

APPENDIX A. SEARCH STRATEGIES

Database: MEDLINE (via Ovid)

Search date: 9/7/2022

Note: Ovid MEDLINE(R) ALL 1946 to September 06, 2022

Search Set	Search Strategy	Results
#1 <i>Parenting skills training terms</i>	*parents/ed or ((parent or parents or parental or parenting) adj6 (training or trainings or skill or skills or education or educational or intervention or interventions or interventional or program or programs or programme or programmes or programming or course or courses or workshop or workshops)).ti,ab. or (triple P or "positive parenting program" or "positive parenting programs").ti,ab.	39,061
#2 <i>Psychological trauma terms</i>	exp "Trauma and Stressor Related Disorders"/ or exp "Stress Disorders, Traumatic"/ or exp Combat Disorders/ or exp Psychological Trauma/ or exp Sexual Trauma/ or exp "Stress Disorders, Post-Traumatic"/ or exp "Stress Disorders, Traumatic, Acute"/ or exp Domestic Violence/ or exp Spouse Abuse/ or exp Stalking/ or exp Rape/ or (trauma or traumas or traumatic or psychotrauma or psychotraumatic or PTSD or posttraumatic or post-traumatic or "combat disorder" or "combat disorders" or stalking or stalker or stalkers or rape or rapes or raped).ti,ab. or ((sex or sexual or sexually or domestic or "intimate partner" or "intimate partners" or spouse or spouses or spousal or physical or physically) adj2 (abuse or abuses or abused or abuser or abusers or violence or assault or assaults or assaulted)).ti,ab. or ((psychological or psychologically or psychologic) adj2 (aggression or aggressor or aggressors or injury or injuries or abuse or abuses or abusive)).ti,ab.	507,155
#3 <i>Military / veterans terms</i>	exp veterans/ or exp veterans health/ or exp hospitals, veterans/ or exp veterans health services/ or exp military personnel/ or exp military family/ or exp "psychology, military"/ or exp military psychiatry/ or exp "military health services"/ or exp military health/ or (veteran or veterans or military or army or navy or naval or marine or marines or "service member" or "service members" or "service men" or servicemen or "service women" or servicewomen or postdeployment or post-deployment or "post deployment" or "after deployment").ti,ab	235,049
#4 <i>Mental illness terms</i>	exp "Bipolar and Related Disorders"/ or exp Bipolar Disorder/ or Depressive Disorder/ or exp Depressive Disorder, Major/ or exp Depressive Disorder, Treatment-Resistant/ or *Mood Disorders/ or *Mental Disorders/ or Personality Disorders/ or exp Antisocial Personality Disorder/ or exp Borderline Personality Disorder/ or exp Compulsive Personality Disorder/ or exp Histrionic Personality Disorder/ or exp Paranoid Personality Disorder/ or exp Schizoid Personality Disorder/ or exp Schizotypal Personality Disorder/ or exp Schizophrenia Spectrum and Other Psychotic Disorders/ or exp Affective Disorders, Psychotic/ or exp Paranoid Disorders/ or exp Psychotic Disorders/ or exp Schizophrenia/ or ("mental illness" or "mental illnesses" or "mentally ill" or "psychiatric illness" or "psychiatric illnesses" or "psychiatric disorder" or "psychiatric disorders" or "mental disorder" or "mental disorders" or "mood disorder" or "mood disorders" or depression or depressive or bipolar or schizophrenia or schizophrenic OR schizophreniform OR schizoaffective or schizo-affective or "schizo affective" or schizoid OR schizoidism OR schizotypal or schizo-typal or "schizo typal" or psychotic or psychosis or psychoses or mania or manic OR psychopath OR psychopaths OR psychopathy OR psychopathic OR paranoia or paranoid or "personality disorder" or	790,619

	"personality disorders").ti,ab. or ((antisocial or borderline or compulsive or obsessive or histrionic) adj2 (disorder or disorders)).ti,ab.	
#5 <i>Combining</i>	2 or 3 or 4	1,461,170
#6 <i>Combining</i>	1 and 5	5,486
#7 <i>Study Design: EPOC filter or RCTs</i>	exp "Cohort Studies"/ or exp "Longitudinal Studies"/ or exp "Follow-Up Studies"/ or exp "Evaluation Studies as Topic"/ or exp "Controlled Before-After Studies"/ or exp "Interrupted Time Series Analysis"/ or "Randomized Controlled Trial".pt. or "Controlled Clinical Trial".pt. or "Clinical Trial".pt. or "Evaluation Studies".pt. or "Comparative Study".pt. or (randomized or randomised or randomization or randomisation or placebo or randomly or trial or trials or groups or "evaluation study" or "evaluation studies" or "intervention study" or "intervention studies" or cohort or cohorts or longitudinal or longitudinally or prospective or prospectively or "follow up" or follow-up or followup or "comparative study" or "comparative studies" or nonrandom or "non-random" or nonrandomized or "non-randomized" or nonrandomised or "non-randomised" or quasi-experiment* or quazi-experiment* or quasiexperiment* or quaziexperiment* or quasirandom* or quazirandom* or quasi-random* or quazi-random* or quasi-control* or quazi-control* or quasicontrol* or quazicontrol*).ti,ab. or (controlled AND study).ti,ab. or ("pre-post" or "pre post" or "posttest" or "post-test" or "post test" or pretest or "pre-test" or "pre test" or "repeated measure" or "repeated measures").ti,ab. or (before AND after).ti,ab. or (before AND during).ti,ab. or ("time series" AND interrupt*).ti,ab. or ("time points" AND (multiple or one or two or three or four or five or six or seven or eight or nine or ten or month or monthly or day or daily or week or weekly or hour or hourly)).ti,ab.	9,172,480
#8 <i>combining</i>	6 and 7	3,299
#9 <i>Exclusions – study designs</i>	8 not (case reports or editorial or letter or comment or congress).pt.	3,264
#10 <i>Exclusions – animal-only</i>	9 not (exp animals/ not exp humans/)	3,263

Database: Embase (via Elsevier)

Search date: 9/7/2022

Note: Search from Results

Search Set	Search Strategy	Results
#1 <i>Parenting skills training terms</i>	((parent OR parents OR parental OR parenting) NEAR/6 (training OR trainings OR skill OR skills OR education OR educational OR intervention OR interventions OR interventional OR program OR programs OR programme OR programmes OR programming OR course OR courses OR workshop OR workshops)).ti,ab OR (triple P OR 'positive parenting program' OR 'positive parenting programs'):ti,ab	82,705
#2 <i>Psychological trauma terms</i>	'posttraumatic stress disorder'/exp OR 'combat stress'/exp OR 'sexual trauma'/exp OR 'psychotrauma'/exp OR 'acute stress disorder'/exp OR 'domestic violence'/exp OR 'partner violence'/exp OR 'stalking'/exp OR 'rape'/exp OR (trauma OR traumas OR traumatic OR psychotrauma OR	697,740

	psychotraumatic OR PTSD OR posttraumatic OR 'combat disorder' OR 'combat disorders' OR stalking OR stalker OR stalkers OR rape OR rapes OR raped):ti,ab OR ((sex OR sexual OR sexually OR domestic OR 'intimate partner' OR 'intimate partners' OR spouse OR spouses OR spousal OR physical OR physically) NEAR/2 (abuse OR abuses OR abused OR abuser OR abusers OR violence OR assault OR assaults OR assaulted)):ti,ab OR ((psychological OR psychologically OR psychologic) NEAR/2 (aggression OR aggressor OR aggressors OR injury OR injuries OR abuse OR abuses OR abusive)):ti,ab	
#3 <i>Military / veterans terms</i>	'veteran'/exp OR 'veterans health'/exp OR 'military health'/exp OR 'military health service'/exp OR 'veterans health service'/exp OR 'military personnel'/exp OR 'military medical personnel'/exp OR 'military family'/exp OR 'military spouse'/exp OR 'military medicine'/exp OR 'military hospital'/exp OR (veteran OR veterans OR military OR army OR navy OR naval OR marine OR marines OR 'service member' OR 'service members' OR 'service men' OR servicemen OR 'service women' OR servicewomen OR postdeployment OR 'post deployment' OR 'after deployment'):ti,ab	292,425
#4 <i>Mental illness terms</i>	'bipolar disorder'/exp OR 'depression'/exp OR 'mood disorder'/exp OR 'mental disease'/mj OR 'personality disorder'/exp OR 'antisocial personality disorder'/exp OR 'borderline state'/exp OR 'compulsive personality disorder'/exp OR 'histrionic personality disorder'/exp OR 'paranoid personality disorder'/exp OR 'psychopathy'/exp OR 'schizoidism'/exp OR 'schizotypal personality disorder'/exp OR 'schizophrenia spectrum disorder'/exp OR 'brief psychotic disorder'/exp OR 'schizoaffective psychosis'/exp OR 'schizophrenia'/exp OR 'schizophreniform disorder'/exp OR ('mental illness' OR 'mental illnesses' OR 'mentally ill' OR 'psychiatric illness' OR 'psychiatric illnesses' OR 'psychiatric disorder' OR 'psychiatric disorders' OR 'mental disorder' OR 'mental disorders' OR 'mood disorder' OR 'mood disorders' OR depression OR depressive OR bipolar OR schizophrenia OR schizophrenic OR schizophreniform OR schizoaffective OR 'schizo affective' OR schizoid OR schizoidism OR schizotypal OR 'schizo typal' OR psychotic OR psychosis OR psychoses OR mania OR manic OR psychopath OR psychopaths OR psychopathy OR psychopathic OR paranoia OR paranoid OR 'personality disorder' OR 'personality disorders'):ti,ab OR ((antisocial OR borderline OR compulsive OR obsessive OR histrionic) NEAR/2 (disorder OR disorders)):ti,ab	1,343,265
#5 <i>Combining</i>	#2 OR #3 OR #4	2,216,628
#6 <i>Combining</i>	#1 AND #5	8,681
#7 <i>Study Design: EPOC filter OR RCTs</i>	'cohort analysis'/exp OR 'longitudinal study'/de OR 'randomized controlled trial'/exp OR 'controlled clinical trial'/exp OR 'single blind procedure'/exp OR 'double blind procedure'/exp OR 'crossover procedure'/exp OR 'crossover procedure':de OR 'double-blind procedure':de OR 'randomized controlled trial':de OR 'single-blind procedure':de OR (random* OR factorial* OR crossover* OR cross NEXT/1 over* OR placebo* OR doubl* NEAR/1 blind* OR singl* NEAR/1 blind* OR assign* OR allocat* OR volunteer*):ti,ab OR ('evaluation study' OR 'evaluation studies' OR 'intervention study' OR 'intervention studies' OR cohort OR cohorts OR longitudinal OR longitudinally OR prospective OR prospectively OR 'follow up' OR follow-up OR followup OR 'comparative study' OR 'comparative studies' OR nonrandom OR 'non-random' OR nonrandomized OR 'non-randomized' OR nonrandomised OR 'non-randomised' OR quasi-experiment* OR quazi-experiment* OR quasiexperiment* OR	7,725,543

	quazixperiment* OR quasirandom* OR quazirandom* OR quasi-random* OR quazi-random* OR quasi-control* OR quazi-control* OR quasicontrol* OR quazicontrol*):ti,ab OR (controlled AND study):ti,ab OR ('pre-post' OR 'pre post' OR 'posttest' OR 'post-test' OR 'post test' OR pretest OR 'pre-test' OR 'pre test' OR 'repeated measure' OR 'repeated measures'):ti,ab OR (before AND after):ti,ab OR (before AND during):ti,ab OR ('time series' AND interrupt*):ti,ab OR ('time points' AND (multiple OR one OR two OR three OR four OR five OR six OR seven OR eight OR nine OR ten OR month OR monthly OR day OR daily OR week OR weekly OR hour OR hourly)):ti,ab	
#8 <i>combining</i>	#6 AND #7	4,250
#9 <i>Exclusions – study designs</i>	#8 NOT ('case report'/exp OR 'case study'/exp OR 'editorial'/exp OR [editorial]/lim OR 'letter'/exp OR [letter]/lim OR 'note'/exp OR [note]/lim OR [conference abstract]/lim OR 'conference abstract'/exp OR 'conference abstract'/it)	3,206
#10 <i>Exclusions – animal-only</i>	#9 AND [humans]/lim	3,149

