Evidence Synthesis Program

# The Effectiveness of Parenting Skills Training Programs for Parents with Histories of Sexual Trauma, Serious Mental Illness, or Military Service

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# PREFACE

The VA Evidence Synthesis Program (ESP) was established in 2007 to provide timely and accurate syntheses of targeted health care topics of importance to clinicians, managers, and policymakers as they work to improve the health and health care of Veterans. These reports help:

- Develop clinical policies informed by evidence;
- Implement effective services to improve patient outcomes and to support VA clinical practice guidelines and performance measures; and
- Set the direction for future research to address gaps in clinical knowledge.

The program comprises 4 ESP Centers across the US and a Coordinating Center located in Portland, Oregon. Center Directors are VA clinicians and recognized leaders in the field of evidence synthesis with close ties to the AHRQ Evidence-based Practice Center Program. The Coordinating Center was created to manage program operations, ensure methodological consistency and quality of products, interface with stakeholders, and address urgent evidence needs. To ensure responsiveness to the needs of decision-makers, the program is governed by a Steering Committee composed of health system leadership and researchers. The program solicits nominations for review topics several times a year via the program website.

The present report was developed in response to a request from VHA Office of Mental Health and Suicide Prevention. The scope was further developed with input from Operational Partners (below), the ESP Coordinating Center, the review team, and the technical expert panel (TEP). The ESP consulted several technical and content experts in designing the research questions and review methodology. In seeking broad expertise and perspectives, divergent and conflicting opinions are common and perceived as healthy scientific discourse that results in a thoughtful, relevant systematic review. Ultimately, however, research questions, design, methodologic approaches, and/or conclusions of the review may not necessarily represent the views of individual technical and content experts.

# ACKNOWLEDGMENTS

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## Operational Partners

Operational partners are system-level stakeholders who help ensure relevance of the review topic to the VA, contribute to the development of and approve final project scope and timeframe for completion, provide feedback on the draft report, and provide consultation on strategies for dissemination of the report to the field and relevant groups.

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## Technical Expert Panel

To ensure robust, scientifically relevant work, the TEP guides topic refinement; provides input on key questions and eligibility criteria, advising on substantive issues or possibly overlooked areas of research; assures VA relevance; and provides feedback on work in progress. TEP members are listed below:

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## Peer Reviewers

The Coordinating Center sought input from external peer reviewers to review the draft report and provide feedback on the objectives, scope, methods used, perception of bias, and omitted evidence (see Appendix G for disposition of comments). Peer reviewers must disclose any relevant financial or non-financial conflicts of interest. Because of their unique clinical or content expertise, individuals with potential conflicts may be retained. The Coordinating Center works to balance, manage, or mitigate any potential nonfinancial conflicts of interest identified.

# ABBREVIATIONS TABLE

| | |
|---|---|
| ADAPT | After Deployment, Adaptive Parenting Tools |
| BPD | Borderline personality disorder |
| COE | Certainty of evidence |
| ESP | Evidence Synthesis Program |
| FOCUS-EC | Families OverComing Stress-Early Childhood |
| GRADE | Grading of Recommendations Assessment, Development, and Evaluation |
| KQ | Key question |
| MDD | Major depressive disorder |
| OECD | Organization for Economic Co-operation and Development |
| OEF | Operation Enduring Freedom |
| OIF | Operation Iraqi Freedom |
| OND | Operation New Dawn |
| OPPT | Online Parenting Pro-Tips |
| PMTO | Parent Management Training–Oregon Model |
| PSI | Parenting Stress Index |
| PTSD | Posttraumatic stress disorder |
| RCT | Randomized controlled trial |
| ROB | Risk of bias |
| ROBINS-I | Risk of Bias in Nonrandomized Studies of Interventions |
| SMI | Serious mental illness |
| SPMI | Serious and persistent mental illness |
| STAIR | Skills Training in Affective and Interpersonal Regulation |
| VA | Veterans Affairs |
| VHA | Veterans Health Administration |

