Nordh et al., 2023		
Total No.	Family Talk intervention (FTI)		
	Intervention		Control
	FTI	LTC	
Arm No.	Families, 21 Children, 35	Families, 8 Children, 11	Families, 17 Children, 22
Age (years) mean (SD) (parent)	43.11 (8.49)	39 (6.33)	41.26 (7.10)
Sex, % female (Parent)	68	58	71
Children in family mean (SD)	2.11 (0.96)	2.08 (1.00)	2.04 (0.79)
Civil status %	Single, 28 Married/in a relationship, 72	Single, 54.5 Married/in a relationship, 45.5	Single, 18.5 Married/in a relationship, 81.5
Social status%	Average--high, ≥30, 58 Low, <30, 42	Average--high, ≥30, 25 Low, <30, 75	Average--high, ≥30, 32 Low, <30, 68
Reason for contact with psychiatry %	Depression/anxiety, 37 Bipolar, 63	Depression/anxiety, 75 Bipolar, 25	Depression/anxiety, 68 Bipolar, 32
Age (years) mean (SD) (Youth)	12.37 (2.70)	11.47 (2.45)	11.36 (2.96)
Sex, % female (Youth)	46	33	44
Previous CAMHS contact %	Yes, 11 No, 89	Yes, 7 No, 93	Yes, 31 No, 69
Living arrangement %	Both parents, 71 Alternating, 23 Mainly one parent, 6 Only one parent, 0	Both parents, 33 Alternating, 53 Mainly one parent, 13 Only one parent, 0	Both parents, 44 Alternating, 33 Mainly one parent, 17 Only one parent, 6
Custody %	Joint, 97 Sole, 3 Other, 0	Joint, 93 Sole, 0 Other, 7	Joint, 89 Sole, 9 Other, 3



Appendix D: Effectiveness outcomes

Maltreatment (including harsh parenting) outcomes

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Asscher et al., 2013	Multisystemic Therapy (MST) / TAU (weekly sessions, N=256)	Inept Discipline (Parent reported) Parenting Dimensions Inventory (PDI)	Post-test	Intervention: -0.07 (0.81) Control: 0.02 (0.85)	-	-	-	-
		Inept Discipline (Adolescent reported) Parenting Dimensions Inventory (PDI)	Post-test	Intervention: -0.01 (0.75) Control: -0.09 (0.71)	-	-	-	-
		Inept Discipline (Observed) Coder Impressions Inventory (CII)	Post-test	Intervention: 1.10 (0.64) Control: 1.32 (0.55)	-	-	-	-
Fonagy et al., 2018; Fonagy et al., 2020a	Multisystemic Therapy (MST) / MAU (3-5 months, N = 684)	Corporal punishment (Parent reported) Alabama Parenting Questionnaire (APQ)	6-month follow-up	MST: 3.4 (1.0) MAU: 3.5 (1.1)	0.12	12-month follow-up	MST: 3.4 (0.9) MAU: 3.5 (1.0)	0.067
			18-month follow-up	MST: 3.4 (1.0) MAU: 3.4 (1.0)	0.81	24-month follow-up	MST=3.32 MAU=3.33	0.92
			36-month follow-up	MST=3.31 MAU=3.31	0.69	48-month follow-up	MST=3.39 MAU=3.21	0.74
		Corporal punishment (Youth reported) Alabama Parenting Questionnaire (APQ)	6-month follow-up	MST: 3.9 (2.1) MAU: 3.9 (1.8)	0.895	12-month follow-up	MST: 3.7 (1.7) MAU: 3.7 (1.7)	0.849
			18-month follow-up	MST: 3.5 (1.3) MAU: 3.6 (1.6)	0.632	24-month follow-up	MST=3.48 MAU=3.46	0.66
			36-month follow-up	MST=3.58 MAU=3.47	0.67	48-month follow-up	MST=3.71 MAU=3.46	0.96
Kolko et al., 2018	AF-CBT (median 24 weeks; N= 122 families) vs. TAU (median 19 weeks, N=73 families)	Anger and threats of physical force	Prelater (Baseline to 6 months)	ES (b) AF-CBT = 0.49 TAU = 0.58 Interaction ^a = -0.36	AF-CBT = 0.22 TAU = 0.24 Interaction = 0.58	Follow-up (6 to 18 months)	ES (b) AF-CBT = - 0.53 TAU = - 0.72 Interaction = 0.76	AF-CBT = 0.02 TAU = 0.02 Interaction = 0.06
		Minor assault	Prelater (Baseline to 6 months)	ES (b) AF-CBT = 0.84 TAU = 1.56 Interaction = 1.57	AF-CBT = 0.01 TAU = 0.00	Follow-up (6 to 18 months)	ES (b) AF-CBT = 0.53 TAU = 1.01 Interaction = 0.87	AF-CBT = 0.04 TAU = 0.00

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
		Physical abuse risk	Prelater (Baseline to 6 months)	ES (b) AF-CBT = 2.22 TAU = 3.00 Interaction = 2.30	Interaction = 0.01 AF-CBT = 0.00 TAU = 0.00 Interaction = 0.03	Follow-up (6 to 18 months)	ES (b) AF-CBT = 0.38 TAU = 0.77 Interaction = 0.42	Interaction = 0.02 AF-CBT = 0.32 TAU = 0.25 Interaction = 0.57
		Reports of child physical and emotional abuse	Prelater (Baseline to 6 months)	-	-	Follow-up (18 months)	McNemar Tests AF-CBT: 21.3% → 6.4% TAU: 13.0% → 5.0%	AF-CBT: 0.004 (significant reduction) TAU: NS
		Reports of child physical abuse	Prelater (Baseline to 6 months)	-	-	Follow-up (18 months)	McNemar Tests AF-CBT: 17.0% → 5.3% TAU: 13.0% → 3.3% Not significant	AF-CBT: 0.01 (significant reduction) TAU: NS
		Neglect Conflict Tactics Scale (CTS)	Baseline (0), 2, 4, 10, 16 months	Intercept ^c : 5.41 (0.97) Slope ^d : -2.71 (0.00) S on treatment: -0.04 (0.00) ES (d) = 0.28	p < 0.01			
Swenson et al., 2010 ^b	Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) (average of 7.6 months, N=45) vs. Enhanced Outpatient Treatment (EOT) (average of 4.0 months, n=45)	Psychological aggression Conflict Tactics Scale (CTS)	Baseline (0), 2, 4, 10, 16 months	Intercept: 0.51 (0.58) Slope: -0.22 (0.02) S on treatment: -0.01 (0.01) ES (d): NR	p < 0.01			
		Minor assault Conflict Tactics Scale (CTS)	Baseline (0), 2, 4, 10, 16 months	Intercept: 2.46 (4.18) Slope: 0.11 (1.47) S on treatment: 0.07 (2.45) ES (d): NR	p < 0.01			
		Severe assault Conflict Tactics Scale (CTS)	Baseline (0), 2, 4, 10, 16 months	Intercept: 2.82 (1.59) Slope: -0.74 (0.00) S on treatment: -0.15 (0.00) ES (d) = 0.57	p < 0.01			
		New report of abuse	-	-	-	16 months	(n, %)	p = .198



Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
		Child Protective Services (CPS) systems					MST-CAN 4.5% [2 children] EOT 11.9% [5 children]	

^a Interaction effect (Condition \times Service system), indicate whether the treatment effect differs between MHS and CWS.

^b Latent growth model parameters: Intercepts and slopes are on the model's scale and are not per-group (baseline equivalence is assumed by randomization); All outcome data values are presented as Estimate and Standard Error (SE).

^c Intercepts represent the estimated starting point for the whole sample, not separate arms.

^d Slope and treatment effect on slope represents difference in change over time between MST-CAN and EOT).

NR = not reported. NS = No statistically significant difference. ES = Effect size



Positive parenting outcomes

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Akin et al., 2018a	Parent Management Training, Oregon (PMTO) vs. Services as Usual (SAU) (weekly sessions up to 6 months n=918)	Effective parenting (Observation-based) Family Interaction Task (FIT)	6 months	Intervention: 2.89 (0.80) Control: 2.90 (0.76)	-	12 months	Intervention: 3.02 (0.91) Control: 2.92 (0.90)	-
Asscher et al., 2013	Multisystemic Therapy (MST) vs. Treatment as Usual (TAU) (weekly sessions, n=256)	Positive Discipline (Parent reported) Parenting Dimensions Inventory (PDI)	Post-test	Intervention: 0.11 (0.62) Control: -0.15 (0.64)	-	-	-	-
		Positive Discipline (Adolescent reported) Parenting Dimensions Inventory (PDI)	Post-test	Intervention: 0.00 (0.56) Control: -0.15 (0.67)	-	-	-	-
		Positive Discipline (Observed) Coder Impressions Inventory (CII)	Post-test	Intervention: 2.03 (0.95) Control: 1.89 (0.83)	-	-	-	-
Duppong Hurley et al., 2020	Boys Town In-Home Family Services (BT-IHFS) vs. Services as Usual (SAU) (3-4 months, N=300)	Positive Parenting Alabama Parenting Questionnaire (APQ)	Immediately post-test	Intervention: 24.4 (3.8) Control: 24.8 (3.6)	-	6 months post-test	Intervention: 24.5 (4.0) Control: 24.7 (3.6)	-
			-	-	-	12 months post-test	Intervention: 24.5 (3.6) Control: 24.8 (3.7)	-
Fonagy et al., 2018; 2020a	Multisystemic Therapy (MST) vs. Management as Usual (MAU) (3-5 months, N = 684)	Positive Parenting (Parent reported) Alabama Parenting Questionnaire (APQ)	6-month follow-up	Intervention: 13.1 (2.2) Control: 12.8 (2.4)	-	12-month follow-up	Intervention: 13.0 (2.2) Control: 12.9 (2.3)	-
			18-month follow-up	Intervention: 12.8 (2.2) Control: 12.8 (2.4)	-	24-month follow-up	Intervention: 12.65 Control: 12.85	
			36-month follow-up	Intervention: 13.03 Control: 12.77	-	48-month follow-up	Intervention: 12.31 Control: 12.99	
		Positive Parenting (Adolescent reported)	6-month follow-up	Intervention: 10.9 (3.1)	-	12-month follow-up	Intervention: 11.1 (3.2)	-

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
		Alabama Parenting Questionnaire (APQ)		Control: 10.7 (3.2)			Control: 11.0 (3.3)	
			18-month follow-up	Intervention: 11.2 (3.1) Control: 11.1 (3.2)	-	24-month follow-up	Intervention: 11.22 Control: 11.20	
			36-month follow-up	Intervention: 11.38 Control: 11.33	-	48-month follow-up	Intervention: 10.80 Control: 11.26	
Humayun et al., 2017	Functional Family Therapy (FFT) (12 sessions across 3–6 months, n = 65) vs. Management as Usual (MAU; no duration, n= 46)	Positive Parenting (Observed) “Hot Topics” measure	Post-test (6 months after randomisation)	Intervention: 3.5 (0.82) Control: 3.4 (0.71)	-	12 months (18 months after randomisation)	Intervention: 3.2 (0.78) Control: 3.6 (0.58)	-
Kolko et al., 2018	AF-CBT (median 24 weeks; N= 122 families) vs. Treatment as Usual (TAU; median 19 weeks, N=73 families)	Positive Parenting Alabama Parenting Questionnaire (APQ)	Prelater (Baseline to 6 months)	ES (b) AF-CBT = 0.12 TAU = -0.84 Interaction = 1.53	AF-CBT = 0.82 TAU = 0.45 Interaction = 0.25	Follow-up (6 to 18 months)	ES (b) AF-CBT = -0.24 TAU = -0.20 Interaction= 0.38	AF-CBT = 0.53 TAU = 0.73 Interaction = 0.57
Löchner et al., 2021	Family Group Cognitive Behavioural Intervention (FG-CBI) vs. no intervention (12 sessions, N=100 families)	Positive Parenting Erziehungsstil-Inventar (ESI) questionnaire	Post-assessment	Intervention: 74.22 (12.68) Control: 71.22 (11.40)	p=0.330	-	-	-
Smith et al., 2015	Family Check Up (FCU) vs. Treatment as Usual (TAU; 3 sessions, N = 82)	Effective and positive parenting (Composite measure)	Post-treatment	Intervention: 3.06 Control: 2.81 ES (d)= 0.25	p = 0.21	6 months follow-up	Intervention: 3.15 Control: 3.02 ES (d)= 0.14	p = 0.41