Database: APA PsycINFO (via Ovid)

Search date: 9/7/2022

Note: APA PsycInfo 1806 to August Week 5 2022

Search Set	Search Strategy	Results
#1 <i>Parenting skills training terms</i>	((parent or parents or parental or parenting) adj6 (training or trainings or skill or skills or education or educational or intervention or interventions or interventional or program or programs or programme or programmes or programming or course or courses or workshop or workshops)).ti,ab. or (triple P or "positive parenting program" or "positive parenting programs").ti,ab.	48,106
#2 <i>Psychological trauma terms</i>	"stress and trauma related disorders"/ or acute stress disorder/ or exp posttraumatic stress disorder/ or posttraumatic stress/ OR trauma/ or emotional trauma/ or traumatic experiences/ or combat experience/ or exp intimate partner violence/ or domestic violence/ or emotional abuse/ or physical abuse/ or exp sexual abuse/ or stalking/ or rape/ or (trauma or traumas or traumatic or psychotrauma or psychotraumatic or PTSD or posttraumatic or post-traumatic or "combat disorder" or "combat disorders" or stalking or stalker or stalkers or rape or rapes or raped).ti,ab. or ((sex or sexual or sexually or domestic or "intimate partner" or "intimate partners" or spouse or spouses or spousal or physical or physically) adj2 (abuse or abuses or abused or abuser or abusers or violence or assault or assaults or assaulted)).ti,ab. or ((psychological or psychologically or psychologic) adj2 (aggression or aggressor or aggressors or injury or injuries or abuse or abuses or abusive)).ti,ab.	211,281
#3 <i>Military / veterans terms</i>	exp military personnel/ or military veterans/ or military families/ or exp Military Enlistment/ or exp Military Psychology/ or exp Military Medical Personnel/ or exp Military Psychiatry/ or exp Military Deployment/ or (veteran or veterans or military or army or navy or naval or marine or marines or "service member" or "service members" or "service men" or servicemen or "service women" or servicewomen or postdeployment or post-deployment or "post deployment" or "after deployment").ti,ab	61,924

#4 <i>Mental illness terms</i>	exp bipolar disorder/ or bipolar i disorder/ or bipolar ii disorder/ or exp mania/ or exp borderline states/ or exp chronic mental illness/ or exp dissociative disorders/ or *mental disorders/ or exp personality disorders/ or antisocial personality disorder/ or avoidant personality disorder/ or borderline personality disorder/ or histrionic personality disorder/ or obsessive compulsive personality disorder/ or paranoid personality disorder/ or schizoid personality disorder/ or schizotypal personality disorder/ or serious mental illness/ or affective disorders/ or exp major depression/ or psychosis/ or acute psychosis/ or affective psychosis/ or chronic psychosis/ or "paranoia (psychosis)"/ or exp schizophrenia/ or schizophreniform disorder/ or schizoid personality disorder/ or schizotypal personality disorder/ or ("mental illness" or "mental illnesses" or "mentally ill" or "psychiatric illness" or "psychiatric illnesses" or "psychiatric disorder" or "psychiatric disorders" or "mental disorder" or "mental disorders" or "mood disorder" or "mood disorders" or depression or depressive or bipolar or schizophrenia or schizophrenic OR schizophreniform OR schizoaffective or schizo-affective or "schizo affective" or schizoid OR schizoidism OR schizotypal or schizo-typal or "schizo typal" or psychotic or psychosis or psychoses or mania or manic OR psychopath OR psychopaths OR psychopathy OR psychopathic OR paranoia or paranoid or "personality disorder" or "personality disorders").ti,ab. or ((antisocial or borderline or compulsive or obsessive or histrionic) adj2 (disorder or disorders)).ti,ab.	657,718
#5 <i>Combining</i>	2 or 3 or 4	860,166
#6 <i>Combining</i>	1 and 5	6,587
#7 <i>Study Design: EPOC filter or RCTs</i>	clinical trials/ or cohort analysis/ or followup studies/ or longitudinal studies/ or exp randomized controlled trials/ or exp randomized clinical trials/ or repeated measures/ or time series/ or (0300 or 0430 or 0450 or 0451).md. or (randomized or randomised or randomization or randomisation or placebo or randomly or trial or trials or groups or "evaluation study" or "evaluation studies" or "intervention study" or "intervention studies" or cohort or cohorts or longitudinal or longitudinally or prospective or prospectively or "follow up" or follow-up or followup or "comparative study" or "comparative studies" or nonrandom or "non-random" or nonrandomized or "non-randomized" or nonrandomised or "non-randomised" or quasi-experiment* or quazi-experiment* or quasiexperiment* or quaziexperiment* or quasirandom* or quazirandom* or quasi-random* or quazi-random* or quasi-control* or quazi-control* or quasicontrol* or quazicontrol*).ti,ab. or (controlled AND study).ti,ab. or ("pre-post" or "pre post" or "posttest" or "post-test" or "post test" or pretest or "pre-test" or "pre test" or "repeated measure" or "repeated measures").ti,ab. or (before AND after).ti,ab. or (before AND during).ti,ab. or ("time series" AND interrupt*).ti,ab. or ("time points" AND (multiple or one or two or three or four or five or six or seven or eight or nine or ten or month or monthly or day or daily or week or weekly or hour or hourly)).ti,ab.	1,286,126
#8 <i>combining</i>	6 and 7	3,077
#9 <i>Exclusions – study designs</i>	8 not (exp Case Report/ or (0200 or 0700 or 0750 or 1400).md. or (0120 or 0200 or 0240 or 0280 or 0300 or 0400 or 0500).pt.)	2,045
#10 <i>Exclusions – animal-only</i>	9 not (animal.po. not human.po.)	2,044

Database: CINAHL Complete (via EBSCO)

Search date: 9/7/2022

Search Set	Search Strategy	Results
#1 <i>Parenting skills training terms</i>	((TI parent OR AB parent) OR (TI parents OR AB parents) OR (TI parental OR AB parental) OR (TI parenting OR AB parenting)) N6 ((TI training OR AB training) OR (TI trainings OR AB trainings) OR (TI skill OR AB skill) OR (TI skills OR AB skills) OR (TI education OR AB education) OR (TI educational OR AB educational) OR (TI intervention OR AB intervention) OR (TI interventions OR AB interventions) OR (TI interventional OR AB interventional) OR (TI program OR AB program) OR (TI programs OR AB programs) OR (TI programme OR AB programme) OR (TI programmes OR AB programmes) OR (TI programming OR AB programming) OR (TI course OR AB course) OR (TI courses OR AB courses) OR (TI workshop OR AB workshop) OR (TI workshops OR AB workshops))) OR ((TI "triple P" OR AB "triple P") OR (TI "positive parenting program" OR AB "positive parenting program") OR (TI "positive parenting programs" OR AB "positive parenting programs"))	25,903
#2 <i>Psychological trauma terms</i>	(MH "Stress Disorders, Post-Traumatic+") OR (MH "Psychological Trauma+") OR (MH "Sexual Trauma") OR (MH "Domestic Violence+") OR (MH "Intimate Partner Violence") OR (MH "Gender-Based Violence") OR (MH "Stalking") OR (MH "Rape") OR ((TI trauma OR AB trauma) OR (TI traumas OR AB traumas) OR (TI traumatic OR AB traumatic) OR (TI psychotrauma OR AB psychotrauma) OR (TI psychotraumatic OR AB psychotraumatic) OR (TI PTSD OR AB PTSD) OR (TI posttraumatic OR AB posttraumatic) OR (TI post-traumatic OR AB post-traumatic) OR (TI "combat disorder" OR AB "combat disorder") OR (TI "combat disorders" OR AB "combat disorders") OR (TI stalking OR AB stalking) OR (TI stalker OR AB stalker) OR (TI stalkers OR AB stalkers) OR (TI rape OR AB rape) OR (TI rapes OR AB rapes) OR (TI raped OR AB raped)) OR (((TI sex OR AB sex) OR (TI sexual OR AB sexual) OR (TI sexually OR AB sexually) OR (TI domestic OR AB domestic) OR (TI "intimate partner" OR AB "intimate partner") OR (TI "intimate partners" OR AB "intimate partners") OR (TI spouse OR AB spouse) OR (TI spouses OR AB spouses) OR (TI spousal OR AB spousal) OR (TI physical OR AB physical) OR (TI physically OR AB physically)) N2 ((TI abuse OR AB abuse) OR (TI abuses OR AB abuses) OR (TI abused OR AB abused) OR (TI abuser OR AB abuser) OR (TI abusers OR AB abusers) OR (TI violence OR AB violence) OR (TI assault OR AB assault) OR (TI assaults OR AB assaults) OR (TI assaulted OR AB assaulted))) OR (((TI psychological OR AB psychological) OR (TI psychologically OR AB psychologically) OR (TI psychologic OR AB psychologic)) N2 ((TI aggression OR AB aggression) OR (TI aggressor OR AB aggressor) OR (TI aggressors OR AB aggressors) OR (TI injury OR AB injury) OR (TI injuries OR AB injuries) OR (TI abuse OR AB abuse) OR (TI abuses OR AB abuses) OR (TI abusive OR AB abusive)))	208,759
#3 <i>Military / veterans terms</i>	(MH "Military Personnel+") OR (MH "Veterans+") OR (MH "Hospitals, Veterans") OR (MH "Military Deployment+") OR (MH "Military Family") OR (MH "Military Medicine") OR (MH "Military Health") OR (MH "Military Health Services") OR (MH "Military Nursing") OR ((TI veteran OR AB veteran) OR (TI veterans OR AB veterans) OR (TI military OR AB military) OR (TI army OR AB army) OR (TI navy OR AB navy) OR (TI naval OR AB naval) OR (TI marine OR AB marine) OR (TI marines OR AB marines) OR (TI "service member" OR AB "service member") OR (TI "service	70,139