# EXECUTIVE SUMMARY

## Key Findings

- This review identified 14 unique studies on parenting skills training interventions: 9 focused on parents with a history of serious mental illness (SMI); 5 focused on military-connected families, of which only 1 was conducted exclusively among Veterans. No studies meeting eligibility criteria were conducted among parents with a history of military sexual trauma, other sexual trauma in adulthood, or posttraumatic stress disorder (PTSD).
- Studies tested 5 major intervention types (*ie,* multi-family groups, individual family therapy, home visitation with live coaching, chat-based virtual groups, and self-directed programs) with 57% being delivered in-person.
- Most included studies took a family-system perspective and involved more than 1 member of the family (*eg,* spouse/co-parent, child); 57% ($N = 8$ studies) directly involved children in the deployment of the behavioral parenting program.
- Of the 9 studies (904 families) that assessed the parenting among populations with SMI, most were conducted among parents with a history of major depressive disorder. The majority (69%) of parent-centered outcomes reported statistically significant effects of behavioral parenting programs among families with at least 1 parent with SMI. A smaller percentage of outcomes were significant for the prioritized family-centered (40%) and child-centered outcomes (57%). Effects on these outcomes were generally modest.
- Among parents with a history of military service (5 studies encompassing 3,268 families), the overall trend was toward positive changes in key parent, family, and child outcomes, though not all were significant. Effect sizes were generally modest.
- Most of the studies (71% ) reporting on uptake of parenting skills demonstrated significant improvements in parenting skills. Common features of effective programs were in-person delivery and group-based formats. Adherence was high for the interventions delivered in person. Use of a military-connected facilitator led to greater program participation in 1 study.
- Limitations of the evidence include study design weaknesses, which contributed to low or very low certainly of evidence ratings for most outcomes. Further, we observed no clear pattern of effectiveness by intervention type; outcomes were reported infrequently across the included studies.

# INTRODUCTION

Evidence-based parenting programs have demonstrated effectiveness for increasing parenting confidence, minimizing family stress, and improving parent-child relationships. Yet the majority of evidence-based behavioral parenting programs have centered on the child's presentation, including behavioral or emotion challenges, rather than on the characteristics of parents. It is unclear whether parenting interventions centered on children's characteristics would be effective for parents with unique needs and experiences. While parenting can be challenging for any person, parents who have experienced significant stress from their own traumatic exposures or health conditions may face even greater obstacles in their family systems. Among Veterans, important sources of excess family stress are a parental history of sexual trauma and serious mental illness. Providing interventions to enhance parenting practices and support parents who have experienced, or are at high risk for experiencing, excess family stress can be a critical tool for improving family functioning.

Given that military Veterans are more likely to experience mental health and trauma stressors, the Veteran population served by the Veterans Health Administration (VHA) may benefit from parenting skills training programs. Yet, it is unknown if parenting programs are effective among populations that have family stressors like those of the Veteran population. The VHA has piloted Parenting Skills Training in Affective and Interpersonal Regulation (Parenting STAIR), a program for which there are no published evaluations among Veterans. The current systematic review aimed to (1) understand whether, and in what ways, parenting skills training programs can effectively support parents who are at increased risk for stress due to parental history of sexual trauma in adulthood and/or serious mental illness, as well as parents with histories of military service, and (2) clarify characteristics of effective parenting skills training programs.

# METHODS

## Data Sources and Searches

We conducted a primary search from inception to September 6, 2022, in MEDLINE (via Ovid), Embase (via Elsevier), PsycINFO (via Ovid), and CINAHL (via EBSCO). We used database-specific controlled vocabulary as well as relevant keywords to search titles and abstracts.

## Study Selection

In brief, the major eligibility criteria were parents with histories of military sexual trauma or other sexual trauma in adulthood, serious mental illness (encompassing PTSD and major depressive disorder), or military service. Interventions were focused on the acquisition of parenting skills or the prevention of adverse child and family outcomes through manualized/ protocolized approaches. Eligible studies evaluated parent outcomes (*ie*, parental emotion regulation, positive parenting skills, parenting knowledge, parenting self-efficacy, parental stress), family outcomes (*eg*, family conflict, family functioning), or child outcomes (*eg*, disruptive behaviors).