NR = not reported. NS = No statistically significant difference. ES = Effect size



Negative parenting outcomes

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Akin et al., 2018	Parent Management Training, Oregon (PMTO) vs. Services as Usual (SAU) (10 weekly sessions up to 6 months n=918)	Ineffective discipline (Observation-based) Family Interaction Task (FIT)	6 months	Intervention: 2.35 (1.46) Control: 2.12 (1.49)	-			
Duppong Hurley et al., 2020	Boys Town In-Home Family Services (BT-IHFS) program/ SAU	Poor Monitoring Supervision Alabama Parenting Questionnaire (APQ)	Immediately post-test	Intervention: 17.2 (6.4) Control: 17.0 (7.3)	-	6 months post-test	Intervention: 16.8 (6.2) Control: 17.3 (7.0)	-
		Inconsistent Discipline Alabama Parenting Questionnaire (APQ)	-	-	-	12 months post-test	Intervention: 17.0 (6.7) Control: 16.9 (7.1)	
			Immediately post-test	Intervention: 13.9 (4.5) Control: 14.1 (4.1)	-	6 months post-test	Intervention: 13.6 (4.5) Control: 14.2 (3.9)	-
			-	-	-	12 months post-test	Intervention: 13.3 (4.0) Control: 14.5 (3.9)	
Fonagy et al., 2018; Fonagy et al., 2020a	Multisystemic Therapy (MST) / MAU (3–5 months, N = 684)	Inconsistent Discipline (Parent reported) Alabama Parenting Questionnaire (APQ)	6-month follow-up	Intervention: 8.4 (2.8) Control: 9.0 (2.8)	-	12-month follow-up	Intervention: 8.5 (2.6) Control: 8.9 (2.6)	-
			18-month follow-up	Intervention: 8.4 (2.5) Control: 9.0 (2.6)	-	24-month follow-up	Intervention: 7.74 Control: 8.22	
			36-month follow-up	Intervention: 8.07 Control: 8.66	-	48-month follow-up	Intervention: 7.62 Control: 8.70	
		Inconsistent Discipline (Adolescent reported) Alabama Parenting Questionnaire (APQ)	6-month follow-up	Intervention: 8.0 (3.0) Control: 8.2 (2.9)	-	12-month follow-up	Intervention: 7.6 (3.0) Control: 7.9 (2.9)	-
			18-month follow-up	Intervention: 7.7 (3.3) Control: 7.9 (3.1)	-	24-month follow-up	Intervention: 7.28 Control: 7.36	
			36-month follow-up	Intervention: 7.80 Control: 7.45	-	48-month follow-up	Intervention: 7.35 Control: 7.48	
Humayun et al., 2017	Functional Family Therapy (FFT) vs. (MAU) (12 sessions across 3–6) months (n = 65) / Management As	Negative Parenting (Observed) “Hot Topics” measure	Post-test (6 months after randomisation)	Intervention: 2.3 (1.14) Control: 2.5 (1.08)	-	12 months (18 months after randomisation)	Intervention: 2.3 (1.14) Control: 2.5 (1.08)	-

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
	Usual (MAU) only (no duration) (n= 46)							
Irvine et al., 2015	Parenting Toolkit vs. no intervention	Over reactivity Parenting Scale (PS)	30 days post intervention follow-up	Intervention: 18.4 (6.9) Control: 19.3 (6.3)	p= 0.069	-	-	-
		Laxness Parenting Scale (PS)	30 days post intervention follow-up	Intervention: 19.1 (7.2) Control: 19.9 (6.4)	p= 0.074	-	-	-
Löchner et al., 2021	Family Group Cognitive Behavioural Intervention (FG-CBI) vs. no intervention (12 sessions, N=100 families)	Negative Parenting Erziehungsstil-Inventar (ESI) questionnaire	Post-assessment	Intervention: 63.67 (10.41) Control: 66.63 (7.52)	p= 0.175	-	-	-
Salari et al., 2014	Standard Teen Triple P (STTP) vs. waitlist control condition (10-sessions)	Over reactivity (Adolescent reported) Parenting Scale (PSA)	3 months post-intervention	Intervention: 2.68 (0.91) Control: 4.04 (.073)	p <0.001	-	-	-
		Laxness (Adolescent reported) Parenting Scale (PSA)	3 months post-intervention	Intervention: 2.01 (0.76) Control: 3.25 (0.88)	p= 0.11	-	-	-
NR = not reported. NS = No statistically significant difference. ES = Effect size								



Family functioning outcomes

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Asscher et al., 2013	Multisystemic Therapy (MST) / TAU (Weekly regular meetings, n=256)	Quality of parent-adolescent relationship (Parent Reported)	Post-test	Intervention: .02 (.24) Control: -.04 (.24)	-	-	-	-
		Quality of parent-adolescent relationship (Adolescent Reported)	Post-test	Intervention: .01 (.35) Control: -.02 (.33)	-	-	-	-
		Quality of parent-adolescent relationship (Observed)	Post-test	Intervention: 1.92 (.91) Control: 1.81 (.71)	-	-	-	-
Cassells et al., 2015	Positive Systemic Practice (PSP) / waitlist control (Up to 30 weeks, N=72)	Family Adjustment (Parent reported) Systemic Clinical Outcomes and Routine Evaluation (SCORE)	16 week follow up	Intervention: 2.49 (0.85) Control: 2.84 (0.69)		6-month follow-up	Intervention: 2.28 (0.64)	
		Family Adjustment (Adolescent reported) Systemic Clinical Outcomes and Routine Evaluation (SCORE)	16 week follow up	Intervention: 2.88 (0.82) Control: 3.08 (0.93)		6-month follow-up	Intervention: 2.62 (0.71)	
Duppong Hurley et al., 2020	Boys Town In-Home Family Services (BT-IHFS) vs. SAU	Parental functioning Parenting Scale (PS)	Post-test	Intervention: 3.0 (1.0) Control: 3.1 (1.0)	-	6 months post-test	Intervention: 3.0 (1.0) Control: 3.0 (1.0)	-
						12 months post-test	Intervention: 2.0 (1.1) Control: 3.0 (1.0)	-
Fonagy et al., 2018; 2020a	Multisystemic Therapy (MST) vs. MAU (3–5 months, N = 684)	Family functioning (Parent reported) Loeber Caregiver Questionnaire	6-month follow-up	Intervention: 47.6 (5.7) Control: 45.5 (6.7)	-	12-month follow-up	Intervention: 46.9 (6.3) Control: 45.5 (6.5)	-
			18-month follow-up	Intervention: 45.9 (6.9) Control: 45.0 (6.8)	-	24-month follow-up	Intervention: 45.92 Control: 46.48	-
			36-month follow-up	Intervention: 46.53 Control: 46.96	-	48-month follow-up	Intervention: 46.65 Control: 46.69	
		Family satisfaction (Parent reported)	6-month follow-up	Intervention: 33.5 (8.0) Control: 30.3 (9.1)	-	12-month follow-up	Intervention: 33.2 (8.6) Control: 30.7 (8.6)	-

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
		Family Adaptability and Cohesion Evaluation Scales (FACES-IV)	18-month follow-up	Intervention: 32.6 (8.0) Control: 32.3 (9.1)	-	24-month follow-up	Intervention: 32.17 Control: 33.02	
			36-month follow-up	Intervention: 33.59 Control: 32.17	-	48-month follow-up	Intervention: 32.67 Control: 32.74	
		Family cohesion (Parent reported) Family Adaptability and Cohesion Evaluation Scales (FACES-IV)	6-month follow-up	Intervention: 61.2 (18.9) Control: 55.8 (21.6)	-	12-month follow-up	Intervention: 60.9 (19.3) Control: 56.3 (21.0)	-
			18-month follow-up	Intervention: 59.4 (19.3) Control: 58.4 (20.3)	-	24-month follow-up	Intervention: 58.51 Control: 60.73	-
			36-month follow-up	Intervention: 60.76 Control: 56.72	-	48-month follow-up	Intervention: 57.16 Control: 59.44	
Gan et al., 2021	Functional Family Therapy (FFT) / TAU (20 sessions up to 6 months, N= 120)	Family Functioning Family Assessment Device—General Functioning Scale (FAD-GF)	Post-intervention	Intervention: 1.85 (0.58) Control: 2.10 (0.56)	-	Post-probation	Intervention: 1.78 (0.44) Control: 2.05 (0.51)	-
Ghaderi et al., 2018	FCU vs. iComet (10 weekly sessions, n= 231)	Family Warmth Adult-Child Relationship Scale (ACRS)	Post-treatment	iComet: 20.27 (0.412) FCU: 20.82 (0.362)	-	1 year follow-up	iComet: 19.76 (0.427) FCU: 20.23 (0.364)	-
		Family Conflict Adult-Child Relationship Scale (ACRS)	Post-treatment	iComet: 7.20 (0.582) FCU: 6.90 (0.506)	-	2-year follow-up	iComet: 19.21 (0.424) FCU: 19.58 (0.373)	
						1 year follow-up	iComet: 6.85 (0.599) FCU: 6.61 (0.504)	-
						2-year follow-up	iComet: 6.38 (0.587) FCU: 6.53 (0.516)	
Giannakopoulos et al., 2021	Family Talk Intervention (FTI) (6-8 weekly sessions,) vs. Let's Talk about Children (LTC) (Parent only) (N= 62)	Family functioning Family Assessment Device—General Functioning Scale (FAD-GF)	4 months post-baseline	FTI: 1.58 (0.53) LTC: 2.04 (0.68)	-	10 months post-baseline	FTI: 1.33 (0.37) LTC: 1.64 (0.55)	-
						18 months post-baseline	FTI: 1.24 (0.31) LTC: 1.46 (0.47)	
Hartnett et al., 2016	Functional Family Therapy (FFT) vs. control (20 sessions up to 6 months, N= 97)	Family Functioning, <i>Family adjustment</i> (Parent reported) Systemic Clinical Outcomes and Routine Evaluation (SCORE)	20 weeks post-baseline	Intervention: 2.74 (0.63) Control: 3.21 (0.80)	-	3 months post-baseline	Intervention: 2.85 (0.62) Control: NR	-
		Family Functioning, <i>Problem severity</i>	20 weeks post-baseline	Intervention: 3.81 (2.78) Control: 6.64 (2.07)	-	3 months post-baseline	Intervention: 4.62 (2.62)	-



Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
		(Parent reported) Systemic Clinical Outcomes and Routine Evaluation (SCORE)					Control: NR	
		Family Functioning, <i>Family adjustment</i> (Adolescent reported) Systemic Clinical Outcomes and Routine Evaluation (SCORE)	20 weeks post-baseline	Intervention: 2.86 (1.02) Control: 3.12 (0.89)	-	3 months post- baseline	Intervention: 2.90 (0.96) Control: NR	-
		Family Functioning, <i>Problem severity</i> Systemic Clinical Outcomes and Routine Evaluation (SCORE)	20 weeks post-baseline	Intervention: 4.04 (2.92) Control: 5.72 (2.36)	-	3 months post- baseline	Intervention: 4.62 (2.81)	-
Kolko et al., 2018	Alternatives for Families: Cognitive Behavioural Therapy (AF-CBT) (median 24 weeks; N= 122 families; 93 in mental health services (MHS), 29 in child welfare system (CWS) vs. TAU (median 19 weeks, N=73 families; 38 in MHS, 35 in CWS)	Family Dysfunction Family Assessment Device (FAD) General Dysfunction subscale 12-items	Prelater (Baseline to 6 months)	ES (b) AF-CBT = -1.60 TAU = -1.15 Interaction = 1.10	AF-CBT = 0.4 TAU = 0.19 Interaction = 0.33	Follow-up (6 to 18 months)	ES (b) AF-CBT = 0.61 TAU = 0.21 Interaction = -1.44	AF-CBT = 0.31 TAU = 0.75 Interaction = 0.08
		Family conflict Brief Child Abuse Potential (B- CAP) Inventory Family Conflict subscale 3-items	Prelater (Baseline to 6 months)	ES (b) AF-CBT = -0.45 TAU = -0.66 Interaction = 0.61	AF-CBT = 0.03 TAU = 0.00 Interaction = 0.05	Follow-up (6 to 18 months)	ES (b) AF-CBT = 0.03 TAU = 0.12 Interaction = -0.14	AF-CBT = 0.78 TAU = 0.25 Interaction = 0.39
Maya et al., 2020	Scene-Based Psychodramatic Family Therapy (SB- PFT) vs. no intervention (N=216)	Parental attachment <i>Communication</i> Inventory of parent and peer attachment	Post-test	SB-PFT: 3.42 (0.95) Control: 3.63 (0.86)				
		Parental attachment <i>Trust</i> Inventory of parent and peer attachment	Post-test	SB-PFT: 3.56 (0.89) Control: 3.88 (0.75)				
		Parental attachment <i>Alienation</i>	Post-test	SB-PFT: 2.71 (0.82) Control: 2.35 (0.87)				