	members" OR AB "service members") OR (TI "service men" OR AB "service men") OR (TI servicemen OR AB servicemen) OR (TI "service women" OR AB "service women") OR (TI servicewomen OR AB servicewomen) OR (TI postdeployment OR AB postdeployment) OR (TI post-deployment OR AB post-deployment) OR (TI "post deployment" OR AB "post deployment") OR (TI "after deployment" OR AB "after deployment"))	
#4 <i>Mental illness terms</i>	(MM "Mental Disorders") OR (MH "Mental Disorders, Chronic") OR (MH "Personality Disorders+") OR (MH "Antisocial Personality Disorder") OR (MH "Borderline Personality Disorder") OR (MH "Compulsive Personality Disorder") OR (MH "Histrionic Personality Disorder") OR (MH "Schizotypal Personality Disorder") OR (MH "Psychotic Disorders") OR (MH "Bipolar Disorder+") OR (MH "Affective Disorders, Psychotic+") OR (MH "Paranoid Disorders") OR (MH "Postpartum Psychosis") OR (MH "Schizophrenia+") OR ((TI "mental illness" OR AB "mental illness") OR (TI "mental illnesses" OR AB "mental illnesses") OR (TI "mentally ill" OR AB "mentally ill") OR (TI "psychiatric illness" OR AB "psychiatric illness") OR (TI "psychiatric illnesses" OR AB "psychiatric illnesses") OR (TI "psychiatric disorder" OR AB "psychiatric disorder") OR (TI "psychiatric disorders" OR AB "psychiatric disorders") OR (TI "mental disorder" OR AB "mental disorder") OR (TI "mental disorders" OR AB "mental disorders") OR (TI "mood disorder" OR AB "mood disorder") OR (TI "mood disorders" OR AB "mood disorders") OR (TI depression OR AB depression) OR (TI depressive OR AB depressive) OR (TI bipolar OR AB bipolar) OR (TI schizophrenia OR AB schizophrenia) OR (TI schizophrenic OR AB schizophrenic) OR (TI schizophreniform OR AB schizophreniform) OR (TI schizoaffective OR AB schizoaffective) OR (TI schizo-affective OR AB schizo-affective) OR (TI "schizo affective" OR AB "schizo affective") OR (TI schizoid OR AB schizoid) OR (TI schizoidism OR AB schizoidism) OR (TI schizotypal OR AB schizotypal) OR (TI schizo-typal OR AB schizo-typal) OR (TI "schizo typal" OR AB "schizo typal") OR (TI psychotic OR AB psychotic) OR (TI psychosis OR AB psychosis) OR (TI psychoses OR AB psychoses) OR (TI mania OR AB mania) OR (TI manic OR AB manic) OR (TI psychopath OR AB psychopath) OR (TI psychopaths OR AB psychopaths) OR (TI psychopathy OR AB psychopathy) OR (TI psychopathic OR AB psychopathic) OR (TI paranoia OR AB paranoia) OR (TI paranoid OR AB paranoid) OR (TI "personality disorder" OR AB "personality disorder") OR (TI "personality disorders" OR AB "personality disorders")) OR (((TI antisocial OR AB antisocial) OR (TI borderline OR AB borderline) OR (TI compulsive OR AB compulsive) OR (TI obsessive OR AB obsessive) OR (TI histrionic OR AB histrionic)) N2 ((TI disorder OR AB disorder) OR (TI disorders OR AB disorders)))	305,707
#5 <i>Combining</i>	S2 OR S3 OR S4	547,452
#6 <i>Combining</i>	S1 AND S5	3,961
#7 <i>Study Design: EPOC filter or RCTs</i>	(ZT "randomized controlled trial") OR (MH "Randomized Controlled Trials") OR (MH "Double-Blind Studies") OR (MH "Prospective Studies+") OR (MH "Single-Blind Studies") OR (MH "Triple-Blind Studies") OR (MH "Crossover Design") OR (MH "Experimental Studies") OR (MH "Clinical Trials") OR (MH "Intervention Trials") OR (MH "Preventive Trials") OR (MH "Therapeutic Trials+") OR (MH "Controlled Before-After Studies") OR (MH "Interrupted Time Series Analysis") OR (MH "Nonrandomized Trials") OR (MH "Quasi-Experimental Studies+") OR (MH "Multiple Time Series") OR (MH "Time Series") OR (MH "Repeated Measures") OR (TI	2,073,422

	<p>randomized OR AB randomized) OR (TI randomised OR AB randomised) OR (TI randomization OR AB randomization) OR (TI randomisation OR AB randomisation) OR (TI placebo OR AB placebo) OR (TI randomly OR AB randomly) OR (TI trial OR AB trial) OR (TI trials OR AB trials) OR (TI groups OR AB groups) OR (TI "evaluation study" OR AB "evaluation study") OR (TI "evaluation studies" OR AB "evaluation studies") OR (TI "intervention study" OR AB "intervention study") OR (TI "intervention studies" OR AB "intervention studies") OR (TI cohort OR AB cohort) OR (TI cohorts OR AB cohorts) OR (TI longitudinal OR AB longitudinal) OR (TI longitudinally OR AB longitudinally) OR (TI prospective OR AB prospective) OR (TI prospectively OR AB prospectively) OR (TI "follow up" OR AB "follow up") OR (TI follow-up OR AB follow-up) OR (TI followup OR AB followup) OR (TI "comparative study" OR AB "comparative study") OR (TI "comparative studies" OR AB "comparative studies") OR (TI nonrandom OR AB nonrandom) OR (TI non-random OR AB non-random) OR (TI nonrandomized OR AB nonrandomized) OR (TI non-randomized OR AB non-randomized) OR (TI nonrandomised OR AB nonrandomised) OR (TI non-randomised OR AB non-randomised) OR (TI quasi-experiment* OR AB quasi-experiment*) OR (TI quazi-experiment* OR AB quazi-experiment*) OR (TI quasiexperiment* OR AB quasiexperiment*) OR (TI quaziexperiment* OR AB quaziexperiment*) OR (TI quasirandom* OR AB quasirandom*) OR (TI quazirandom* OR AB quazirandom*) OR (TI quasi-random* OR AB quasi-random*) OR (TI quazi-random* OR AB quazi-random*) OR (TI quasi-control* OR AB quasi-control*) OR (TI quazi-control* OR AB quazi-control*) OR (TI quasicontrol* OR AB quasicontrol*) OR (TI quazicontrol* OR AB quazicontrol*) OR ((TI controlled OR AB controlled) AND (TI study OR AB study)) OR ((TI pre-post OR AB pre-post) OR (TI "pre post" OR AB "pre post")) OR (TI posttest OR AB posttest) OR (TI post-test OR AB post-test) OR (TI "post test" OR AB "post test") OR (TI pretest OR AB pretest) OR (TI pre-test OR AB pre-test) OR (TI "pre test" OR AB "pre test") OR (TI "repeated measure" OR AB "repeated measure") OR (TI "repeated measures" OR AB "repeated measures")) OR ((TI before OR AB before) AND (TI after OR AB after)) OR ((TI before OR AB before) AND (TI during OR AB during)) OR ((TI "time series" OR AB "time series") AND (TI interrupt* OR AB interrupt*)) OR ((TI "time points" OR AB "time points") AND ((TI multiple OR AB multiple) OR (TI one OR AB one) OR (TI two OR AB two) OR (TI three OR AB three) OR (TI four OR AB four) OR (TI five OR AB five) OR (TI six OR AB six) OR (TI seven OR AB seven) OR (TI eight OR AB eight) OR (TI nine OR AB nine) OR (TI ten OR AB ten) OR (TI month OR AB month) OR (TI monthly OR AB monthly) OR (TI day OR AB day) OR (TI daily OR AB daily) OR (TI week OR AB week) OR (TI weekly OR AB weekly) OR (TI hour OR AB hour) OR (TI hourly OR AB hourly)))</p>	
#8 <i>combining</i>	S6 AND S7	2,283
#9 <i>Exclusions – study designs</i>	S8 NOT PT (Abstract OR Algorithm OR Anecdote OR Bibliography OR Biography OR Book OR Book Chapter OR Book Review OR Cartoon OR Case Study OR Commentary OR Editorial OR Letter OR Masters Thesis OR Doctoral Dissertation OR Forms OR Games OR Pamphlet OR Pamphlet Chapter OR Poetry)	2,131
#10 <i>Exclusions – animal-only</i>	S9 NOT (((MH "Animals+") OR (MH "Animal Studies") OR (TI "animal model*")) NOT (MH "human"))	2,131

APPENDIX B. EXCLUDED STUDIES

Exclude reasons: 1=Ineligible population, 2=Ineligible intervention, 3=Ineligible comparator, 4=Ineligible outcome, 5=Ineligible study design, 6=Ineligible publication type, 7=Ineligible Other.

Citation	Exclude Reason
Alexander, 2018 ¹	5
Allchin, 2020 ²	4
Altafim, 2021 ³	1
Anis, 2022 ⁴	1
Aylward, 2019 ⁵	1
Ballard, 2018 ⁶	1
Barnicot, 2022 ⁷	1
Beardslee, 1997 ⁸	2
Beardslee, 1996 ⁹	2
Bearslee, 2007 ¹⁰	2
Becker, 2008 ¹¹	1
Boyd, 2017 ¹²	1
Butler, 2000 ¹³	2
Byrne, 2019 ¹⁴	1
Casselmann, 2015 ¹⁵	2
Cicchetti, 1999 ¹⁶	2
Coates, 2017 ¹⁷	4
Cooper, 2017 ¹⁸	1
Cullum, 2022 ¹⁹	1
Day, 2020 ²⁰	1
DeGarmo, 2004 ²¹	1
Dempsey, 2016 ²²	1
DeVoe, 2017 ²³	1
Fernandez, 2004 ²⁴	1
Franz, 2011 ²⁵	1
Gewirtz, 2018 ²⁶	5
Giallo, 2021 ²⁷	1
Graham-Bermann, 2015 ²⁸	1
Green, 2014 ²⁹	1
Grip, 2011 ³⁰	1
Grogan-Kaylor, 2019 ³¹	1
Gross, 2018 ³²	1
Haight, 2005 ³³	1
Heckman, 2004 ³⁴	2
Howell, 2015 ³⁵	1

Citation	Exclude Reason
Hurlburt, 2013 ³⁶	1
Isobel, 2016 ³⁷	1
Jaite, 2019 ³⁸	1
Katz, 2020 ³⁹	1
Kemmis-Riggs, 2022 ⁴⁰	1
Kotter, 2011 ⁴¹	1
Lieberman, 2005 ⁴²	1
Lindsey, 2022 ⁴³	6
Love, 2016 ⁴⁴	1
Maher, 2011 ⁴⁵	1
Maybery, 2019 ⁴⁶	2
McKee, 2014 ⁴⁷	4
Mevissen, 2020 ⁴⁸	2
Muzik, 2015 ⁴⁹	1
Nielsen, 2006 ⁵⁰	2
Patterson, 2004 ⁵¹	1
Peled, 2010 ⁵²	1
Phelan, 2006 ⁵³	1
Phelan, 2013 ⁵⁴	1
Pihkala, 2010 ⁵⁵	1
Potharst, 2019 ⁵⁶	1
Punamaki, 2013 ⁵⁷	2
Renneberg, 2016 ⁵⁸	5
Renner, 2020 ⁵⁹	1
Resnick, 1985 ⁶⁰	1
Rosenblum, 2018 ⁶¹	1
Rosenblum, 2017 ⁶²	1
Ross, 2020 ⁶³	4
Saltzman, 2016 ⁶⁴	5
Scannapieco, 1993 ⁶⁵	1
Shepherd-Banigan, 2020 ⁶⁶	1
Silovsky, 2022 ⁶⁷	1
Smeerdijk, 2015 ⁶⁸	1
Solantaus, 2010 ⁶⁹	2
Solantaus, 2009 ⁷⁰	1
Steele, 2019 ⁷¹	1
Stemmler, 2013 ⁷²	1
Suchman, 2016 ⁷³	7
Sullivan, 2004 ⁷⁴	1
Ueno, 2019 ⁷⁵	1