All citations that were classified for possible inclusion based on title and abstract by 2 investigators underwent full-text review. Studies were excluded if both investigators agreed on exclusion. All articles reviewed at full-text were evaluated independently by 2 investigators, and all articles meeting eligibility criteria at full-text review were included for data abstraction. Disagreement was resolved via group consensus or by a senior investigator.

### Data Abstraction and Assessment

Data elements included descriptors of the study populations, quality elements, intervention, and outcome details. Study risk of bias (ROB) was assessed by the revised Cochrane risk of bias for randomized trials and cluster-randomized trials (RoB2) and the Risk of Bias in Nonrandomized Studies of Interventions (ROBINS-I) for nonrandomized studies. Quality assessment was completed in duplicate by 2 investigators. Disagreements were resolved by consensus between those 2 investigators or, as needed, with arbitration by a third.

### Synthesis

We summarized the key study characteristics of the included studies: study design, participant demographics, details of the parenting programs, outcomes measures, and timing of outcomes assessment. We considered the feasibility of completing a quantitative synthesis (*ie*, meta-analysis) to estimate summary effects given the volume of relevant literature, conceptual homogeneity of the studies, and completeness of results reporting. Due to low volume of literature and heterogeneity of intervention types, we conducted a single meta-analysis. For outcome and intervention categories for which meta-analysis was not feasible, we analyzed the data narratively by focusing on identifying patterns in efficacy across included studies.

The certainty of evidence was assessed using the approach described by the Grading of Recommendations Assessment, Development, and Evaluation working group. These domains were considered qualitatively, and a summary rating was assigned after discussion between 2 investigators as high, moderate, low, or very low certainty of evidence.

## RESULTS

### Results of Literature Search

We identified and screened the titles and abstracts of 5,394 articles after deduplication between databases. Of these, 110 were advanced to be screened at the full-text stage. We retained 28 articles encompassing 14 unique studies. There were 7 randomized controlled trials (RCTs), 3 controlled before-after studies, 2 repeated measure studies, and 2 uncontrolled before-after studies. Eight included studies were conducted in North America (USA, Canada), 5 took place in Europe (UK, Germany, Netherlands), and 1 was conducted on military bases in the USA and Japan.

### Summary of Results for Key Questions

#### *KQ1: Parents with a History of Sexual Trauma*

We identified no studies that met eligibility criteria for KQ1.

#### *KQ2: Parents with a History of Serious Mental Illness (SMI)*

In total, 9 studies ($N = 904$ families) assessed the outcomes of interest among populations with SMI. Most of the studies were conducted in samples of fewer than 100 families, with 3 being conducted in studies of fewer than 50 participants. Study designs include the following: 5 RCTs (3 with high ROB), 2 controlled before-after designs (moderate ROB), 1 repeated measures design (serious ROB), and 1 uncontrolled before-after study (moderate ROB). Studies recruited parents with the following conditions: MDD (3 studies, $N = 445$), schizophrenia spectrum

disorder (2 studies, *N* = 141 parents), bipolar disorder (3 studies, *N* = 230), and mixed population of SMI conditions (1 study, *N* = 48 parents). Parenting programs used 4 main delivery methods: in-person multi-family groups (4 studies), in-person home visits with a self-directed workbook (1 study), online chat-based group (1 study), and web-based self-directed modules (3 studies). Only 5 studies cited an evidence-based parenting program as the basis for their intervention approach. Most studies (*N* = 6) did not directly involve the child as part of the parenting skills training program.