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
		Inventory of parent and peer attachment						
Robbins et al., 2011	Brief strategic family therapy (BSFT) vs. Treatment as Usual (TAU)	Family functioning ^a (Parent reported)	4 months	BSFT: 0.15 (1.02) TAU: 0.21 (0.94)				
		Family functioning ^a (Adolescent reported)	4 months	BSFT: 0.17 (1.03) TAU: 0.14 (0.99)				
Schaub et al., 2014	Multidimensional Family Therapy (MDFT) vs. Treatment as Usual (TAU)	Family Conflicts Family Environment Scale (FES)	6 months	MDFT: 0.59 (0.22) IP: 0.62 (0.20)				
		Family Cohesion Family Environment Scale (FES)	6 months	MDFT: 0.83 (0.27) IP: 0.79 (0.27)				
Wirehag et al., 2023	FTI (6-8 sessions, n = 21 families) vs. LTC (1-2 sessions, n = 12 families) vs. interventions as usual (IAU; ranged from 1- 19 meetings, n = 29 families)	Perceived Parental Control of child behaviour Parental Locus of Control Questionnaire (PLOC)	6 months	FTI: 4.31 (0.36) LTC: 3.98 (0.64) IAU: 4.10 (0.61)				

^a Composite measure derived from: (i) the Parenting Practices Questionnaire (Chicago Youth Development Study); (ii) the Family Environment Scale (Moos & Moos, 1986), specifically the Cohesion and Conflict subscales.

NR = not reported. NS = No statistically significant difference. ES = Effect size

Parental mental health outcomes

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Akin et al., 2018a	Parent Management Training, Oregon (PMTO) / SAU (Weekly sessions up to 6 months n=918)	Caregiver Mental Health North Carolina Family Assessment Scale (NCFAS)	Post-test (6-months)	Intervention: -0.34 (1.54) Control: -0.98 (1.56)"	p<0.001	-	-	-
Fongaro et al., 2023	Non-Violent Resistance (NVR) programme vs. TAU (10, 2-h sessions over 4 months, n=82	Parental Anxiety Hospital Anxiety and Depression Scale (HADS)	4 months post-intervention	Intervention: -1.32 (3.11) Control: -0.60 (3.85)	p=0.41	-	-	-
		Parental Depression Hospital Anxiety and Depression Scale (HADS)	4 months post-intervention	Intervention: -0.13 (3.92) Control: -1.43 (3.26)	p=0.15	-	-	-
Salari et al., 2014	Standard Teen Triple P (STTP) Vs. waitlist control condition (10-sessions)	Parental Depression Depression Anxiety Stress Scale (DASS-21)	3 months post intervention	Intervention: 3.5 (6.19) Control: 4.30 (5.42)	0.814	-	-	-
		Parental Anxiety Depression Anxiety Stress Scale (DASS-21)	3 months post intervention	Intervention: 1.40 (1.60) Control: 2.00 (3.10)	0.794	-	-	-
Swenson et al., 2010	Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) (average of 7.6 months, N=45) vs. Enhanced Outpatient Treatment (EOT) (average of 4.0 months, n=45)	Psychiatric Distress Brief Symptom Inventory; Global Severity Index.	Baseline (0), 2, 4, 10, 16 months	Intercept: 0.41 (0.23) Slope: -0.05 (0.03) S on treatment: -0.03 (0.01) Effect size (d): 0.63	p < 0.05			

NR = not reported. NS = No statistically significant difference. ES = Effect size



Parental substance use

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Akin et al., 2018a	Parent Management Training, Oregon (PMTO) / SAU (Weekly sessions up to 6 months n=918)	Caregiver's substance use North Carolina Family Assessment Scale (NCFAS)	Post-test (6-months)	Intervention: 0.27 (1.59) Control: -0.24 (1.69)	p <0.001	-	-	-
Horigan et al., 2015a	Brief strategic family therapy (BSFT) vs. TAU (N=261)	Alcohol use Addiction Severity Index-Lite (ASI)	Post-test	BSFT vs. TAU: IRR = 1.69, 95% CI (1.16, 2.46)	p <0.04			
		Drug use Addiction Severity Index-Lite (ASI)	Post-test	NR	NS			
Slesnick & Zhang, 2016	Ecologically-Based Family Therapy (EBFT) (12 sessions, N=123) vs. Women's Health Education (WHE, N=60)	Mother's substance use Form-90	12-months follow-up	Alcohol use B= -0.23, SE= 0.11 Cannabis use B= -0.23, SE= 0.11 Cocaine use B= -0.49, SE= 0.21 Opioid use No treatment effects	p <0.05 p <0.05 p <0.05 NS			

NR = not reported. NS = No statistically significant difference. ES = Effect size. IRR = Incidence Rate Ratio.



Parenting stress outcomes

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Asscher et al., 2013	Multisystemic Therapy (MST) / TAU (Weekly regular meetings, N=256 adolescents)	Parental sense of competence Parenting Stress Index (PSI)	Post-test	MST: 4.32 (0.94) TAU: 4.20 (1.05)	-	-	-	-
Duppong Hurley et al., 2020	Boys Town In-Home Family Services (IHFS) programme / SAU (3-4 months, N=300)	Caregiver strain Caregiver Strain Questionnaire (CGSQ)	Post-test	Intervention: 2.9 (1.1) Control: 3.3 (1.1)	-	6 months post-test	Intervention: 2.8 (1.1) Control: 3.1 (1.1)	-
					-	12 months post-test	Intervention: 2.8 (1.1) Control: 3.0 (1.1)	-
Fongaro et al., 2023	Non-Violent Resistance (NVR) programme vs. TAU (10, 2-h sessions over 4 months, N=82 parents)	Stress Parenting Stress Index (PSI)	4 months post-intervention	Between-group comparison of the change Intervention: -4.3 (13.9) Control: -7.6 (19.6)	p=0.42	-	-	-
Salari et al., 2014	Standard Teen Triple P (STTP) vs. waitlist control condition (10-sessions, N=46 families)	Stress Depression Anxiety Stress Scale (DASS-21)	3 months post-intervention	STTP = 6.60 (5.73) CG = 8.85 (6.40)	p=0.3	-	-	-

NR = not reported. NS = No statistically significant difference. ES = Effect size



Externalising problems

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Asscher et al., 2013; Asscher et al., 2014	Multisystemic Therapy (MST) vs. TAU (Weekly regular meetings for about 6 months, N=256 adolescents)	Externalising problems (Parent reported) Child Behaviour Checklist (CBCL)	Post-test	Intervention: 17.64 (11.57) Control: 19.25 (10.56)	p<0.05	6-month follow-up	Intervention: 17.02 (10.52) Control: 21.70 (9.57)	p<0.001
Barone et al., 2021	Connect vs. waiting list (10 weekly sessions, N=100)	Conduct Problems and Hyperactivity-Inattention Strengths and Difficulties (Parent reported) Questionnaire (SDQ)	Post-intervention	Intervention: 7.05 (4.55) Control: 9.70 (5.56)	-	4-month follow-up	Intervention: 6.85 (4.60) Control: 10.00 (5.51)	-
		Conduct Problems and Hyperactivity-Inattention (Adolescent reported) Strengths and Difficulties Questionnaire (SDQ)	Post-intervention	Intervention: 6.95 (3.97) Control: 7.70 (4.77)	-	4-month follow-up	Intervention: 7.50 (3.80) Control: 9.10 (5.08)	-
Compas et al., 2010	Family group cognitive-behavioural intervention (FG-CBI) vs. written information (WI) (manualized 12-session program, N= 266)	Externalising symptoms (Parent reported) Child Behaviour Checklist (CBCL)	6-months from baseline	Intervention: 46.69 (9.41) Control: 46.92 (12.27)	-	12-months from baseline	Intervention: 47.77 (11.54) Control: 52.35 (9.21)	-
Fonagy et al., 2018; Fonagy et al., 2020a	Multisystemic Therapy (MST) vs. Management as Usual (MAU) (3–5 months, N = 684)	Conduct problems (Youth reported) Strengths and Difficulties Questionnaire (SDQ)	6-month follow-up	MST = 4.2 (2.0) MAU = 4.5 (2.2)	-	12-month-follow-up	MST = 4.0 (2.2) MAU = 3.9 (2.1)	-
			18-month follow-up	MST = 3.4 (2.0) MAU = 3.5 (1.9)	-	24-month-follow-up	MST = 3.54 MAU = 3.62	-
			36-month follow-up	MST = 3.22 MAU = 3.20	-	48-month-follow-up	MST = 3.58 MAU = 3.10	-
		Conduct problems (Parent reported) Strengths and Difficulties Questionnaire (SDQ)	6-month follow-up	MST = 4.8 (2.5) MAU = 5.5 (2.5)	-	12-month-follow-up	MST = 4.6 (2.6) MAU = 4.8 (2.7)	-
			18-month follow-up	MST = 4.4 (2.5) MAU = 4.6 (2.5)	-	24-month-follow-up	MST = 4.08 MAU = 4.38	-
			36-month follow-up	MST = 4.49 MAU = 3.92	-	48-month-follow-up	MST = 3.98 MAU = 3.75	-
Fongaro et al., 2023	Non-Violent Resistance (NVR) programme vs. Treatment as Usual (TAU)	Externalizing problems (Parent reported) Child Behaviour Checklist (CBCL)	4 months post-intervention	Intervention: 70.88 (\pm 8.57) Control: 68.89 (\pm 8.71)	p= 0.34	8 months post-intervention	Intervention: 69.23 (\pm 10.27)	



Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
	(10, 2-h sessions over 4 months, N=82 parents)							
Ghaderi et al., 2018	FCU vs. iComet (10 weekly sessions, n= 231)	Conduct problems (Parent reported) Strengths and Difficulties Questionnaire (SDQ)	Post-treatment	FCU: 2.72 (0.150) iComet: 3.07 (0.198)		1 year follow-up	FCU: 2.55 (0.136) iComet: 2.72 (0.184)	
		Conduct problems (Child reported) Strengths and Difficulties Questionnaire (SDQ)				2-year follow-up	FCU: 2.38 (0.133) iComet: 2.61 (0.172)	
	Structural Strategic Family Therapy (SS-FT) vs. control (mean number of sessions = 8.5, N= 205)	Externalising symptoms (Parent reported) Child Behaviour Checklist (CBCL)	3 months post-baseline	Intervention: 3.77 (2.63) Control: 5.52 (2.20)	-	1 year follow-up	FCU: 2.23 (0.189) iComet: 2.49 (0.196)	
						2-year follow-up	FCU: 2.48 (0.447) iComet: 2.46 (0.634)	
Hogue et al., 2015	Brief strategic family therapy (BSFT) vs. TAU (N=261)	Externalising (Adolescent reported) Adult Self Report (ASR)	3-7 years after randomisation	BFST vs. TAU: B= 0.42, SE= 0.15, p= 0.005; d= -0.26		6 months post-baseline	SS-FT: 12.5 (10.2) Control: 12.6 (8.2)	
Humayun et al., 2017	Functional Family Therapy (FFT) (12 sessions across 3–6 months, n = 65) vs. Management as Usual (MAU) only (no duration, n= 46)	Oppositional defiant disorder symptoms (Parent reported) Adolescent Parent Account of Child Symptoms (APACS)	Post-test (6 months after randomisation)	Intervention: 3.3 (2.35) Control: 2.7 (2.5)		12 months (18 months after randomisation)	Intervention: 3.1 (2.43) Control: 1.9 (1.95)	
		Conduct disorder symptoms (Parent reported) Adolescent Parent Account of Child Symptoms (APACS)	Post-test (6 months after randomisation)	Intervention: 2.2 (2.34) Control: 1.4 (1.57)		12 months (18 months after randomisation)	Intervention: 1.5 (1.79) Control: 1.1 (1.47)	
Irvine et al., 2015	Parenting Toolkit vs. no intervention (9 scenarios 2 visits, N=307)	Conduct Problems - <i>Intensity scale</i> Eyberg Child Behaviour Inventory (ECBI)	30 days post-test	Treatment = 101.1 (37.3) Control = 106.2 (34.1)	p= 0.016			
		Conduct problems - <i>Problem scale</i> Eyberg Child Behaviour Inventory (ECBI)	30 days post-test	Treatment = 9.2 (7.9) Control = 9.6 (7.4)	p= 0.104			
Jalling et al., 2016	Comet 12-18 (9 sessions, n = 88 parents) /	Externalising behaviour (Adolescent report)	6 months follow-up	Comet 12-18 = 18.31 (11.35)				