Citation	Exclude Reason
Valdez, 2013 ⁷⁶	5
van der Asdonk, 2021 ⁷⁷	1
van der Ende, 2014 ⁷⁸	2
Waters, 2020 ⁷⁹	1
Wiegand-Grefe, 2016 ⁸⁰	1
Wretman, 2019 ⁸¹	1

- Alexander K. Integrative Review of the Relationship Between Mindfulness-Based Parenting Interventions and Depression Symptoms in Parents. *JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing*. 2018;47(2):184-190.
- Allchin B, Weimand BM, O'Hanlon B, et al. Continued capacity: Factors of importance for organizations to support continued Let's Talk practice - a mixed-methods study. *International Journal of Mental Health Nursing*. 2020;29(6):1131-1143.
- Altafim ERP, de Oliveira RC, Linhares MBM. Maternal history of childhood violence in the context of a parenting program. *Journal of Child and Family Studies*. 2021:No Pagination Specified.
- Anis L, Ross K, Ntanda H, et al. Effect of Attachment and Child Health (ATTACHTM) Parenting Program on Parent-Infant Attachment, Parental Reflective Function, and Parental Depression. *International Journal of Environmental Research & Public Health [Electronic Resource]*. 2022;19(14):10.
- Aylward P. An integrated group parenting model for mums with mental health issues and their babies: Findings from a participatory action research evaluation of the South Australian ACORN Program. *International Journal of Integrated Care (IJIC)*. 2019;19(S1):1-2.
- Ballard J, Wieling E, Forgatch M. Feasibility of Implementation of a Parenting Intervention with Karen Refugees Resettled from Burma. *Journal of Marital & Family Therapy*. 2018;44(2):220-234.
- Barnicot K, Welsh M, Kalwarowsky S, et al. Video feedback parent-infant intervention for mothers experiencing enduring difficulties in managing emotions and relationships: A randomised controlled feasibility trial. *British Journal of Clinical Psychology*. 2022;26:26.
- Beardslee WR, Salt P, Versage EM, et al. Sustained change in parents receiving preventive interventions for families with depression. *American Journal of Psychiatry*. 1997;154(4):510-5.
- Beardslee WR, Wright E, Rothberg PC, et al. Response of families to two preventive intervention strategies: Long-term differences in behavior and attitude change. *Journal of the American Academy of Child and Adolescent Psychiatry*. 1996;35(6):774-782.
- Beardslee WR, Wright EJ, Gladstone TR, et al. Long-term effects from a randomized trial of two public health preventive interventions for parental depression. *Journal of Family Psychology*. 2007;21(4):703-13.
- Becker KD, Mathis G, Mueller CW, et al. Community-based treatment outcomes for parents and children exposed to domestic violence. *Journal of Emotional Abuse*. 2008;8(1-2):187-204.

12. Boyd RC, Gerdes M, Rothman B, et al. A Toddler Parenting Intervention in Primary Care for Caregivers With Depression Symptoms. *Journal of Primary Prevention*. 2017;38(5):465-480.
13. Butler SF, Budman SH, Beardslee W. Risk reduction in children from families with parental depression: A videotape psychoeducation program. *National Academies of Practice Forum: Issues in Interdisciplinary Care*. 2000;2(4):267-276.
14. Byrne G, Slead M, Midgley N, et al. Lighthouse Parenting Programme: Description and pilot evaluation of mentalization-based treatment to address child maltreatment. *Clinical Child Psychology & Psychiatry*. 2019;24(4):680-693.
15. Casselman RB, Pemberton JR. ACT-based parenting group for veterans with PTSD: Development and preliminary outcomes. *American Journal of Family Therapy*. 2015;43(1):57-66.
16. Cicchetti D, Toth SL, Rogosch FA. The efficacy of toddler-parent psychotherapy to increase attachment security in offspring of depressed mothers. *Attachment & Human Development*. 1999;1(1):34-66.
17. Coates D, Phelan R, Heap J, et al. "Being in a group with others who have mental illness makes all the difference": The views and experiences of parents who attended a mental health parenting program. *Children & Youth Services Review*. 2017;78:104-111.
18. Cooper V, Reupert A. "Let's Talk About Children" resource: A parallel mixed method evaluation. *Social Work in Mental Health*. 2017;15(1):47-65.
19. Cullum KA, Goodman SH, Garber J, et al. A positive parenting program to enhance positive affect in children of previously depressed mothers. *Journal of Family Psychology*. 2022;36(5):692-703.
20. Day C, Briskman J, Crawford MJ, et al. An intervention for parents with severe personality difficulties whose children have mental health problems: a feasibility RCT. *Health Technology Assessment (Winchester, England)*. 2020;24(14):1-188.
21. DeGarmo DS, Patterson GR, Forgatch MS. How do outcomes in a specified parent training intervention maintain or wane over time? *Prevention Science*. 2004;5(2):73-89.
22. Dempsey J, McQuillin S, Butler AM, et al. Maternal Depression and Parent Management Training Outcomes. *Journal of Clinical Psychology in Medical Settings*. 2016;23(3):240-6.
23. DeVoe ER, Paris R, Emmert-Aronson B, et al. A randomized clinical trial of a postdeployment parenting intervention for service members and their families with very young children. *Psychological Trauma: Theory, Research, Practice and Policy*. 2017;9(Suppl 1):25-34.
24. Fernandez E. Effective interventions to promote child and family wellness: a study of outcomes of intervention through Children's Family Centres. *Child & Family Social Work*. 2004;9(1):91-104.
25. Franz M, Weihrauch L, Schäfer R. PALME: A preventive parental training program for single mothers with preschool aged children. *Journal of Public Health*. 2011;19(4):305-319.
26. Gewirtz AH. A Call for Theoretically Informed and Empirically Validated Military Family Interventions. *Journal of Family Theory & Review*. 2018;10(3):587-601.
27. Giallo R, Rominov H, Fisher C, et al. A mixed-methods feasibility study of the Home Parenting Education and Support Program for families at risk of child maltreatment and recurrence in Australia. *Child Abuse & Neglect*. 2021;122:105356.

28. Graham-Bermann SA, Miller-Graff L. Community-based intervention for women exposed to intimate partner violence: A randomized control trial. *Journal of Family Psychology*. 2015;29(4):537-47.
29. Green BL, Tarte JM, Harrison PM, et al. Results from a randomized trial of the Healthy Families Oregon accredited statewide program: Early program impacts on parenting. *Children & Youth Services Review*. 2014;44:288-298.
30. Grip K, Almqvist K, Broberg AG. Effects of a group-based intervention on psychological health and perceived parenting capacity among mothers exposed to intimate partner violence (ipv): a preliminary study. *Smith College Studies in Social Work* (Taylor & Francis Ltd). 2011;81(1):81-100.
31. Grogan-Kaylor A, Galano MM, Howell KH, et al. Reductions in Parental Use of Corporal Punishment on Pre-School Children Following Participation in the Moms' Empowerment Program. *Journal of Interpersonal Violence*. 2019;34(8):1563-1582.
32. Gross D, Belcher HME, Budhathoki C, et al. Does Parent Training Format Affect Treatment Engagement? A Randomized Study of Families at Social Risk? *Journal of Child & Family Studies*. 2018;27(5):1579-1593.
33. Haight WL, Mangelsdorf S, Black J, et al. Enhancing parent-child interaction during foster care visits: experimental assessment of an intervention. *Child Welfare*. 2005;84(4):459-81.
34. Heckman JP, Hutchins FA, Thom JC, et al. Allies: Integrating Women's Alcohol, Drug, Mental Health and Trauma Treatment in a County System. *Alcoholism Treatment Quarterly*. 2004;22(3-4):161-180.
35. Howell KH, Miller LE, Lilly MM, et al. Strengthening positive parenting through intervention: evaluating the Moms' Empowerment Program for women experiencing intimate partner violence. *Journal of Interpersonal Violence*. 2015;30(2):232-52.
36. Hurlburt MS, Nguyen K, Reid J, et al. Efficacy of the Incredible Years group parent program with families in Head Start who self-reported a history of child maltreatment. *Child Abuse & Neglect*. 2013;37(8):531-43.
37. Isobel S, Meehan F, Pretty D. An Emotional Awareness Based Parenting Group for Parents with Mental Illness: A Mixed Methods Feasibility Study of Community Mental Health Nurse Facilitation. *Archives of Psychiatric Nursing*. 2016;30(1):35-40.
38. Jaite C, van Noort BM, Vloet TD, et al. A multicentre randomized controlled trial on trans-generational attention deficit/hyperactivity disorder (ADHD) in mothers and children (AIMAC): an exploratory analysis of predictors and moderators of treatment outcome. *Zeitschrift für Kinder-und Jugendpsychiatrie und Psychotherapie*. 2019;47(1):49-65.
39. Katz LF, Gurtovenko K, Maliken A, et al. An emotion coaching parenting intervention for families exposed to intimate partner violence. *Developmental Psychology*. 2020;56(3):638-651.
40. Kemmis-Riggs J, Dickes A, Rogers K, et al. Improving Parent-Child Relationships for Young Parents in the Shadow of Complex Trauma: A Single-Case Experimental Design Series. *Child Psychiatry & Human Development*. 2022;27:27.
41. Kotter C, Stemmler M, Losel F, et al. Medium-term effects of the EFFEKT-E preventive program for emotionally distressed mothers and their children in relation to psychosocial risk. *Zeitschrift für Gesundheitspsychologie*. 2011;19(3):122-133.
42. Lieberman AF, Van Horn P, Ippen CG. Toward evidence-based treatment: child-parent psychotherapy with preschoolers exposed to marital violence. *J Am Acad Child Adolesc Psychiatry*. 2005;44(12):1241-8.