*Parent outcomes*

While the overall trend was toward positive improvements in key parent outcomes, not all were significant. Most studies (5 out of 7) reported a significant impact of parenting skills training interventions on positive parenting skills. Yet a meta-analysis of web-based self-directed programs did not yield significant results (3 studies, *N* = 168) among parents with bipolar disorder or schizophrenia spectrum disorder. Most studies measuring parental self-efficacy (3 out of 5 studies) also reported significant increases in parents' sense of competency in parenting. Only 1 study assessed stress related to parenting; this study also reported significant improvements in parental stress. No identified studies assessed the impact of parenting skills training programs among parents with histories of SMI on the outcomes of parental emotion regulation and parenting knowledge.

*Family outcomes*

In total, 5 of the 9 studies assessed key family-level outcomes: 5 measured family functioning and 1 measured family conflict. The studies show mixed results in family functioning outcomes. While all studies yielded improvements in various measures of family functioning, only 2 of the 5 studies reported significant improvements. Both studies were in-person multi-family parenting groups.

*Child outcomes*

Child behaviors were assessed in 7 of the 9 studies identified and show mixed results. In total, 4 of the 7 studies reported significant improvements. The positive studies used 3 different interventions: in-person family counseling plus multi-family group sessions with parallel but separate group sessions for children (1 study), a home-based program (1 study), and a web-based self-directed program (2 studies). All 4 studies of the parenting skills programs that reported significant impacts on child behaviors were adapted from evidence-based parenting programs.

### *KQ3: Parents with a History of Military Service*

In total, 5 studies assessed the impact of parent behavioral skills training interventions among families with a history of military service. The median study size was 200 families (range: 41-2,615). Most included studies were nonrandomized designs (*N* = 3), and 1 study had a low ROB rating. Most studies were conducted among families with at least 1 active-duty parent (*N* = 3 studies encompassing 3,151 families). Parenting programs used 3 main delivery methods: individual family therapy (2 studies), multi-family groups (2 studies), and virtual home visits with live coaching (1 study). All but 1 intervention directly involved the child as part of the parenting skills training program. Most studies (*N* = 3) cited an evidence-based parenting program as the basis for their intervention approach.

*Parent outcomes*

All 5 studies assessed at least one of the 5 parenting outcomes of interest: 1 assessed parenting skills, 2 parental stress, and 2 parental emotion regulation. The overall trend was toward positive improvements in key parent outcomes, though not all were significant. The 1 study that assessed parenting skills demonstrated moderately sized, significant improvements. All other parenting outcome results were mixed either between studies (*ie,* 2 parental stress studies and only 1 with significant results) or within studies (*ie,* emotion regulation improved for mothers but not for fathers; positive aspects of emotion regulation improved but negative aspects did not). No studies assessed the impact of parenting skills programs among families with at least 1 parent with a record of military service on the outcomes of self-efficacy for parenting and parenting knowledge.

*Family outcomes*

Three studies assessed the outcome of family functioning; no studies assessed family conflict outcomes. Studies used 2 different intervention modalities/delivery methods: individual family counseling (1 virtual and 1 in-person) and a virtual home visit model with live parent coaching. Two nonrandomized designs reported significant impacts on family function, while the low ROB RCT reported significant improvements for mothers only.

*Child outcomes*

Child behaviors were assessed in 3 of the 5 studies identified. All 3 studies that measured the impact of behavioral parenting skills training on child behaviors reported significant improvements in some aspects of child behaviors. Two studies had serious ROB considerations.

### *KQ4: Intervention Characteristics of Effective Parenting Programs*

In total, 8 of 14 studies reported on the impact of parenting training programs on the uptake of parenting skills. Of these 8 programs, 71% ($N = 6$) demonstrated significant improvements in parenting skills. The majority of these 8 studies were conducted among families with a parental history of serious mental illness ($N = 5$). Half of the identified effective programs were delivered in person; group-based formats were the most common mode of intervention delivery. Only 2 programs involved direct interactions with the child during a portion of the parenting program. The most common areas covered in the parenting programs were discipline and behavior management strategies (5 studies) and fostering positive interactions with the child(ren) (5 studies). Most programs incorporated homework assignments to reinforce parenting skills.