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
	ParentSteps (6 sessions, n= 71 parents) vs. wait-list control condition (n= 82 parents)	Youth Self-Report (YSR)		ParentSteps = 16.59 (10.66) Control = 17.15 (9.96)				
Kolko et al., 2018	Alternatives for Families: A Cognitive Behavioural Therapy (AF-CBT; median 24 weeks; N= 122 families) vs. Treatment as Usual (TAU; median 19 weeks, N=73 families)	Total problems Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS)	Prelater (Baseline to 6 months)	ES (b) AF-CBT = 2.67 TAU = 0.44 Interaction = -5.17	AF-CBT = 0.50 TAU = 0.93 Interaction = 0.37	Follow-up (6 to 18 months)	ES (b) AF-CBT = -5.53 TAU = -8.67 Interaction = 8.85	AF-CBT = 0.02 TAU = 0.00 Interaction = 0.01
Löchner et al., 2021; Löchner et al., 2023	Family Group Cognitive Behavioural Intervention (FG-CBI) vs. no intervention (12 sessions, N=100 families)	Externalising symptoms (Parent-reported) Child Behaviour Checklist (CBCL)	6 months post baseline	EG = 6.11 (5.94) CG = 3.52 (3.86)	-	9 months post baseline	EG = 5.15 (4.98) CG = 4.00 (4.12)	
		Externalising symptoms (Adolescent reported) Youth Self-Report (YSR)	6 months post baseline	EG = 8.52 (6.25) CG = 9.84 (6.36)	-	15 months post baseline	EG = 4.69 (5.42) CG = 3.30 (3.19)	
MVPP, 2013; MVPP 2014b	GREAT Families (Selective) vs. no intervention (15 weeks, N=1,805)	Physical Aggression Composite measure ^a	Post-test	B=0.90, SE=0.06		Follow-up, length unclear	Linear slope effect= -0.11, SE= 0.06, ES (d)= -0.2	NS
Olseth et al., 2024	Functional Family Therapy (FFT) vs. TAU (average treatment time was 19.2 hr, N=161)	Aggressive behaviour (Parent-reported) Child Behaviour Checklist (CBCL)	Post-test (6 months after pretest)	FFT = 9.29 (7.95) TAU = 9.08 (9.11)		18 months after pretest	FFT = 7.80 (7.95) TAU = 7.26 (7.38)	
Pérez-García et al., 2020	Multifamily Therapy (MFT) vs. Treatment as Usual (TAU) (individualised, N=75 adolescents)	Externalizing behaviour (Adolescent reported) Youth Self Report (YSR)	Post-test	Group by time interaction, p=0.170				
Salari et al., 2014	Standard Teen Triple P (STTP) Vs. waitlist control condition (10-sessions, N=46 families)	Conduct Problems (Parent reported) Strengths and Difficulties Questionnaire (SDQ)	3 months post-intervention	STTP = 5.15 (2.39) CG = 5.07 (1.47)	0.006			
		Hyperactivity (Parent reported) Strengths and Difficulties	3 months post-intervention	STTP = 4.55 (2.78) CG = 5.27 (2.03)	0.007			

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
		Questionnaire (SDQ)						
Schaub et al., 2014	Multidimensional Family Therapy (MDFT) vs. Individual psychotherapy (IP) (6 months, N= 450 families)	Externalising symptoms (Adolescent reported) Youth Self-Report (YSR)	6 months	MDFT = 17.08 (8.61) IP = 17.12 (9.21)		12 months	MDFT = 15.38 (9.07) IP = 15.86 (8.80)	
		Externalising symptoms (Parent reported) Child Behaviour Checklist (CBCL)	6 months	MDFT = 18.44 (10.68) IP = 18.76 (12.39)		12 months	MDFT = 16.34 (11.15) IP = 15.35 (9.80)	
Slesnick et al., 2013	Ecologically Based Family Therapy (EBFT) (12 sessions) vs. Motivational Interviewing (MI) (2 sessions) or Community Reinforcement Approach (CRA) (12 sessions) (N = 179 adolescents)	Externalising problems (Adolescent reported) Youth Self-Report (YSR)	3 months	EBFT: 21.95 (10.05) MI: 20.40 (9.44) CRA: 20.84 (10.40)		6 months	EBFT: 18.99 (11.83) MI: 18.42 (8.14) CRA: 21.17 (11.33)	
			9 months	EBFT: 18.38 (10.78) MI: 15.86 (9.85) CRA: 19.18 (10.35)		12 months	EBFT: 18.46 (9.43) MI: 14.72 (9.46) CRA: 16.74 (9.77)	
			18 months	EBFT: 18.45 (10.74) MI: 13.67 (7.35) CRA: 18.10 (9.80)		24 months	EBFT: 17.86 (8.39) MI: 14.78 (9.46) CRA: 19.63 (11.43)	
		Externalising symptoms (Parent reported) Child behaviour Checklist (CBCL)	3 months	EBFT: 24.69 (13.72) MI: 23.59 (13.05) CRA: 27.09 (12.15)		6 months	EBFT: 21.58 (14.67) MI: 20.10 (12.07) CRA: 27.69 (13.55)	
			9 months	EBFT: 20.85 (13.36) MI: 19.47 (14.50) CRA: 22.41 (13.72)		12 months	EBFT: 20.60 (12.85) MI: 19.28 (14.20) CRA: 24.52 (12.80)	
			18 months	EBFT: 16.74 (12.02) MI: 16.78 (12.73) CRA: 24.50 (13.29)		24 months	EBFT: 14.48 (10.16) MI: 15.81 (11.90) CRA: 22.07 (13.56)	
Smith et al., 2015	Family Check Up (FCU) vs. Treatment as usual (3 sessions, N = 82)	Conduct problems (Parent reported) Strengths and Difficulties Questionnaire (SDQ)	Post-treatment	FCU= 2.70 TAU= 3.26	p= 0.16, d= 0.21			
		Conduct problems (Youth reported) Strengths and Difficulties Questionnaire (SDQ)	Post-treatment	FCU= 1.95 TAU= 2.92	p=0.01, d=0.33			
Swenson et al., 2010	Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) (average of 7.6 months, N=45) vs. Enhanced	Externalising symptoms (CBCL)	Baseline (0), 2, 4, 10, 16 months	Intercept: 7.36 (3.28) Slope: -0.40 (0.51) S on treatment: -0.15 (0.13)	p <0.05			



Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
	Outpatient Treatment (EOT) (average of 4.0 months, n=45)			ES (d): NR				

^a Combines adolescent-reported Aggression scale of the Problem Behaviour Frequency Scale (PBFS) with parent and teacher reports on the Aggression subscale of the Behavioural Assessment System for Children (BASC).

NR = not reported. NS = No statistically significant difference. ES = Effect size

Internalising problems

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Barone et al., 2021	Study 1: Connect vs. waiting list (10 weekly sessions, N=100 mothers)	Emotional and Peer Problems (Parent reported) Strengths and Difficulties Questionnaire (SDQ)	Post-intervention	Intervention: 5.12 (3.87) Control: 6.92 (4.38)		4-month follow-up	Intervention: 5.08 (3.42) Control: 7.18 (4.37)	
	Study 2: Connect vs. waiting list (10 weekly sessions, N=40 mother/adolescent pairs)	Emotional and Peer Problems (Parent reported) Strengths and Difficulties Questionnaire (SDQ)	Post-intervention	Intervention: 3.85 (3.07) Control: 6.35 (4.30)		4-month follow-up	Intervention: 3.75 (2.53) Control: 6.40 (3.70)	
		Emotional and Peer Problems (Adolescent reported) Strengths and Difficulties Questionnaire (SDQ)	Post-intervention	Intervention: 4.90 (3.57) Control: 6.70 (3.66)		4-month follow-up	Intervention: 5.05 (2.65) Control: 7.10 (4.88)	
Compas et al., 2010	Family Group Cognitive-Behavioural (FG-CBI) vs. written information (WI) (12-sessions, N= 266)	Internalising symptoms (Adolescent reported) Youth Self-Report (YSR)	6-month follow-up (from baseline)	Intervention: 46.69 (9.41) Control: 46.92 (12.27)		12-month follow-up (from baseline)	Intervention: 44.63 (8.59) Control: 50.42 (12.72)	
Fonagy et al., 2018; 2020a	Multisystemic Therapy (MST) vs. Management as Usual (MAU) (3–5 months, N = 684)	Emotional problems (Youth reported) Strengths and Difficulties Questionnaire (SDQ)	6-month follow-up	MST = 3.0 (2.3) MAU = 3.4 (2.4)		12-month-follow-up	MST = 3.0 (2.3) MAU = 3.5 (2.5)	
			18-month follow-up	MST = 3.2 (2.5) MAU = 3.6 (2.6)		24-month-follow-up	MST = 3.61 MAU = 3.75	
			36-month follow-up	MST = 3.57 MAU = 3.86		48-month-follow-up	MST = 3.40 MAU = 4.15	
		Emotional problems (Parent reported) Strengths and Difficulties Questionnaire (SDQ)	6-month follow-up	MST = 3.3 (2.6) MAU = 3.7 (2.7)		12-month-follow-up	MST = 3.1 (2.5) MAU = 3.6 (2.6)	
			18-month follow-up	MST = 3.1 (2.5) MAU = 3.6 (2.8)		24-month-follow-up	MST = 3.43 MAU = 3.29	
			36-month follow-up	MST = 3.42 MAU = 3.58		48-month-follow-up	MST = 3.52 MAU = 3.94	
Fongaro et al., 2023	Non-Violent Resistance (NVR) programme vs. TAU (10, 2-h sessions over 4 months, N=82 parents)	Internalising problems Child Behaviour Checklist (CBCL)	4 months post-intervention	Intervention: 69.26 (8.70) Control: 70.30 (10.97)	p= 0.66	8 months post-intervention	Intervention: 69.55 (9.93)	
Ghaderi et al., 2018	FCU vs. iComet (10 weekly sessions, n= 231)	Emotional Symptoms (Parent reported)	Post-treatment	iComet: 2.51 (0.217) FCU: 2.59 (0.194)		1 year follow-up	iComet: 2.45 (0.218) FCU: 2.73 (0.208)	