43. Lindsey M, Sullivan K, Chemtob C, et al. A randomized controlled trial to assess the efficacy of Parenting-STAIR in treating maternal PTSD to reduce maltreatment recidivism: protocol for the Safe Mothers, Safe Children study. *Trials* [Electronic Resource]. 2022;23(1):432.
44. Love SM, Sanders MR, Turner KM, et al. Social media and gamification: Engaging vulnerable parents in an online evidence-based parenting program. *Child Abuse & Neglect*. 2016;53:95-107.
45. Maher EJ, Marcynszyn LA, Corwin TW, et al. Dosage matters: the relationship between participation in the nurturing parenting program for infants, toddlers, and preschoolers and subsequent child maltreatment. *Children & Youth Services Review*. 2011;33(8):1426-1434.
46. Maybery D, Goodyear M, Reupert A, et al. A mixed method evaluation of an intervention for parents with mental illness. *Clinical Child Psychology & Psychiatry*. 2019;24(4):717-727.
47. McKee LG, Parent J, Forehand R, et al. Reducing youth internalizing symptoms: effects of a family-based preventive intervention on parental guilt induction and youth cognitive style. *Development & Psychopathology*. 2014;26(2):319-32.
48. Mevissen L, Ooms-Evers M, Serra M, et al. Feasibility and potential effectiveness of an intensive trauma-focused treatment programme for families with PTSD and mild intellectual disability. *European Journal of Psychotraumatology*. 2020;11(1):1777809.
49. Muzik M, Rosenblum KL, Alfafara EA, et al. Mom Power: preliminary outcomes of a group intervention to improve mental health and parenting among high-risk mothers. *Archives of Women's Mental Health*. 2015;18(3):507-21.
50. Nielsen N. Evaluation of family therapy. *Nordic Journal of Psychiatry*. 2006;60(2):137-143.
51. Patterson GR, DeGarmo D, Forgatch MS. Systematic changes in families following prevention trials. *Journal of Abnormal Child Psychology*. 2004;32(6):621-33.
52. Peled E, Davidson-Arad B, Perel G. The mothering of women abused by their partner: An outcome evaluation of a group intervention. *Research on Social Work Practice*. 2010;20(4):391-402.
53. Phelan R, Lee L, Howe D, et al. Parenting and mental illness: a pilot group programme for parents. *Australasian Psychiatry*. 2006;14(4):399-402.
54. Phelan RF, Howe DJ, Cashman EL, et al. Enhancing parenting skills for parents with mental illness: the Mental Health Positive Parenting Program. *Medical Journal of Australia*. 2013;199(3 Suppl):S30-3.
55. Pihkala H, Cederstrom A, Sandlund M. Beardslee's preventive family intervention for children of mentally ill parents: A Swedish National Survey. *International Journal of Mental Health Promotion*. 2010;12(1):29-38.
56. Potharst ES, Boekhorst M, Cuijlits I, et al. A Randomized Control Trial Evaluating an Online Mindful Parenting Training for Mothers With Elevated Parental Stress. *Frontiers in Psychology*. 2019;10:1550.
57. Punamaki RL, Paavonen J, Toikka S, et al. Effectiveness of preventive family intervention in improving cognitive attributions among children of depressed parents: a randomized study. *Journal of Family Psychology*. 2013;27(4):683-90.
58. Renneberg B, Rosenbach C. "There is not much help for mothers like me": Parenting Skills for Mothers with Borderline Personality Disorder - a newly developed group training program. *Borderline Personality Disorder and Emotion Dysregulation*. 2016;3:16.

59. Renner LM, Driessen MC, Lewis-Dmello A. A Pilot Study Evaluation of a Parent Group for Survivors of Intimate Partner Violence. *Journal of Family Violence*. 2020;35(2):203-215.
60. Resnick G. Enhancing parental competencies for high risk mothers: an evaluation of prevention effects. *Child Abuse & Neglect*. 1985;9(4):479-89.
61. Rosenblum K, Lawler J, Alfafara E, et al. Improving Maternal Representations in High-Risk Mothers: A Randomized, Controlled Trial of the Mom Power Parenting Intervention. *Child Psychiatry & Human Development*. 2018;49(3):372-384.
62. Rosenblum KL, Muzik M, Morelen DM, et al. A community-based randomized controlled trial of Mom Power parenting intervention for mothers with interpersonal trauma histories and their young children. *Archives of Women's Mental Health*. 2017;20(5):673-686.
63. Ross AM, DeVoe ER, Steketee G, et al. Outcomes of a reflective parenting program among military spouses: The moderating role of social support. *Journal of Family Psychology*. 2020;34(4):402-413.
64. Saltzman WR, Lester P, Milburn N, et al. Pathways of Risk and Resilience: Impact of a Family Resilience Program on Active-Duty Military Parents. *Family Process*. 2016;55(4):633-646.
65. Scannapieco M. The importance of family functioning to prevention of placement: A study of family preservation services. *Child & Adolescent Social Work Journal*. 1993;10(6):509-520.
66. Shepherd-Banigan M, Jones KA, Wang K, et al. Mechanisms Through Which a Family Caregiver Coaching Intervention Might Reduce Anxiety Among Children in Military Households. *Maternal & Child Health Journal*. 2020;24(10):1248-1258.
67. Silovsky J, Bard D, Owora AH, et al. Risk and Protective Factors Associated with Adverse Childhood Experiences in Vulnerable Families: Results of a Randomized Clinical Trial of SafeCare R. *Child Maltreatment*. 2022:10775595221100723.
68. Smeerdijk M, Keet R, van Raaij B, et al. Motivational interviewing and interaction skills training for parents of young adults with recent-onset schizophrenia and co-occurring cannabis use: 15-month follow-up. *Psychological Medicine*. 2015;45(13):2839-48.
69. Solantaus T, Paavonen EJ, Toikka S, et al. Preventive interventions in families with parental depression: children's psychosocial symptoms and prosocial behaviour. *European Child & Adolescent Psychiatry*. 2010;19(12):883-92.
70. Solantaus T, Toikka S, Alasuutari M, et al. Safety, feasibility and family experiences of preventive interventions for children and families with parental depression. *International Journal of Mental Health Promotion*. 2009;11(4):15-24.
71. Steele H, Murphy A, Bonuck K, et al. Randomized control trial report on the effectiveness of Group Attachment-Based Intervention (GABI©): Improvements in the parent-child relationship not seen in the control group. *Development & Psychopathology*. 2019;31(1):203-217.
72. Stemmler M, Kötter C, Bühler A, et al. Prevention of familial transmission of depression through a family-oriented programme targeting parenting as well as the child's social competence. *Journal of Children's Services*. 2013;8(1):5-20.
73. Suchman NE, Ordway MR, de Las Heras L, et al. Mothering from the Inside Out: results of a pilot study testing a mentalization-based therapy for mothers enrolled in mental health services. *Attachment & Human Development*. 2016;18(6):596-617.

74. Sullivan M, Egan M, Gooch M. Conjoint Interventions for Adult Victims and Children of Domestic Violence: A Program Evaluation. *Research on Social Work Practice*. 2004;14(3):163-170.
75. Ueno R, Osada H, Solantaus T, et al. Safety, Feasibility, Fidelity, and Perceived Benefits of an Intervention for Parents with Mood Disorders and Their Children — “Let’s Talk About Children” in Japan. *Journal of Family Psychotherapy*. 2019;30(4):272-291.
76. Valdez CR, Padilla B, Moore SM, et al. Feasibility, acceptability, and preliminary outcomes of the Fortalezas Familiares intervention for latino families facing maternal depression. *Family Process*. 2013;52(3):394-410.
77. van der Asdonk S, Cyr C, Alink L. Improving parent-child interactions in maltreating families with the Attachment Video-feedback Intervention: Parental childhood trauma as a moderator of treatment effects. *Attachment & Human Development*. 2021;23(6):876-896.
78. van der Ende PC, van Busschbach JT, Nicholson J, et al. Parenting and psychiatric rehabilitation: can parents with severe mental illness benefit from a new approach? *Psychiatric Rehabilitation Journal*. 2014;37(3):201-8.
79. Waters SF, Hulette A, Davis M, et al. Evidence for attachment vitamins: A trauma-informed universal prevention programme for parents of young children. *Early Child Development and Care*. 2020;190(7):1109-1114.
80. Wiegand-Grefe S, Alberts J, Petermann F, et al. Differential perspectives on family functioning and interfamilial relationships: The effect of a manualized intervention program on children of mentally ill parents. *Kindheit und Entwicklung: Zeitschrift für Klinische Kinderpsychologie*. 2016;25(2):77-88.
81. Wretman CJ, Rizo CF, Macy RJ, et al. A novel intervention for system-involved intimate partner violence survivors: Changes in parenting. *Research on Social Work Practice*. 2019;29(3):268-280.

APPENDIX C. STUDY CHARACTERISTICS TABLE

Study Country # Enrolled # Arms Design	Mean Age (SD) % Female % Race Population Focus	Study Population	Intervention Type (Description)	Reported Primary Outcomes	Outcome Timing	Risk of Bias for Objective and Patient
Compas, 2009 ³⁴ United States 266 2 RCT	42.2 (7.0) 85.5% White: 86.5% African American SMI-MDD	Parents with current or past MDD during the lifetime of their child(ren) and children of these parents from the areas in and surrounding Nashville, Tennessee, and Burlington, Vermont	In-person multi-family group: A family cognitive-behavioral preventative intervention comprising 12 family group in-person sessions educating families about depressive disorders and how depression impacts family functioning, developing coping responses to stress, and improving parenting skills	Parent depressive symptoms, parent DSM-IV MDD diagnoses, child depressive and internalizing symptoms, child externalizing problems, child DSM-IV diagnoses	2 months, 6 months, and 12 months	Some concerns
Companion papers: Watson 2014, ⁷⁵ Breslend 2019 ⁷⁶						
Fernando, 2018 ³⁶ Germany 175 2 Controlled before and after	39.1 (6.18) 73.2% NR SMI-MDD	(1) Children and adolescents aged between 6 and 14 years (2) without history of prior psychiatric treatment or to psychotherapy and (3) whose parents met DSM-IV diagnostic criteria of major depressive disorder according to the Structured Diagnostic Interview for DSM-IV	In-person individual family counseling + multi-family group + children’s group: Kanu-intervention was designed to foster coping strategies and resources of affected families through a combination of individual, family- and group-based intervention strategies	Child psychopathology, well-being and quality of life, parent-child relationship	6 months	Moderate

Study Country # Enrolled # Arms Design	Mean Age (SD) % Female % Race Population Focus	Study Population	Intervention Type (Description)	Reported Primary Outcomes	Outcome Timing	Risk of Bias for Objective and Patient
Jones, 2015 ³⁷ United Kingdom 78 2 RCT	37.55 (7.94) 97.4% NR SMI-bipolar disorder	39 parents with self-diagnosed bipolar disorder (determined with the MDQ) who had children between the ages of 4-10	Web-based self-directed: 10-week web-based course on managing child behavior. They also had a book, and new web-based information was released to them weekly in written, video, and audio format, which helped them work through the self-help book. Key areas included: encouraging desirable behavior, managing sleep routines, and coping with stress in the family	Perceived parenting behavior and child behavior problems	10 weeks	High
Jones, 2017 ³¹ United Kingdom 97 2 RCT	36.63 (6.31) 78.3% NR SMI-bipolar disorder	Parents with diagnosed bipolar disorder who have children aged 3–10 who were recruited through clinical means and self-referral	Web-based self-directed: An integrated bipolar parenting intervention (IBPI) that included 8 module self-management intervention with strategies for bipolar disorder in parents that covered a range of topics concerning bipolar disorder and parenting issues. Opportunities for reflection were provided through interactive and multimedia features, including video clips, collaborative exercises, and self-evaluation	Parenting skills, parental stress, child behavior problems	16 weeks	Low