Recruitment techniques were specific to the population of interest and designed to capture individuals likely to engage in the study intervention. Adherence was high for the interventions delivered in person, with both group-based interventions having participation rates of over 70%. Of note, use of a military-connected facilitator led to greater program participation (73.25% vs 59.78% sessions) in 1 study. In studies that assessed participant satisfaction, ratings were all very favorable.

# DISCUSSION

## Key Findings and Strength of Evidence

Among the studies included here, the overall trend was toward positive improvements in key parent, family, and child outcomes, though not all were statistically significant. Effect sizes were generally modest. We observed no clear pattern of outcome effectiveness across intervention types, but these outcomes were reported infrequently across studies. There was high heterogeneity of included studies based on intervention, dose, populations, and measurements used. Yet, among the 6 studies that reported significant improvements in parenting skills, most were conducted via group-based formats. The most common areas covered in these 6 effective parenting programs were discipline and behavior management strategies and fostering positive interactions with the child(ren). Most programs incorporated homework assignments to reinforce positive parenting skills. In studies that assessed participant satisfaction, ratings were all favorable. Across nearly all outcomes, certainty of evidence ratings ranged from low to very low. Ratings were commonly downgraded for ROB concerns or if the assessed interventions did not align with elements that VA operational partners indicated would enhance feasibility of implementation in the VA health care environment (*eg*, home-based components, direct involvement of child) or were conducted in populations judged to be less applicable to Veterans.

## Applicability

Of the 14 included studies, 5 were conducted among military-connected families, which makes them more applicable to Veteran populations than studies in the general population of civilians. Yet only 1 identified study was conducted exclusively among Veterans. The other 9 were conducted in populations with SMI. For our review, we defined SMI broadly, including studies that were conducted in populations selected for depression and PTSD, to increase applicability to the Veteran population. While we did not identify any studies conducted only among parents with PTSD, the majority of parents in the included studies for KQ2 were selected based on histories of major depressive disorder, a highly prevalent mental health condition among Veterans. We did not identify any eligible studies that were designed for parents with a history of military sexual trauma or other sexual trauma in adulthood. Taken as a whole, findings presented here likely have applicability to Veteran populations seeking care through the VHA.

## Future Research

This comprehensive review of the literature identified several gaps in the current evidence that warrant future investigation. First, there need to be more high-quality studies of parenting skills training conducted among populations with histories of sexual trauma and PTSD and among Veterans. This review identified only 1 study conducted exclusively among Veterans and none exclusively conducted among people with histories of sexual trauma in adulthood. There is also a dearth of interventions designed to address the compromised parenting associated with parental PTSD. No studies met eligibility for our review; we identified only 2 recent publications exploring novel trauma-informed interventions for parents with PTSD. Also, peer-facilitated programs show promise in enhancing engagement in parenting programs; utilizing peers is an area in which the VA is already innovating through the use of peer specialists in the VHA mental health settings. The field would also benefit from studies that directly test different modes (group vs individual, in-person vs videoconferencing) and the additive effects of interventions that include direct child engagement approaches. Last, there is a need for future research that

examines the long-term impact of parenting skills training programs on the sustainment of gains in parenting skills, parental emotion regulation and stress, family functioning, and longitudinal child outcomes.

## Conclusions

The current systematic review sought to synthesize the effectiveness of parenting programs among parents with stressors due to parental history of sexual trauma and/or SMI, as well as among parents with histories of military service. In community samples, the evidence base for parenting skills training to increase parenting competence and reduce family stress is robust. In our review, most included studies reported significant findings on prioritized parent, family, and child outcomes, showing a general pattern of improvements across diverse types of parenting skills training programs that mirror findings in other studies of parenting programs. Yet, our certainty of evidence ratings were generally low due to issues with risk of bias of included studies or indirectness of populations or intervention approaches to the VA health care context. While parenting skills training programs show promise, it is important to consider the feasibility and scalability of implementation across the VA when evaluating these parenting programs.