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
		Strengths and Difficulties Questionnaire (SDQ)	-	-	-	2-year follow-up	iComet: 3.04 (0.264) FCU: 2.57 (0.195)	
		Emotional Symptoms (Child reported) Strengths and Difficulties Questionnaire (SDQ)	Post-treatment	iComet: 2.84 (0.237) FCU: 2.97 (0.230)		1 year follow-up	iComet: 2.95 (0.237) FCU: 2.54 (0.200)	
Hogue et al., 2015	Structural Strategic Family Therapy (SS-FT) vs. usual care (mean number of sessions = 8.5, N= 205)	Internalising symptoms Youth Self Report (YSR)	3 months post-baseline	SS-FT: 13.1 (12.0) Control: 10.6 (7.6)		6-month post-baseline	SS-FT: 11.1 (10.1) Control: 10.2 (8.3)	
		Internalising symptoms Child Behaviour Checklist (CBCL)	3 months post-baseline	SS-FT: 11.2 (8.7) Control: 10.6 (8.7)		12 months post-baseline	SS-FT: 9.4 (8.9) Control: 10.0 (8.4)	
		Internalising symptoms Youth self-report (YSR) (Youth Report)	6-months post baseline	EG = 7.38 (7.82) CG = 8.29 (7.4)		6-month post-baseline	SS-FT: 10.3 (8.4) Control: 9.9 (8.3)	
		Internalising symptoms Youth self-report (YSR) (Parent Report)	6-months post baseline	EG = 7.34 (8.35) CG = 6.55 (7.06)		12 months post-baseline	SS-FT: 11.1 (11.0) Control: 8.8 (8.4)	
Löchner et al., 2021	Family Group Cognitive Behavioural intervention (FG-CBI) vs. no intervention (12 sessions, N=100 families)	Internalising symptoms Youth self-report (YSR) (Youth Report)	6-months post baseline	EG = 7.38 (7.82) CG = 8.29 (7.4)		9-months post baseline	EG = 7.95 (8.03) CG = 10.38 (9.17)	
		Internalising symptoms Youth self-report (YSR) (Parent Report)	6-months post baseline	EG = 7.34 (8.35) CG = 6.55 (7.06)		15-months post baseline	EG = 5.95 (5.97) CG = 8.82 (9.12)	
Olseth et al., 2024	Functional Family Therapy (FFT) vs. TAU (average treatment time was 19.2 hr, N=161)	Internalising (Parent-reported) Child Behaviour Checklist (CBCL)	Post-test (6 months after pretest)	FFT = 12.07 (10.30) TAU= 12.45 (11.49)		Follow-up (18 months after pretest)	FFT = 11.78 (10.89) TAU = 10.57 (9.50)	
Pérez-García et al., 2020	Multifamily Therapy (MFT) vs. TAU (individualised, N=75 adolescents)	Internalizing Behaviour (Adolescent report) Youth Self Report (YSR)	Post-test	Time X Group, p = 0.291				
Salari et al., 2014	Standard Teen Triple P (STTP) vs. waitlist control condition (10-sessions, N=46 families)	Emotional Symptoms Strengths and Difficulties Questionnaire (SDQ)	3 months post-intervention	STTP = 2.35 (2.50) CG = 3.08 (2.70)	p= 0.006	-	-	-
Schaub et al., 2014	Multidimensional Family Therapy (MDFT) vs. Individual psychotherapy (IP) (6 months, N= 450 families)	Internalising symptoms Youth Self Report (YSR)	6 months	MDFT = 10.96 (7.77) IP = 11.99 (8.71)		12 months	MDFT = 10.82 (8.87) IP = 11.76 (9.23)	
		Internalising symptoms		MDFT = 14.81 (9.75) IP = 16.12 (10.90)			MDFT = 13.08 (9.79)	

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Slesnick et al., 2013	Ecologically Based Family Therapy (EBFT; 12 sessions) vs. Motivational Interviewing (MI) (2 sessions), Community Reinforcement Approach (CRA) (12 sessions) (N = 179 adolescents)	Child Behaviour Checklist (CBCL) (Caregiver reported)					IP = 13.96 (9.16)	
		Internalizing symptoms Youth Self-Report (YSR)	3 months	EBFT: 21.25 (10.25) MI: 19.94 (11.98) CRA: 18.15 (11.15)		6 months	EBFT: 18.32 (11.63) MI: 17.65 (10.21) CRA: 20.81 (13.95)	
		Internalizing symptoms Child Behaviour Checklist (CBCL)	9 months	EBFT: 14.77 (9.97) MI: 17.79 (11.72) CRA: 16.98 (11.33)		12 months	EBFT: 16.58 (11.20) MI: 14.28 (9.93) CRA: 15.97 (10.80)	
		Peer Problems Strengths and Difficulties Questionnaire (SDQ)	18 months	EBFT: 15.93 (10.43) MI: 14.32 (8.96) CRA: 14.63 (8.98)			EBFT: 15.35 (8.62) MI: 15.42 (10.20) CRA: 15.86 (8.65)	
Swenson et al., 2010	Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) (average of 7.6 months, N=45) vs. Enhanced Outpatient Treatment (EOT) (average of 4.0 months, n=45)	Internalising symptoms Child Behaviour Checklist (CBCL)	Baseline (0), 2, 4, 10, 16 months	Intercept: 5.90 (4.88) Slope: -0.15 (0.08) S on treatment: -2.13 (0.95) ES (d): 0.71	p < 0.05			
		Depression Trauma Symptom Checklist for Children (TSCC)	Baseline (0), 2, 4, 10, 16 months	Intercept: 1.05 (2.63) Slope: -1.09 (0.50) S on treatment: -0.03 (0.12) ES (d): NR	p < 0.05			
		Anxiety Trauma Symptom Checklist for Children (TSCC)	Baseline (0), 2, 4, 10, 16 months	Intercept: 1.45 (2.05) Slope: -0.92 (0.49) S on treatment: -0.13 (0.11) ES (d): NR	p < 0.05			



Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
		Dissociation Trauma Symptom Checklist for Children (TSCC)	Baseline (0), 2, 4, 10, 16 months	Intercept: 3.35 (1.14) Slope: -0.36 (0.42) S on treatment: -0.94 (0.39) ES (d): 0.73	p <0.01			

NR = Not reported. NS = No statistically significant difference. ES = Effect size.



Externalising and internalising (combined) problems

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Cassells et al., 2015	Positive Systemic Practice (PSP)/waitlist control (Up to 30 weeks, N=72)	Total difficulties (Parent reported) Strengths and Difficulties Questionnaire (SDQ)	16 week follow up	Intervention: 13.44 (7.12) Control: 19.30 (3.96)	-	6-month follow-up	Intervention: 12.66 (6.53) Control: Not followed up	-
		Total difficulties (Adolescent reported) Strengths and Difficulties Questionnaire (SDQ)	16 week follow up	Intervention: 15.92 (5.92) Control: 17.42 (6.20)	-	6-month follow-up	Intervention: 13.90 (4.97) Control: Not followed up	-
Duppong Hurley et al., 2020	Boys Town In-Home Family Services (BT-IHFS) / SAU (3-4 months, N=300)	Total Difficulties (Parent reported) Strengths and Difficulties Questionnaire (SDQ)	Post-test	BT-IHFS vs. SAU: Hedge's g= -0.224	-	6-month follow-up	BT-IHFS vs. SAU: Hedge's g= -0.300	P= 0.020
Fonagy et al., 2018; 2020	MST/ MAU (3-5 months, N = 684)	Behaviour & wellbeing (Parent reported) Strengths and Difficulties Questionnaire (SDQ)	6-month follow-up	Intervention: 17.3 (6.7) Control: 18.8 (6.9)	-	12-month follow-up	Intervention: 16.9 (6.9) Control: 17.8 (6.9)	-
			18-month follow-up	Intervention: 16.5 (6.5) Control: 17.0 (6.9)	-	24-month follow-up	Intervention: 15.67 Control: 15.94	-
			36-month follow-up	Intervention: 15.16 Control: 15.32	-	48-month follow-up	Intervention: 16.30 Control: 16.27	-
Fongaro et al., 2023	Non-Violent Resistance (NVR) program/TAU (10, 2-h sessions over 4 months, N=82 parents)	Total problems Child Behaviour Checklist (CBCL)	4 months post-intervention	Intervention: 70.41 (± 14.04) Control: 69.49 (± 14.48)	p= 0.79	8 months post-intervention	Intervention: 69.55 (± 9.93)	-
		Total difficulties Strengths and Difficulties Questionnaire (SDQ)	4 months post-intervention	Intervention: 20.39 (± 5.51) Control: 19.53 (± 6.84)	p= 0.57	8 months post-intervention	Intervention: 19.06 (± 6.96)	-
Gan et al., 2021	Functional Family Therapy (FFT)/TAU (20 sessions up to 6 months, N= 120)	Emotional and behavioural problems (Adolescent reported) Youth Outcome Questionnaire (YOQ)	Post-intervention	Intervention: 31.4 (23.2) Control: 49.9 (26.3)	-	Post-probation	Intervention: 28.6 (24.0) Control: 47.3 (25.3)	-
Ghaderi et al., 2018	FCU vs. iComet (10 weekly sessions, n= 231)	Total difficulties (Parent reported) Strengths and Difficulties Questionnaire (SDQ)	Post-treatment	FCU: 12.39 (0.625) iComet: 13.45 (0.722)	p = 0.49,	1-year follow-up	FCU: 11.77 (0.617) iComet: 12.26 (0.726)	-
		-	-	-	2-years follow-up	FCU: 11.05 (0.630) iComet: 13.18 (0.724)	p = 0.09	
		Total difficulties (Adolescent reported)	Post-treatment	FCU: 12.48 (0.634) iComet: 11.94 (0.685)	-	1-year follow-up	FCU: 11.67 (0.638) iComet: 12.69 (0.666)	-

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
		Strengths and Difficulties Questionnaire (SDQ)	-	-	-	2-years follow-up	FCU: 12.93 (1.425) iComet: 12.07 (2.022)	-
Giannakopoulos et al., 2021	Family Talk Intervention (FTI) (6-8 weekly sessions) vs. Let's Talk about Children (LTC) (Parent only) (N= 62)	Emotional & behavioural problems	4 months post-baseline	FTI: 14.73 (3.80) LTC: 13.41 (3.40)	-	10 months post-baseline	FTI: 13.77 (2.92) LTC: 12.59 (2.76)	-
		Strengths and Difficulties Questionnaire (SDQ)				18 months post-baseline	FTI: 12.57 (2.36) LTC: 11.88 (2.24)	-
		Total difficulties (Parent reported) Strengths and Difficulties Questionnaire (SDQ)				3 months post-baseline	Intervention: 17.60 (6.27)	
Hartnett et al., 2016	Functional Family Therapy (FFT) vs. control (20 sessions up to 6 months, N= 97)	Total difficulties (Adolescent reported) Strengths and Difficulties Questionnaire (SDQ)	20 weeks post-baseline	Intervention: 13.81 (6.32) Control: 16.03 (5.62)		3 months post-baseline	Intervention: 14.05 (6.02)	
		Total score (Parent reported) Child Behaviour Checklist (CBCL)	6 months	Comet 12-18: 28.30 (23.51) ParentSteps: 33.96 (27.27) Control: 31.59 (22.65)				
Jalling et al., 2016	Comet 12-18 (9 sessions, n = 88 parents) / ParentSteps (6 sessions, n= 71 parents) vs. wait-list control condition (n= 82 parents)	Total score (Adolescent reported) Youth Self-Report (YSR)	6 months	Comet 12-18: 46.00 (28.83) ParentSteps: 45.16 (25.32) Control: 46.90 (27.90)				
		Problem severity (Parent reported) Ohio Scale	Post-test	% achieving reliable change index I-FAST: 0.471 MST: 0.375				
Lee et al., 2013	Integrated Families and Systems Treatment (I-FAST) vs. Multisystemic Therapy (MST)	Problem severity (Youth reported) Ohio Scale	Post-test	% achieving reliable change index I-FAST: 0.439 MST: 0.200				
		Total difficulties (Parent reported) Strengths and Difficulties Questionnaire (SDQ)	Post-test	STTP: 11.85 (8.28) Control: 15.65 (6.21) STTP vs. control, d= 0.62 (95% CI 0.03, 1.22)	-	-	-	-
Salari et al., 2014	Standard Teen Triple P (STTP) Vs. waitlist control condition (10-sessions, N=46 families)							

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Solantus et al., 2010	Family Talk Intervention (FTI) vs. Let's Talk about the Children (LTC) (N = 149 parental reports on children)	Total symptoms Strengths and Difficulties Questionnaire (SDQ)	4 months	FTI = 7.75 (4.32) LTC = 8.55 (5.61)	-	10 months	FTI = 8.00 (5.45) LTC = 8.02 (5.99)	-
						18 months	FTI = 7.76 (5.32) LTC = 7.85 (5.97)	-
Swenson et al., 2010	Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) vs. Enhanced Outpatient Treatment (EOT)	Total Internalising and Externalising Child Behaviour Checklist (CBCL)	Baseline (0), 2, 4, 10, 16 months	Intercept: 49.12 (18.35) Slope: 5.39 (3.46) S on treatment: -3.50 (0.77) ES (d): 0.85	p <0.01	-	-	-
Wirehag Nordh et al., 2023	Family Talk Intervention (FTI) vs. Let's Talk about the Children (LTC) vs. IAU (interventions as usual)	Total Difficulties (Parent reported) Strength and Difficulties Questionnaire (SDQ)	6 months	FTI: 5.89 (3.28) LTC: 6.82 (6.19) IAU: 8.86 (5.47)	-	-	-	-

NR = Not reported. NS = No statistically significant difference. ES = Effect size.