Study Country # Enrolled # Arms Design	Mean Age (SD) % Female % Race Population Focus	Study Population	Intervention Type (Description)	Reported Primary Outcomes	Outcome Timing	Risk of Bias for Objective and Patient
Julian, 2018 ⁴⁴ United States 107 2 Controlled before and after	NR 60.7% White: 78.7% Hispanic/Latino: 12.9% Military: US Service members or Veterans with a history of deployment	Participants or their partners had to be either US service members or Veterans with a history of deployment, with one or more children ≤7 years old. Both parents were invited to participate, together or separately	In-person multi-family group: 10 parent group sessions and 1–3 individual parent sessions with facilitators over the course of 10–12 weeks. Parent groups are taught about parent education, with specific attention to the experiences of military families with young children and the parent-child relationship, opportunities are provided for parent-child interaction and parents receive guidance	Parent behavioral responsiveness, parent emotion responsiveness, parent positive effect, parent withdrawn/depressed, parent irritability/anger	12 weeks	Moderate
Gewirtz, 2018 ⁴⁷ United States 608 2 RCT	36.66 93.4% White: 90.6 Military: US National Guard and Reserve families	Participants included families where 1 parent had deployed to recent conflicts (<i>ie</i> , Operation Iraqi Freedom or Operation Enduring Freedom, OIF/OEF) and at least 1 child between the ages of four and 12 was living in the home	In-person multi-family group: 14-week parenting program delivered in sessions of 2 hours per week to multi-family groups of 6 to 15 parents per group. Topics address 6 core parenting skills: teaching through encouragement, discipline, problem-solving, monitoring, positive involvement with children, and emotion socialization	Observed parenting: problem solving, Coercive discipline, positive involvement, skill encouragement, monitoring	14 weeks	Some concerns



Study Country # Enrolled # Arms Design	Mean Age (SD) % Female % Race Population Focus	Study Population	Intervention Type (Description)	Reported Primary Outcomes	Outcome Timing	Risk of Bias for Objective and Patient
O'Shea, 2019 ⁴² United States 131 (60 in analytic sample) 2 RCT Companion paper: Kaplan 2014 ³²	37 (7.69) 100 White ^a : 84% Black: 20% Hispanic: 10% Native American: 3% Asian: 3% Other: 2% SMI: schizophrenia or mood disorder	Mothers over the age of 18 with a diagnosis of a mood or schizophrenia spectrum disorder as confirmed by doctor or therapist, who have current primary/shared custody and serving as the caretaker of at least 1 child 18 years old or younger, and who speak fluent English and are US residents	Web-based self-directed: once enrolled into the intervention condition, participants could access all lessons/content offered in the online parenting course. Courses were designed to be optimized based on the participant's child's age (birth to 3, 4–9, 10–13, and 14–18). Over 3 months, mothers completed lessons in a wide array of parenting skills and completed homework and a quiz for each lesson	Enhanced parenting skills, improved parental coping skills, and decreased parental stress	3 months/12 months/18 months	High
Lester, 2016 ⁴⁵ United States and Japan (US military bases) 3,499 1 Repeated measures study Companion paper: Lester 2012 ⁷⁷	33.4 (6.1) 72.3% NR Military: Active duty US military families	Active-duty military families	In-person individual family: 8 in-person, provider-led sessions for individual families. Sessions centered around 4 topics: family resilience check-in, family psychoeducation and developmental guidance with an emphasis on strengthening parenting, and information on the impact of military-related stressors on children, parents, and family, narrative timelines: structured, graphic narratives of the experiences of individual family members surrounding key family transitions and resilience skill building including communication and problem solving	Parent psychological health symptoms: anxiety symptoms and depressive symptoms	1 month/4 months/6 months	Serious



Study Country # Enrolled # Arms Design	Mean Age (SD) % Female % Race Population Focus	Study Population	Intervention Type (Description)	Reported Primary Outcomes	Outcome Timing	Risk of Bias for Objective and Patient
Mogil, 2021 ⁴³ United States 548 2 RCT	32.93 (5.26) 55.59% White: 63.3% Black: 8.02% Native Hawaiian/Pacific Islander: 1.4% Other: 8.88% Military: Families with at least 1 parent who served post-9/11	Families with a child aged 3–6 years with at least 1 parent who served post-9/11 in the US Army, Navy, Marine Corps, or Air Force	Virtual individual family: A virtual, home-visiting telehealth intervention that is trauma-informed and family- centered that consists of 6 modules delivered over 4–10 meetings that last 60–90 minutes	Parent anxiety and depression, parenting stress, parent PTSD, parent-child relationships	3 months/6 months/12 months	Low
Sanford, 2003 ³⁵ Canada 44 2 RCT	41.01 (6.42) 93.02% NR SMI-MDD	Parents who have a clinical diagnosis of MDD according to the referring physician, to be currently under medical care for depression, and to have a child aged 6 through 13 years	In-person multi-family group: 8 weekly, 2-hour sessions with 8 to 12 parent participants (alone or with their partner or a family member) during which parents increased their knowledge of depression and its impact on the family, worked on increasing positive communication, and enhancing positive parenting strategies	Parenting practices (positive/in- effective/consistency), sense of parenting competence, parent conflict, family conflict, depression, depressive symptoms	12 months	High

Study Country # Enrolled # Arms Design	Mean Age (SD) % Female % Race Population Focus	Study Population	Intervention Type (Description)	Reported Primary Outcomes	Outcome Timing	Risk of Bias for Objective and Patient
Serravalle, 2021 ³⁰ Canada 55 2 Controlled before-after	8.20 (1.60) 48% NR SMI: bipolar disorder	Families with a parent having bipolar disorder and having at least 1 biological child between ages 6–11 with fluency in English or French	In-person multi-family group: a 12-week, manual-based prevention intervention program aimed at improving the quality of the caregiving environment while strengthening stress-coping and resilience among the bipolar parents. Sessions are weekly over the 12 weeks and are group sessions for both parent and child. Two-hour sessions follow 3 core modules devoted to the acquisition and practice of skills related to problem-solving, healthy communication, and organization and discipline in the home	Parental positivity and negativity, dyadic mutuality during interactions between bipolar parents and their children, child internalizing and externalizing symptoms	6 months/12 months	Moderate
van der Zanden, 2010 ³³ Netherlands 94 1 Uncontrolled before-after (pre/post)	37.0 85% Dutch ethnicity: 90% SMI: depression, bipolar disorder, personality disorder, post-traumatic stress disorder, anxiety disorder, psychosis, eating disorder, alcohol addiction	Parents with mental illness who had custody of their children	Virtual group-based chat: online course consisting of 8, 90-minute weekly sessions in a secured online chat room where participants are communicating with trained mental health workers. The course facilitates the parents' learning potential by highlighting and addressing their shame and guilt about their illness and teaches some general principles of parenting as well as more specific skills. Homework and practice exercises are completed between each session.	Parenting skills: laxness and over-reactivity, sense of parenting competence, parental perceptions of parenting, child well-being	At the end of the 8 sessions/8 weeks	Moderate



Study Country # Enrolled # Arms Design	Mean Age (SD) % Female % Race Population Focus	Study Population	Intervention Type (Description)	Reported Primary Outcomes	Outcome Timing	Risk of Bias for Objective and Patient
Wolfenden, 2022 ²⁹ United Kingdom 10 1 Repeated measures study	32.9 100% White: 80% Black: 20% SMI:schizophrenia	Parents diagnosed with schizophrenia spectrum disorder, who were medication-stable with a child aged 3-10 years old with whom they had more than 10 hours of face-to-face contact per week with no change in care plans and no other parenting support being received	In-person home visitation with counseling: a self-directed variant of the triple P Positive Parenting Program in the form of a manualized self-help workbook was given to the parents. The workbook was designed to change parenting behavior over a 10-week span. Sessional role plays to practice learnt techniques were used to reinforce the development of self-evaluation and problem-solving capabilities	Parenting behavior, Parenting skills, externalizing child behavior, parental hallucinations, parental depression	3 months/6 months	Serious
James Riegler, 2020 ⁴⁶ United States 41 1 Uncontrolled before-after study (pre/post)	NR NR NR Military: US Veterans eligible to receive services through the VA	Veterans who were a parent or caregiver of a child between the ages of 3 and 9 years	Virtual family home visitation with live coaching intervention: Online Parenting Pro-Tips (OPPT) was a pilot telepsychotherapy parenting skills program for military Veterans that combined web-based educational modules addressing child development and positive parenting with live coaching (via videoconferencing link) of parenting skills. There were 6 sessions with 1 session conducted every 2 weeks	Parental depression, parenting stress, family functioning, child problem behaviors	Approximately 14 weeks	Serious

Notes. ^a Total exceeds 100%.



APPENDIX D. INTERVENTION CHARACTERISTICS TABLE

KQ2: POPULATIONS WITH PARENTAL HISTORIES OF SERIOUS MENTAL ILLNESS

<i>Intervention Type</i>									
Study	Target Population	Intervention Name	Original Intervention(s) Adapted for Current Study	Add-Ons or Adaptations	Intervention Techniques (How)	Skills/ Knowledge (What)	Child Involvement	Type of Provider(s)	Dose: Duration, Frequency, Length of Contacts
<i>In-person Home Visitation With Counseling Intervention</i>									
Wolfenden, 2022 ²⁹	Schizophrenia spectrum disorder	Triple P (Positive Parenting Program)	Triple P (Positive Parenting Program) ^{39,40}	Because of literacy issues, minor adaptations were made to the delivery of the self-directed workbook and time spent completing practical exercises. Participants required assistance to understand tasks and required support and guidance when planning and implementing the strategies	Curriculum or manual, home-based components: visitations or observations of parent-child interactions at the home, homework, modeling	Child development knowledge and care, emotion communication, positive interactions with child, promoting children's social skills or prosocial behavior, responsiveness/ sensitivity/ nurturing	First author observed parent-child interactions during home visits	Non-licensed trained facilitator (includes graduate students)	Ten sessions of the intervention delivered weekly over 10–14 weeks, lasting 45–60 minutes

<i>Intervention Type</i>									
Study	Target Population	Intervention Name	Original Intervention(s) Adapted for Current Study	Add-Ons or Adaptations	Intervention Techniques (How)	Skills/ Knowledge (What)	Child Involvement	Type of Provider(s)	Dose: Duration, Frequency, Length of Contacts
<i>In-person Multi-family Group Intervention</i>									
Compas, 2009 ³⁴	Major depressive disorder	Family Group Cognitive Behavioral (FGCB) Preventive Intervention	NR	NR	Curriculum or manual, homework; modeling; rehearsal/role playing/practice, separate child instruction	Discipline and behavior management, positive interactions with child, responsiveness/ sensitivity/ nurturing	Children aged 9–15 years old participated in the family sessions Parents and children met together in sessions 1-3 During sessions 4-12, parents and children met separately for the bulk of the sessions	Graduate students in clinical psychology; supervision by 2 clinical psychologists	Twelve weekly sessions plus 4 monthly booster sessions
Sanford, 2003 ³⁵	Major depressive disorder	NR	Two family psychoeducation programs ^{78,79} Parent-training model: based on methods from parent education theory, social-learning theory, and family systems theory ⁸⁰	NR	Curriculum or manual, homework	Promoting children's social skills or prosocial behavior, emotion communication, positive interactions with child, discipline and behavior management	No child involvement	Nurse, social worker, bachelor's degrees in psychology	Eight weekly 2-hour sessions



Intervention Type									
Study	Target Population	Intervention Name	Original Intervention(s) Adapted for Current Study	Add-Ons or Adaptations	Intervention Techniques (How)	Skills/ Knowledge (What)	Child Involvement	Type of Provider(s)	Dose: Duration, Frequency, Length of Contacts
Serravalle, 2021 ³⁰	Bipolar disorder	Reducing Unwanted Stress in the Home (RUSH)	Novel program based on cognitive-behavioral approaches (Abramowitz, 2012; Kendell and Hedtke, 2006; Severe, 2000; Shapiro and Sprague, 2009) ⁸¹⁻⁸³ Parenting program: How to behave so your children will too! ⁶⁵	NR	Curriculum or manual, observations of parent-child interactions not at home, separate child instruction	Disciplinary communication, discipline and behavior management, positive interactions with child, emotion communication, promoting children's social skills or prosocial behavior	Separate but concurrent child sessions	Non-licensed trained facilitator (senior graduate students in clinical psychology)	Parents: 12 2-hour sessions over 12 weeks Child sessions were 1 hour long Five 15-minute individualized bi-weekly booster calls
Virtual Group-based Chat Intervention									
van der Zanden, 2010 ³³	Parents with mental illness (depression, bipolar disorder, personality disorder, PTSD, anxiety, psychosis, eating disorders, alcohol addiction, autism)	KopOpOuders (translated from Dutch: Chin Up, Parents)	Social learning theory, ⁸⁴ the theory of developmental psychopathology, ⁸⁵ and the contextual theory ⁸⁶	NR	Curriculum or manual, homework	Child development knowledge and care, discipline and behavior management, emotion communication, positive interactions with child, promoting children's social skills or prosocial behavior	No child involvement	Trained health promotion workers	Eight 90-minute weekly sessions



Intervention Type									
Study	Target Population	Intervention Name	Original Intervention(s) Adapted for Current Study	Add-Ons or Adaptations	Intervention Techniques (How)	Skills/ Knowledge (What)	Child Involvement	Type of Provider(s)	Dose: Duration, Frequency, Length of Contacts
Web-based Self-directed Intervention									
Jones, 2015 ^{37,56}	Bipolar disorder	Triple P (Positive Parenting Program) - web-based	Triple P (Positive Parenting Program) ^{39,40}	Parents were provided with a tip sheet of strategies for detecting and coping with fluctuations of their own mood	Curriculum or manual, homework	Disciplinary communication; discipline and behavior management; positive interactions with child; responsiveness/ sensitivity/ nurturing	No child involvement	Electronic/ non-human	Ten weeks
Jones, 2017 ³¹	Bipolar disorder	Triple P (Positive Parenting Program) - web-based	Triple P (Positive Parenting Program) ^{39,40}	Parents were provided with a tip sheet of strategies for detecting and coping with fluctuations of their own mood	Curriculum or manual, homework	Discipline and behavior management, monitoring; positive interactions with child, promoting children's social skills or prosocial behavior, emotion communication, responsiveness/ sensitivity/ nurturing	No child involvement	Electronic/ non-human	Sixteen weeks
Kaplan, 2014 ³² / O'Shea, 2019 ⁴²	Mothers diagnosed with a schizophrenia spectrum or mood disorder	Parenting Internet Education	Novel program based on cognitive behavioral therapy	NR	Curriculum or manual, homework	Child development knowledge and care, discipline and behavior management, promoting children's cognitive or academic skills	No child involvement	Internet-based asynchronous	Three months of weekly 30-minute sessions



<i>Intervention Type</i>									
Study	Target Population	Intervention Name	Original Intervention(s) Adapted for Current Study	Add-Ons or Adaptations	Intervention Techniques (How)	Skills/ Knowledge (What)	Child Involvement	Type of Provider(s)	Dose: Duration, Frequency, Length of Contacts
<i>In-person Individual Family Counseling + Multi-family Group+ Children's Group Intervention</i>									
Fernando, 2018 ³⁶	Major depressive disorder	Kanu-intervention	Family Talk Intervention (FTI) ⁸⁷ and Children of Mentally Ill Parents (CHIMPs) ⁸⁸ Parenting training component: Systematic Training for Effective Parenting (STEP) ⁴¹	NR	Curriculum or manual, separate child instruction	Promoting children's social skills or prosocial behavior, disciplinary communication, discipline and behavior management, emotion communication	Children participated in child group sessions and family sessions	Psychiatrists, psychologists, social workers	Ten individual sessions for parents and children over 6 months Kanu-parenting: 10 weekly group sessions Kanu-group program for children and adolescents: 10 weekly group sessions

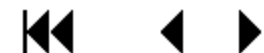


KQ3: POPULATIONS WITH PARENTAL HISTORIES OF MILITARY SERVICE

<i>Intervention Type</i>									
Study	Target Population	Intervention Name	Original Intervention(s) Adapted for Current Study	Add-Ons or Adaptations	Intervention Techniques (How)	Skills/ Knowledge (What)	Child Involvement	Type of Provider(s)	Dose: Duration, Frequency, Length of Contacts
<i>In-person Individual Family Intervention</i>									
Lester, 2016 ⁴⁵	Active-duty military families (US Marine Corps and US Navy installations)	Families OverComing Under Stress (FOCUS)	Two evidence-based family prevention programs ^{89,90} One family prevention program for families affected by wartime exposure ⁹¹	NR	Curriculum or manual, separate child instruction, rehearsal, role playing, or practice	Child development knowledge and care, emotion communication, promoting children's social skills or prosocial behavior	Children participated in child-only sessions and in family sessions	Psychiatrist	FOCUS was delivered in 8 sessions Sessions 1, 2, and 5 were parent-only sessions that lasted 90 minutes Sessions 3 and 4 were child-only sessions that lasted 30 to 60 minutes Sessions 6–8 were family sessions (time not reported)
<i>In-person Multi-family Group Intervention</i>									
Gewirtz, 2018 ⁴⁷	National Guard and Reserve families with 1 parent who had deployed to recent conflicts (OIF/OEF/OND)	After Deployment, Adaptive Parenting Tools (ADAPT)	Parent Management Training-Oregon model (PMTO) ⁹²	Adapted for military families and the deployment context	Rehearsal, role playing, or practice, curriculum or manual	Disciplinary communication, emotion communication, discipline and behavior management, positive interactions with child	No child involvement	Trained peer/lay person facilitator	Fourteen weekly 2-hour sessions and home practice assignments



Intervention Type									
Study	Target Population	Intervention Name	Original Intervention(s) Adapted for Current Study	Add-Ons or Adaptations	Intervention Techniques (How)	Skills/ Knowledge (What)	Child Involvement	Type of Provider(s)	Dose: Duration, Frequency, Length of Contacts
Julian, 2018 ⁹³	Active-duty military or Veteran families	Strong Military Families (SMF)	Mom Power ⁵²	NR	Curriculum or manual, rehearsal, role playing, or practice, separate child instruction	Responsiveness/ sensitivity/ nurturing, emotion communication, positive interactions with child	Children had separate, concurrent play group. Facilitators guided parents in interactions with child at beginning (separation practice) and end (reintegration practice) of sessions	One master's prepared clinician and 1 other (non-specified) person	Ten parent group sessions, 1-3 individual sessions with facilitators
Virtual Individual Family Intervention									
Mogil, 2021 ⁴³	Military-connected families with young children	Families OverComing Under Stress-Early Childhood (FOCUS-EC)	Families OverComing Under Stress (FOCUS) ⁹⁴	NR	Curriculum or manual, home-based components: visitations or observations of parent-child interactions at the home	Child development knowledge and care, disciplinary communication, discipline and behavior management, emotion communication, positive interactions with child, promoting children's social skills or prosocial behavior, responsiveness/ sensitivity/ nurturing	Children participated in family sessions	Doctoral or master's level mental health provider	Six modules delivered over 4-10 60-90-minute meetings, virtual home-visits Sessions 1, 2, 4, and 6 were parent-only sessions that lasted 90 minutes Sessions 3 and 5 were family sessions (time not reported)



Intervention Type									
Study	Target Population	Intervention Name	Original Intervention(s) Adapted for Current Study	Add-Ons or Adaptations	Intervention Techniques (How)	Skills/ Knowledge (What)	Child Involvement	Type of Provider(s)	Dose: Duration, Frequency, Length of Contacts
Virtual Family Home Visitation with Live Coaching Intervention									
Riegler, 2020 ⁴⁶	Veteran families	Online Parenting Pro-Tips (OPPT)	I-InTERACT ⁹⁵	Only in discussions to include topics relevant to Veterans	Curriculum or manual, homework, home-based components: visitations or observations of parent-child interactions at the home	Positive interactions with child, disciplinary communication, discipline and behavior management	The Veteran and child play under observation in the second half of virtual psychotherapy sessions while the Veteran receives live coaching via an earpiece	Social worker, licensed counselor	Six 30-minute parenting skills sessions and 6 60-minute virtual psychotherapy sessions every 2 weeks



APPENDIX E. PARENTING SKILLS INTERVENTION PROGRAM CONTENT DESCRIPTIONS

Intervention Skill	Description
Child development knowledge and care	Providing developmentally appropriate physical care and environment (eg, feeding, diapering, home safety); learning about typical child development and behavior; fostering children's positive emotional development (eg, self-esteem, providing stimulating environment)
Positive interactions with child	Learning the importance of positive, non-disciplinary interactions with children; using skills that promote positive parent-child interactions (eg, demonstrating enthusiasm, following child's interests, offering appropriate recreational options); providing positive attention
Responsiveness, sensitivity, and nurturing	Responding sensitively to child's emotional and psychological needs (eg, soothing); providing developmentally appropriate physical contact and affection
Emotion communication	Using relationship-building communication skills (eg, active listening); helping children identify and appropriately express emotions
Disciplinary communication	Giving clear and developmentally appropriate directions; setting limits and rules; stating behavioral expectations and consequences
Discipline and behavior management	Attitudes about discipline strategies; attributions about child misbehaviors; monitoring and supervision practices; techniques, eg, planned ignoring, positive reinforcement, time out; specific reinforcement and punishment techniques; problem solving about child behaviors; consistent responding or generalization
Promoting children's social skills or prosocial behavior	Educating parents to teach children to share and cooperate, use good manners, and get along with peers, siblings, or adults
Promoting children's cognitive or academic skills	Using incidental teaching; fostering children's language or literacy development; enhancing child's school readiness

Notes. Source: Adapted from Kaminski et al 2008.⁵

APPENDIX F. RISK OF BIAS ASSESSMENTS

ROB 2 Risk of Bias Assessment for KQ2 Randomized Trials

Study	Risk of bias domains					Overall
	D1	D2	D3	D4	D5	
Compas 2009						
Jones 2015						
Jones 2017						
Kaplan 2014						
Sanford 2003						

Domains:
 D1: Bias arising from the randomization process.
 D2: Bias due to deviations from intended intervention.
 D3: Bias due to missing outcome data.
 D4: Bias in measurement of the outcome.
 D5: Bias in selection of the reported result.

Judgement
 High
 Some concerns
 Low

ROBINS-I Risk of Bias Assessment for KQ2 Nonrandomized Studies

Study	Risk of bias domains							Overall
	D1	D2	D3	D4	D5	D6	D7	
Fernando 2018								
Serravalle 2022								
van der Zanden 2010								
Wolfenden 2022								

Domains:
 D1: Bias due to confounding.
 D2: Bias due to selection of participants.
 D3: Bias in classification of interventions.
 D4: Bias due to deviations from intended interventions.
 D5: Bias due to missing data.
 D6: Bias in measurement of outcomes.
 D7: Bias in selection of the reported result.

Judgement
 Serious
 Moderate
 Low

ROB 2 Risk of Bias Assessment for KQ3 Randomized Trials

		Risk of bias domains					
		D1	D2	D3	D4	D5	Overall
Study	Gewirtz 2018	-	+	+	-	-	-
	Mogil 2021	+	+	+	+	+	+

Domains:
 D1: Bias arising from the randomization process.
 D2: Bias due to deviations from intended intervention.
 D3: Bias due to missing outcome data.
 D4: Bias in measurement of the outcome.
 D5: Bias in selection of the reported result.