Child welfare outcomes

Author year	Intervention/ Comparator (Duration, N)	Definition of outcome	Timepoint 1	Outcome value, mean (SD)	Test p-value	Timepoint 2	Outcome value, mean (SD)	Test p-value
Akin & McDonald, 2018	Parent Management Training, Oregon (PMTO) vs. Services as Usual (SAU) (weekly sessions up to 6 months, N=918)	Reunification with parents	Post-test (6 months)	PMTO: 62.7% TAU: 55.8% HR= 1.16 (95% CI 0.98, 1.37)	p=0.083	-	-	-
Darnell & Schuler, 2015	Functional Family Therapy (FFT) (without or without Functional Family Probation [FFP]) vs. Probation Services as Usual (SAU)	Subsequent out-of-home placement (OHP) following release from placement	First 30-days	FFT: OR= 0.27 FFT+FFP: OR = 0.38	p<0.001 p<0.001	9-months post release	FFT: OR = 2.09, FFT+FFP: OR = 2.61	p=0.42 p<0.05
Fonagy et al., 2018	Multisystemic Therapy (MST) vs. Management as Usual (MAU) (3–5 months, N = 684)	Out-of-home placement	6-, 12-, 18-months follow-up	OR= 1.25 (95% CI 0.77, 2.05)	P=0.37	-	-	-

NR = Not reported. NS = No statistically significant difference. HR = Hazard ratio. OR = Odds ratio.



Appendix E: Forest plots

Figure 1. Forest plot for positive parenting

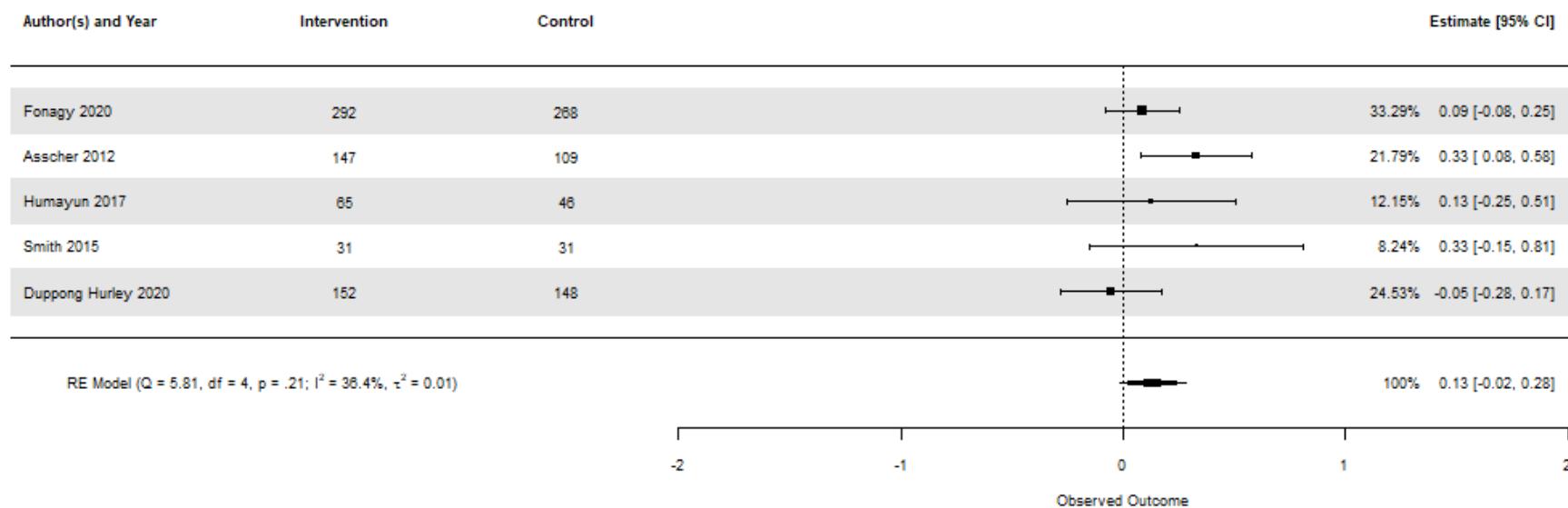




Figure 2. Forest plot for negative parenting

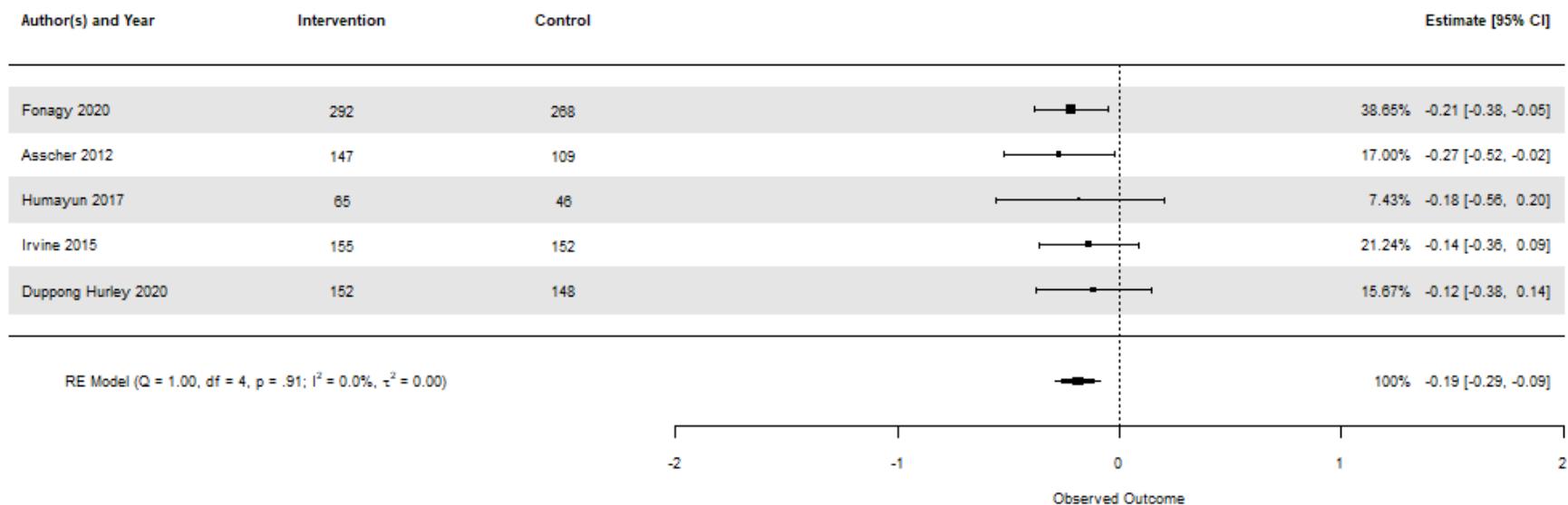




Figure 3. Forest plot for parenting stress

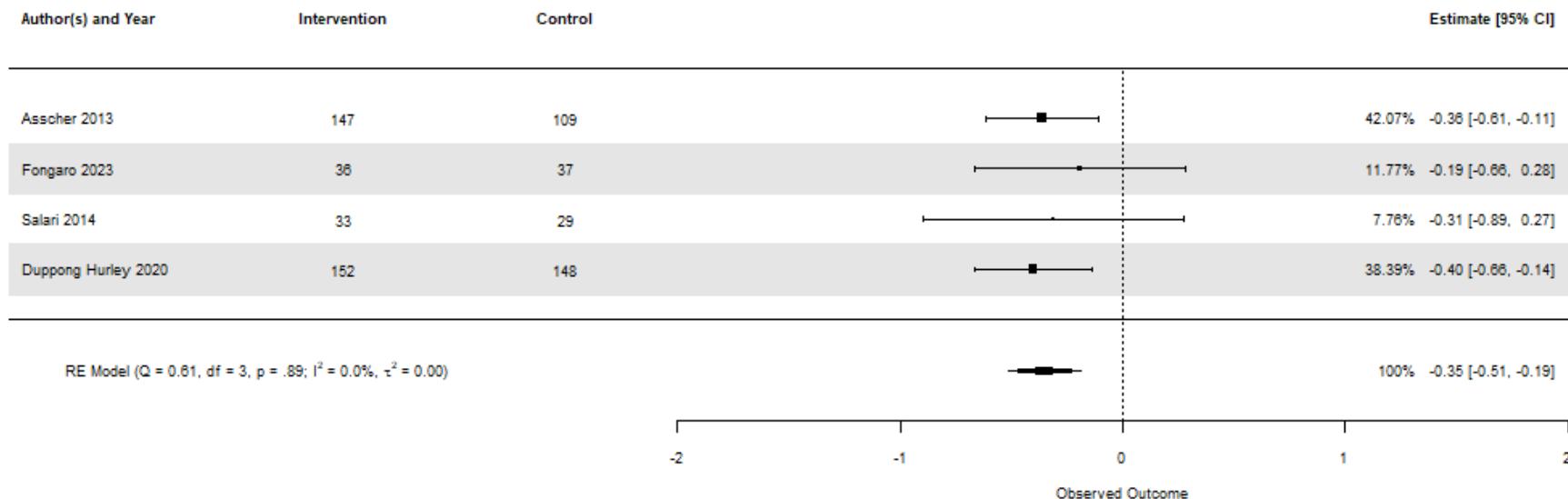




Figure 4. Forest plot for parent-reported externalising symptoms

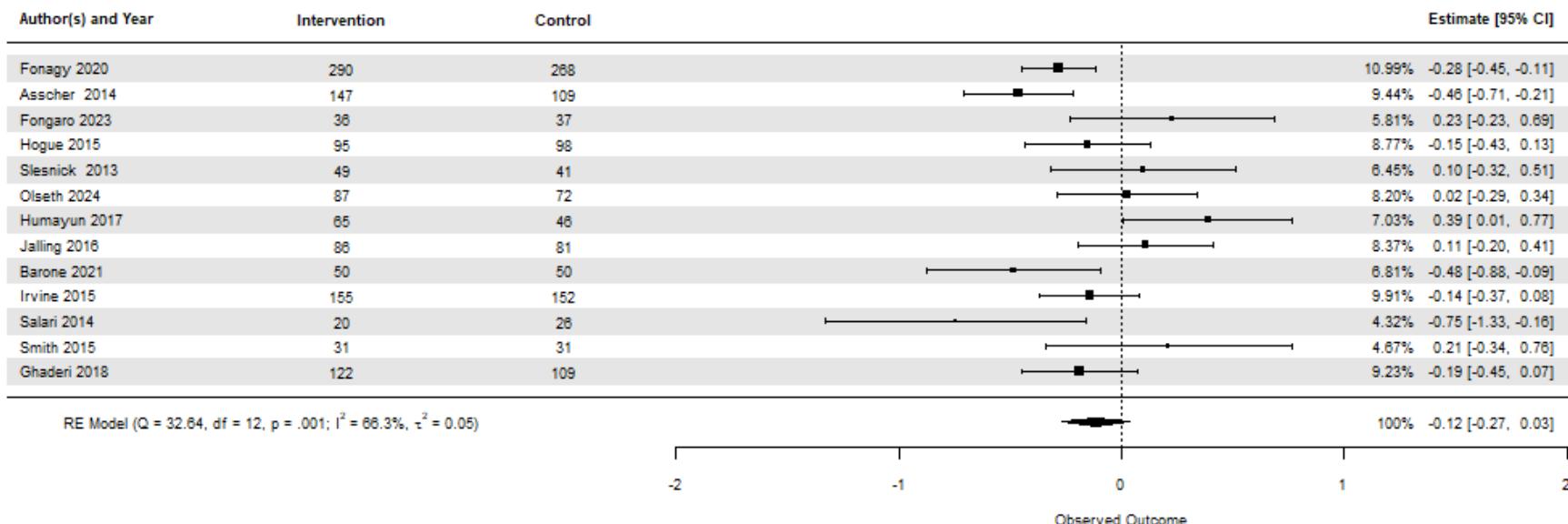


Figure 5. Funnel plot for parent-reported externalising symptoms

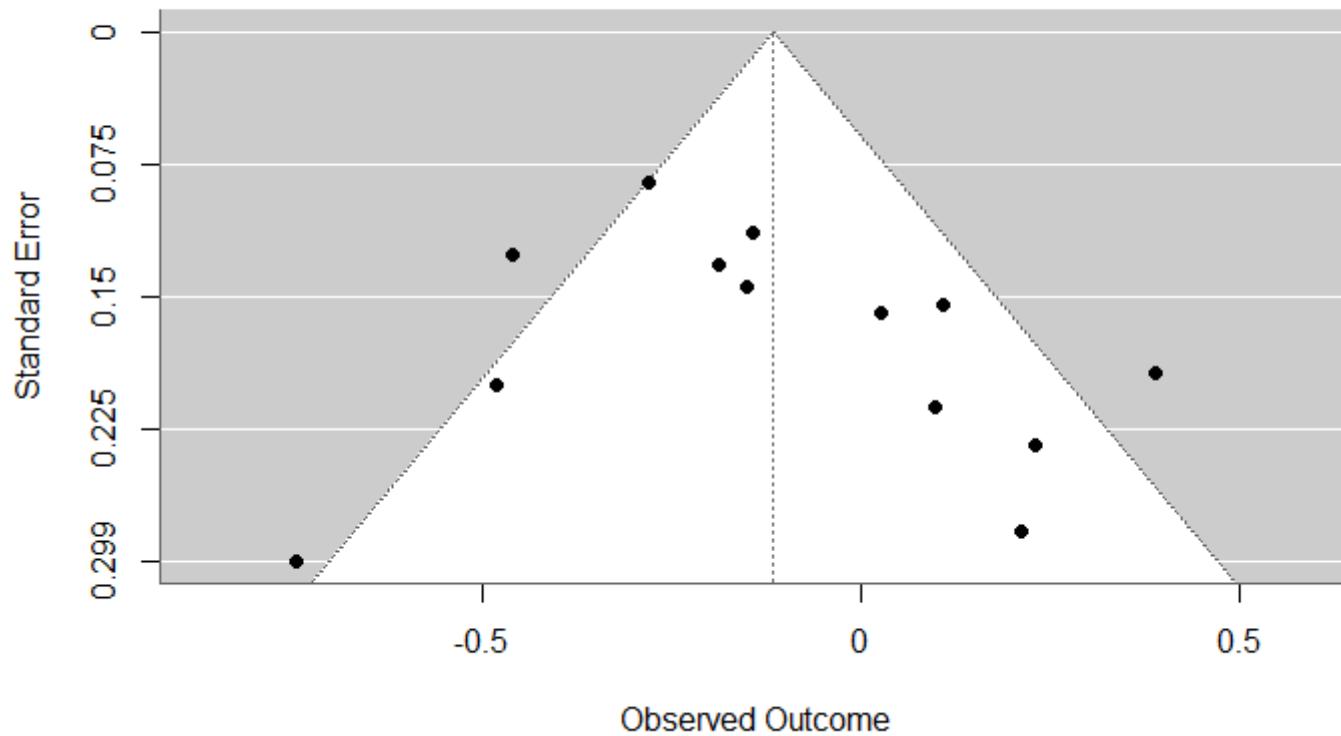




Figure 6. Forest plot for parent-reported internalising symptoms

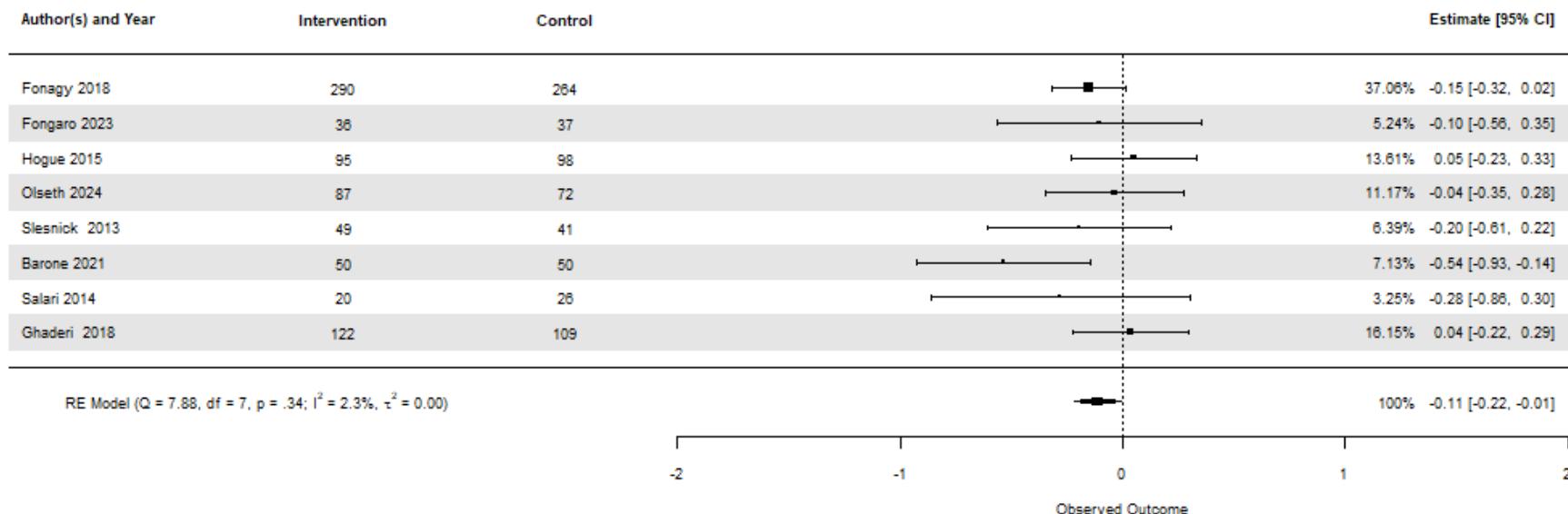
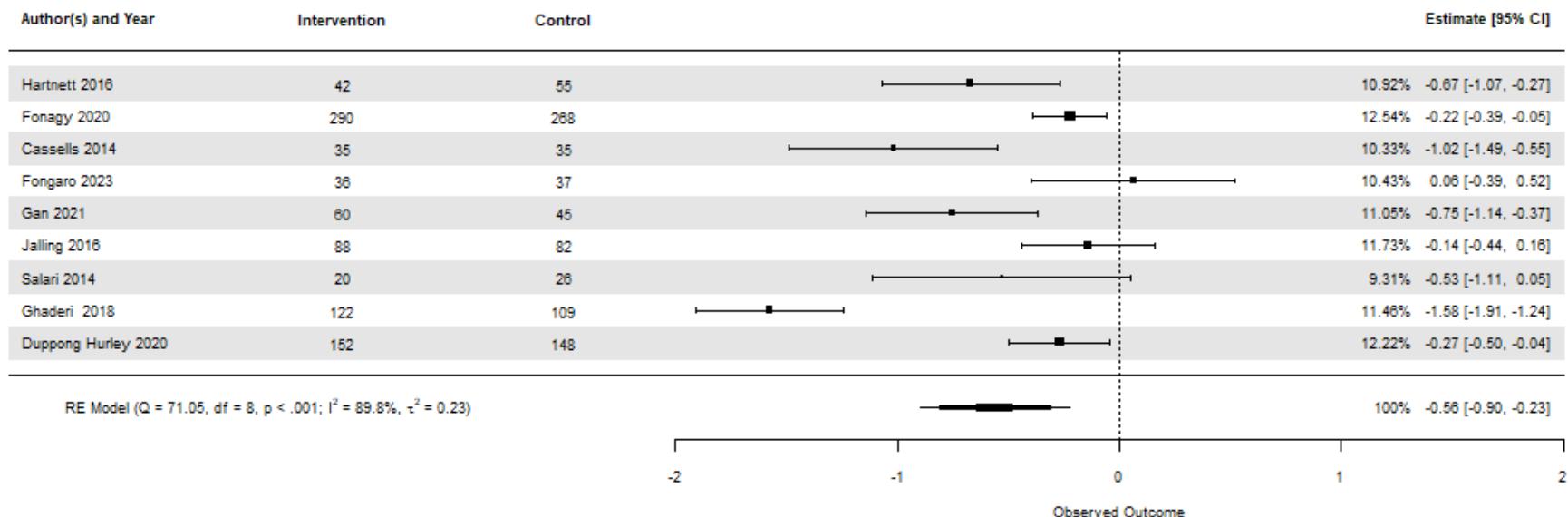


Figure 7. Forest plot for parent-reported combined internalising and externalising symptoms





Appendix F: GRADE CERQual Assessment of Qualitative Evidence

GRADE CERQual Assessment of qualitative evidence to support RQ4 – barriers and facilitators to implementation

Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Delivery platform: Offering programmes in a hybrid way (e.g. in community and online) can meet family desire for flexibility and overcome individual level barriers	Hershell et al., 2013; Kristen et al., 2023; Lundgren et al., 2023; Joder et al., 2025; Lange et al., 2023; Tighe et al., 2012; Bounds et al., 2023	Moderate methodological limitations (seven studies, five MMAT rated 5 star, two commentary pieces with methodological limitations)	Moderate concerns: the lack of commentary on this topic from most papers and lack of detail on other delivery contexts suggest this is underdeveloped	Minor concerns seven studies contributed to this finding of which five had adequate participant numbers and sufficiently rich data	Moderate concerns: only seven interventions represented and insufficient data to identify differences between family therapy and parent training programmes	Moderate confidence	Moderate concerns regarding methodological limitations, coherence and relevance, minor adequacy concerns
Group delivery: Group delivered programmes allowed participants to meet other families in the same situation which reduced isolation and stigma, and encouraged social support and emotional expression	Lundgren et al., 2023; Claus et al., 2019; Joder et al., 2025; Coen et al., 2013; Maya et al., 2020	Minor methodological limitations (five studies, all MMAT rated 5 star, no methodological concerns)	Moderate concerns: lack of data from most studies suggest this may be an oversimplified account of group delivery	Moderate concerns: only five studies	Serious concerns: only five studies representing four interventions, and a mixture of family therapy and parent training programmes which limit ability to apply finding to either programme type.	Low confidence	Serious concerns about relevance, Moderate concerns about coherence and adequacy, minor methodological concerns.
Manualised intervention: A lack of flexibility to meet the needs of complex	Mauricio et al., 2021; Claus et al., 2019; Coen et al., 2013;	Minor methodological limitations (eight studies, seven	Moderate concerns: while the rigid nature of manualised	Minor concerns: eight studies contributed to	Serious concerns; only five interventions	Low confidence	Serious concerns about relevance, moderate concerns about coherence,



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
families in manualised interventions may impact upon practitioner engagement	Furlong et al., 2021; Strand & Meyersson, 2020; Strand & Rudolfsson, 2017; McPherson, 2017; Collyer et al., 2020	MMAT rated 5 star, one MMAT rated 4 star with minor methodological limitations)	interventions was discussed as a barrier in seven of the eight studies, four presented contradictory evidence on the reassuring nature of manualised intervention. Lack of coverage from majority of papers.	this finding, all with sufficient participants to reach data saturation. Most studies provided rich data.	are covered in the studies, there is no representation perspectives from some long established manualised programmes	High risk	minor adequacy and methodological concerns.
Cultural considerations: Practitioners from the same cultural and linguistic background as families can assist in appropriately adapting parenting interventions and increase engagement and understanding.	Herschell et al., 2012; Kristen et al., 2023; Osman et al., 2019; Osman et al., 2024; Thompson & Koley, 2014; Beardslee et al., 2010; McPherson, 2017; Gan et al., 2019; Shakeshaft et al., 2020; Forgatch & Kjøbli, 2016; Bounds et al., 2023	Moderate methodological concerns (11 studies, six MMAT rated 5 star, one MMAT rated 4 star with minor methodological limitations and four commentary pieces)	Minor concerns: the importance of making cultural adaptions to programmes is coherent across the studies but there is less coherence on the nuances of applying this contextually.	Minor concerns: seven of eleven studies had enough participants to reach data saturation and richness of data	Moderate concerns: only one UK study which in the case of cultural considerations may limit relevance of findings. Limited data on intersectionality with wider factors such as sexuality, trauma, socio-economic deprivation	Moderate confidence	Moderate concerns about relevance, and methodology, minor coherence and adequacy concerns
Practitioner characteristics: staff who have experience of working with similar family-based	Furlong et al., 2021; Allchin et al., 2022; Allchin et al., 2020a; Karibi &	Minor methodological concerns (11 studies of which five are MMAT	Minor concerns: good coherence across studies with facilitators	Minor concerns: 11 studies contributed to this study of	Moderate concerns: good agreement across studies on staff	Moderate confidence	Minor methodological, coherence, adequacy concerns



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
approaches, collaborating across agencies and have an open, empathetic and flexible attitude towards the intervention show greater adherence	Arblaster, 2019; McPherson, 2017; Gan et al., 2019; Economidis et al., 2019; Hebert et al., 2014; Henggeler et al., 2011; Fox & Ashmore, 2015; Ritger et al. 2015	rated 5 star, two are rated 4 star with minor methodological limitations and four commentary pieces)	and corresponding barriers aligning across interventions	which six had enough participants to reach saturation (4 descriptive and one small number of participants) and nine provided sufficiently rich data	characteristics which are relevant to UK context. Only five intervention programmes represented		and moderate relevance concerns
Therapeutic alliance: a strong therapeutic alliance between facilitator and parent/carer built on lack of judgement, proactive listening, consistency and a strengths based approach facilitates parental trust and engagement with parenting interventions	Cully et al., 2018; Marchionda & Slesnick, 2013; Lundgren et al., 2023; Ryding, 2020; Claus et al., 2019; Coen et al., 2013; Thompson & Koley, 2014; Mulligan et al., 2021; Strand & Meyersson, 2020; Strand & Rudolfsson, 2017; Pinkala et al., 2017; Allchin et al., 2022; Allchin et al., 2020a; Karibi & Arblaster, 2019; Maybery et al., 2019; Thoresen et al., 2025;	Minor methodological concerns (29 studies, 22 MMAT rated five star, two rated 4 star with minor methodological limitations, one rated three star with moderate methodological limitations and four commentary pieces)	No concerns: clear good coherence across studies	Minor concerns: 25 studies provided adequate primary data	No concerns: clear agreement across 29 studies representing nine interventions	High Confidence	Minor methodological and adequacy concerns



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
	Celinska, 2015; McPherson et al., 2017; Collyer et al., 2020; Economidis et al., 2023; Watkins et al., 2020; Shakeshaft et al., 2020; Fonagy et al., 2020; Butler et al., 2017; Tighe et al., 2012; Fox & Ashmore, 2015; Holtrop et al., 2014; Bounds et al., 2024; Bounds et al., 2023					Dark Green	
Staffing: Implementing parenting interventions into everyday practice requires well established, connected and knowledgeable leaders who take ownership of the parenting intervention through regular oversight and making necessary adaptions to working policies and practices.	Osman et al., 2024; Mauricio et al., 2021; Coen et al., 2013; Beardslee et al., 2010; Furlong et al., 2021; Allchin et al., 2022; Alchin et al., 2020a; Allchin et al., 2020b; Gan et al., 2019; Bryson et al., 2014; Forgatch & Kjøbli, 2016; Ritger et al., 2015	Minor methodological concerns (12 studies, six MMAT rated 5 star, three MMAT rated 4 star with minor methodological limitations and three commentary pieces)	Moderate concerns: insufficient commentary from most papers to make a full judgement	Moderate concerns: 12 studies contributed to this finding, of which 7 had sufficient participants to meet saturation and sufficiently rich data	Moderate concerns: Only 8 interventions are represented in this finding, whilst some elements of leadership are universal the wide range of international contexts might limit some of the findings in UK settings particularly in relation to leaders ability	Moderate	Minor methodological concerns and moderate coherence, adequacy and relevance concerns.



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
					to change working practices and policy		
Organisational culture: Implementing parenting interventions requires good multi-agency collaboration and staffing policies that are sufficiently flexible to allow practitioners to meet families' needs. The success of these actions is dependent on how ready organisations are to implement and how open they are to the parenting intervention model.	Kolko et al., 2012; Mauricio et al., 2021; Mauricio et al., 2019; Ryding, 2020; Coen et al., 2013; Beardslee et al., 2010; Furlong et al., 2021; Allchin et al., 2020a; Allchin et al., 2022; Allchin et al., 2020b; Karibi & Arblaster, 2019; McPherson et al., 2017; Gan et al., 2019; Duncan et al., 2011; Economidis et al., 2023; Shakeshaft et al., 2020; Raffel et al., 2013; Lee et al., 2012; Butler et al., 2017; Henggeler, 2011; Fox & Ashmore, 2015; Bryson et al., 2014; Akin et al., 2013; Forgatch &	Minor methodological concerns (27 studies, sixteen MMAT rated 5 star, seven MMAT rated 4 star with minor methodological limitations and four commentary pieces)	No concerns: good coherence across a substantial number of studies.	Minor concerns: 18 studies had sufficient participants to meet saturation and sufficiently rich data	Minor concerns: 10 interventions represented including UK studies. While the findings are broadly relevant across settings, some nuances relating to organisation type, structure and wider system context may not be captured.	High Confidence	Minor methodological, adequacy and relevance concerns.



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
	Kjøbli, 2016; Rowe et al., 2013; Liddle et al., 2011; Ritger et al., 2015						
Training and supervision: training programmes which are combined with ongoing supervision, coaching or community of practice allow staff to learn reflexively from firsthand experience and increase, and thus increase their confidence, autonomy, accountability and fidelity to the parenting intervention.	Kolko et al., 2012; Kolko et al., 2018; Herschell et al., 2012; Cully et al., 2018; Mauricio et al., 2021; Ryding, 2020; Coen et al., 2013; Beardslee et al., 2010; Allchin et al., 2020a; Allchin et al., 2022; Karibi & Arblaster, 2019; Tchernevovski et al., 2015; Gan et al., 2019; Economidis et al., 2023; Butler et al., 2017; Henggeler et al., 2011; Fox & Ashmore, 2015; Akin, 2016; Sigmarsdóttir & Guðmundsdóttir, 2013; Rowe et al., 2013; Liddle et al., 2011; Ritger et al., 2015	Minor methodological concerns (23 studies, 13 MMAT rated 5 star, five rated 4 star with minor methodological limitations, one rated three star with moderate methodological limitations and four commentary pieces)	No concerns: good coherence across studies in identifying the need for ongoing reflective practice following more conventional training sessions.	Minor concerns: 20 studies had sufficient participants to reach saturation and provide sufficiently rich data	Minor concerns: finding across 10 interventions highlight key overarching themes applicable to training and supervision. Nuance between programme types (therapeutic versus parent training programme) is less clear.	High Confidence	Minor methodological, adequacy and coherence concerns



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Information systems: Regular monitoring of performance data embedding into client information systems can improve programme fidelity and quality	Gan et al., 2019; Economidis et al., 2023	Serious concerns (only 2 studies one of which MMAT rated 5 star and one is a commentary piece)	Serious concerns: whilst there is some agreement across the two studies, results are sufficiently different to suggest theme is underdeveloped	Serious concerns: only one of two studies has sufficient participants and richness of data	Serious concerns: only two studies from the same intervention mean it is not possible to confirm relevance of findings	Low confidence	Serious methodological, coherence, adequacy and relevance concerns
Ecological system: parenting interventions are often implemented using short-term charitable or research grants and leaders face sufficient barriers in sustaining programmes financially. This is exacerbated by service commissioning cycles and wider political climate.	Osman et al., 2024; Furlong et al., 2021; Beardslee et al., 2010; Allchin et al. 2022; Allchin et al., 2020a; Economidis et al., 2023; Raffel et al., 2013; Henggeler et al., 2011; Ritger et al., 2015	Moderate concerns (nine papers of which seven are MMAT rated 5 star and two are MMAT rated four star with minor methodological limitations)	Serious concerns: large number of studies did not address this theme, and nine included studies did not provide sufficient detail to synthesis according to the concepts within the DSL framework	Moderate concerns: only six studies have sufficient participants and richness of data	Serious concerns: only six interventions provided data covering two of five DSL domains. International nature of studies means that differing political and financial contexts limit relevance	Low confidence	Serious coherence and relevance concerns, moderate methodological and adequacy concerns.



GRADE CERQual Assessment of qualitative evidence to support RQ5 – acceptability of the programme to parents or carers

Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Trusting relationship with facilitators: a trusting relationship between parents and facilitator is important in engaging and sustaining families involvement in UK parenting interventions	Attwood et al., 2020; Collyer et al., 2020; Mc Carry et al., 2021; McPherson et al., 2017; Tighe et al., 2012	No methodological limitations (seven studies, all rated high quality)	Minor concerns: coherence on the importance of a trusting relationship across most studies	No concerns: all seven studies had sufficient participant numbers to reach saturation and sufficiently rich data	Minor concerns: seven studies reporting on four of the six interventions. Majority of data from individual therapeutic interventions, means the relevance of this finding to group programmes could be underexplored	High Confidence	Minor coherence and relevance concerns
Group delivery: Group settings reduced feelings of isolation for UK parents with complex needs and facilitated reciprocal learning among peers.	Attwood et al., 2020; Vella et al., 2015; Templeton, 2014	Minor methodological limitations (three, no methodological concerns)	Moderate concerns: whilst there is coherence on the benefits of group delivery, these were not universal across all participants in the studies	Minor concerns: only three studies but all with sufficient participant numbers to reach saturation and sufficiently rich data	Moderate concerns: three studies reporting on three interventions, two of which are specialist in focus (non-violent resistance training, parental substance use)	Moderate confidence	Moderate concerns about coherence and relevance, minor methodological and adequacy concerns.
Flexibility in interventions: allowing UK parents or carers flexibility in	Collyer et al., 2020; McCarry et al., 2021; McPherson et	Minor methodological limitations (four studies, no	Moderate concerns: while four studies highlight the	Minor concerns: four studies contributed to	Moderate concerns: four studies and three	Moderate confidence	Moderate concerns about coherence and relevance, minor



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
when, where and how interventions are delivered increases their sense of control and engagement	al., 2017; Tighe et al., 2012	methodological concerns)	need for flexibility there are considerable variations in parents' needs and preferences. How this flexibility can be achieved in group-based programmes is underexplored	this finding, all with sufficient participants to reach data saturation and sufficiently rich data.	interventions are covered. Only one study explores flexibility in group delivered interventions and focuses on barriers suggesting this is underexplored.		methodological and adequacy concerns.
Complexity of family needs: for families with complex needs in the UK, the complexity of their circumstances and family dynamics can act as a barrier to initial engagement and to sustaining change upon completion of the parenting intervention	Collyer et al., 2020; Fonagy et al., 2020; Tighe et al., 2012; McCarry et al., 2021; Templeton, 2014	Minor methodological limitations (four studies, no methodological concerns)	Moderate concerns: coherence across four studies but lack of representation remaining five studies suggests this is underdeveloped	Minor concerns: five studies contributed to this finding, all with sufficient participants to reach data saturation and sufficiently rich data.	Moderate concerns: five studies across four interventions suggests theme has universal relevance for parenting interventions, but the diversity in intervention type (group, individual) and target population suggests this is underexplored	Moderate confidence	Moderate concerns about coherence and relevance, minor methodological and adequacy concerns.
Increased family communication and understanding: UK parenting interventions	Attwood et al., 2020; Collyer, 2020; Fonagy et al., 2020; Johnson &	No methodological concerns (eight studies with no	Minor concerns: good coherence across eight of nine studies on	Minor concerns: eight studies contributed to this finding, all	No concerns: eight studies across UK five interventions.	High confidence	Minor coherence and adequacy concerns



Summary of review findings	Studies contributing to the review findings	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
successfully facilitate improved communication between parents or carers and their children	Wilson, 2012; McPherson et al., 2017; Templeton, 2014; Tighe et al., 2012; Vella et al., 2015	methodological concerns)	the role of parenting interventions in improving family communication. The remaining study focused on acceptability and not outcomes.	with sufficient participants to reach data saturation. Seven of eight studies had sufficiently rich data.			