Judgement
 - Some concerns
 + Low

ROBINS-I Risk of Bias Assessment for KQ3 Nonrandomized Studies

		Risk of bias domains							
		D1	D2	D3	D4	D5	D6	D7	Overall
Study	Julian 2018	-	+	+	-	-	+	+	-
	Lester 2016	X	+	+	+	+	+	+	X
	Riegler 2020	X	+	+	+	X	X	+	X

Domains:
 D1: Bias due to confounding.
 D2: Bias due to selection of participants.
 D3: Bias in classification of interventions.
 D4: Bias due to deviations from intended interventions.
 D5: Bias due to missing data.
 D6: Bias in measurement of outcomes.
 D7: Bias in selection of the reported result.

Judgement
 X Serious
 - Moderate
 + Low

ROB 2 Risk of Bias Assessment for KQ4 Randomized Trials

		Risk of bias domains					Overall
		D1	D2	D3	D4	D5	
Study	Gewirtz 2018	-	+	+	-	-	-
	Jones 2015	+	+	X	+	-	X
	Kaplan 2014	-	-	+	X	+	X

Domains:
 D1: Bias arising from the randomization process.
 D2: Bias due to deviations from intended intervention.
 D3: Bias due to missing outcome data.
 D4: Bias in measurement of the outcome.
 D5: Bias in selection of the reported result.

Judgement
 X High
 - Some concerns
 + Low

ROBINS-I Risk of Bias Assessment for KQ4 Nonrandomized Studies

		Risk of bias domains							Overall
		D1	D2	D3	D4	D5	D6	D7	
Study	Serravalle 2021	-	+	+	+	-	+	-	-
	van der Zanden 2010	-	-	+	+	-	+	+	-
	Wolfenden 2022	X	-	-	+	X	X	+	X

Domains:
 D1: Bias due to confounding.
 D2: Bias due to selection of participants.
 D3: Bias in classification of interventions.
 D4: Bias due to deviations from intended interventions.
 D5: Bias due to missing data.
 D6: Bias in measurement of outcomes.
 D7: Bias in selection of the reported result.

Judgement
 X Serious
 - Moderate
 + Low

APPENDIX G. PEER REVIEW DISPOSITION

Comment #	Reviewer #	Comment	Author Response
<i>Are the objectives, scope, and methods for this review clearly described?</i>			
1	1	Yes	Thank you.
2	2	Yes	Thank you.
3	3	Yes	Thank you.
4	4	Yes	Thank you.
5	5	Yes	Thank you.
6	6	Yes	Thank you.
7	7	Yes	Thank you.
8	8	Yes	Thank you.
<i>Is there any indication of bias in our synthesis of the evidence?</i>			
9	1	No	Acknowledged; thank you.
10	2	No	Acknowledged; thank you.
11	3	No	Acknowledged; thank you.
12	4	No	Acknowledged. Thank you.
13	5	No	Acknowledged. Thank you.
14	6	No	Acknowledged. Thank you.
15	7	No	Acknowledged; thank you.
16	8	No	Acknowledged; thank you.
<i>Are there any published or unpublished studies that we may have overlooked?</i>			
17	1	<p>Yes - Please consider adding the following to discussion section:</p> <p>There has been one published study of Parenting STAIR. It is a pre-post, open trial, but has direct relevance to this review and legislation we are responding to.</p> <p>https://link.springer.com/article/10.1007/s10826-023-02534-y</p>	<p>Thank you for this comment. Please note that the article mentioned here was indexed in Medline after our search. Yet, we did cite and comment on this article in the Discussion section of the report. To address this comment, we have added some additional contextual information in the Discussion section, including how the published uncontrolled before and after study of Parenting STAIR differs from the Parenting STAIR piloted in the VA.</p>

Comment #	Reviewer #	Comment	Author Response
18	1	There is a small literature on preventative interventions for expecting parents with histories of trauma/sexual trauma that may have relevance and has been recently summarized in a review. https://pubmed.ncbi.nlm.nih.gov/29558671/ . See also https://www.growingforwardtogether.org/	The review cited here is centered on expectant parents who have histories of child sexual trauma. In consultation with our VA operational partners and the Technical Expert Panel, the key question related to trauma focuses on military sexual trauma and the civilian equivalent of sexual trauma in adulthood. Also the review suggested here is about expectant parents. Our review is focused on parents of children aged 2 to 17. Thus, the suggested review seems to be out of the scope of this current systematic review centered on parents with conditions common among Veterans.
19	2	No	Acknowledged. Thank you.
20	3	No	Acknowledged. Thank you.
21	4	No	Acknowledged. Thank you.
22	5	<p>Yes - Page 6, line 45. "While we did not identify any studies conducted only among parents with PTSD".</p> <p>I'm not seeing the articles below on the included reference lists. While I believe they would both be excluded due to the study selection criteria described earlier in the paper, I did not find them on the list of excluded articles either.</p> <p>Casselman, R. B., & Pemberton, J. R. (2015). ACT-Based Parenting Group for Veterans with PTSD: Development and Preliminary Outcomes. <i>The American Journal of Family Therapy</i>, 43, 57-66.</p> <p>Creech et al. (2022). Pilot Trial of Strength at Home Parents: A Trauma-Informed Parenting Support Treatment for Veterans. <i>Couple and Family Psychology: Research and Practice</i>, 11, 205-216.</p>	<p>Thank you for highlighting these studies. You are correct that our search did not discover these 2 studies.</p> <p>In reference to Casselman (2015): Upon review of our search approach, we note that this journal (and, as a result, this paper) is not indexed in two of the primary databases we searched (MEDLINE and Embase). The journal is indexed in the other two databases we searched – both APA PsycINFO and CINAHL Complete. We believe the article would have shown up among those results. However, we regret that we did not include the keyword "psychoeducation" in our keyword search strategy of titles and abstracts, as the use of that term would have retrieved this particular paper. In reviewing this paper, we have determined it is not eligible for this review. This paper, which has pre-post outcome data for 3 Veterans does not report on any outcomes of interest.</p>

Comment #	Reviewer #	Comment	Author Response
			The article by Creech et al 2022 was published after we executed our search. Thus, we did not have this study in our tables. We have highlighted this study in our Discussion in a section called “Recent Studies and Ongoing Work.”
23	6	No	Acknowledged; thank you.
24	7	No	Acknowledged; thank you.
25	8	No	Acknowledged; thank you.
<i>Additional suggestions or comments can be provided below.</i>			
26	1	<p>Thank you for the extended time to review this draft and report. Overall, this is well done and we appreciate efforts to complete this work on schedule!</p> <p>The numbering and ordering of key questions is not consistent. We prefer that KQs be consistently listed in order of relevance to the legislation...and consistent with the topic nomination: KQ1 = parenting history of sexual trauma, KQ2 = parenting diagnosis of SMI, KQ3 = parent history of military service, KQ4 = intervention characteristics.</p>	Thank you. We have reordered the key questions.
27	1	Please add abbreviations table.	We add an abbreviations table to all final reports. This table has been added to this final report.
28	1	The introduction and future directions sections suggest that military service alone is a risk factor for parenting problems. I think it is more accurate (and may make more sense to the reader) if the rationale for this review is framed around an interest in parent characteristics (particularly history of trauma/SMI in Veterans) that may affect parenting, as opposed to helping parents to manage children with behavioral problems (i.e., focus on parent characteristics vs child characteristics).	Thank you for this comment. The Introduction and Discussion sections have been revised to reflect the focus of this systematic review is on parental stressors common among Veterans.

Comment #	Reviewer #	Comment	Author Response
29	1	Parenting STAIR is not a VA-wide program. Please correct throughout.	Acknowledged
30	1	Please omit several specific inferences and recommendations about national VHA policy that I think are beyond the scope of this review, which I've noted in comments.	We did not intend for this review to be interpreted as making recommendations about national VHA policy. We have revised these selected instances to improve clarity and focus.
31	1	The report title strikes me as a bit clunky and I don't know that "family stressors related to military service" captures our primary focus.	We have revised the title of the report.
32	1	Why use history of sexual assault (rather than history of sexual trauma) as the language of KQ?	In consultation with the technical expert panel assembled for this review, we refined the scope to encompass the civilian equivalent of military sexual trauma, sexual trauma in adulthood, to better align with the original rationale for this systematic review. Sexual assault was the language used in the key questions but our search was inclusive of sexual trauma. We have revised the language to improve clarity throughout the report that the parental exposure is sexual trauma in adulthood.
33	1	[Executive summary second paragraph of introduction] The order in which risk factors are described is a bit confusing. First paragraph in this section is about trauma and second paragraph mentions military history and then SMI (almost as if they were reviewed together, rather than separately), and then military history is discussed again in 3rd paragraph.	We appreciate the reviewer's comments and have revised the Executive Summary and Introduction for clarity.
34	1	[Executive summary second paragraph of introduction] Before switching focus from trauma to SMI, consider adding a brief summary of the potential impact of parent history of sexual trauma in particular (rather than trauma in general). That would round out a description of the rationale for why this report was requested – why nominating partners (and others) do not think more general parenting skills training may not be well-suited to meet the needs of Veterans who have experienced sexual trauma.	Thank you and we have revised the Introduction section and its corresponding elements in the Executive Summary.

Comment #	Reviewer #	Comment	Author Response
		<p>For reference/context, this is the language of the legislative requirement:</p>	
		<p>...conduct a study on the feasibility and advisability of expanding the Parenting STAIR program to all medical centers of the Department of Veterans Affairs and including such program as part of care for military sexual trauma for affected members and former members of the Armed Forces.</p>	
		<p>Parenting STAIR is an intervention that was developed for adult survivors of military sexual trauma who are experiencing parenting difficulties related to their sexual trauma history.</p>	
35	1	<p>[Executive summary last paragraph of introduction] Ditto here about order in which these are listed – would prefer that they are listed in same order consistently, and that ordering align with order of interest.</p>	<p>We have rewritten this paragraph and reordered the topics so they align with the KQs.</p>
36	1	<p>[Executive summary first paragraph of discussion] I believe we shared one in-press manuscript with the team.</p>	<p>This comment is in reference to the recently published article Sullivan, K.S., Ancharski, K., Wortham, W. et al. Feasibility and Preliminary Impact of a Community-Based Intervention for Maternal PTSD and Parenting: Parenting-STAIR Pilot. <i>J Child Fam Stud</i> 32, 481–497 (2023). This article was indexed in Medline after our search. Yet, we did cite and comment on this article in the Discussion section in the draft report. To address this comment, we have added some additional contextual information on this study in the Discussion section and note that there are no published studies of Parenting STAIR among Veterans.</p>
37	1	<p>[Executive summary first paragraph of discussion] It may also be worth clarifying that the focus here is on parenting problems that stem from parent characteristics/experiences rather than child characteristics. I think that’s a useful distinction that helps to frame this review.</p>	<p>We agree this is a useful distinction and have incorporated this change into the Executive Summary, introduction, and Discussion.</p>
38	1	<p>[Executive summary second paragraph of discussion] As our focus is on parenting skills training interventions that are designed for and/or have been tested in our populations of</p>	<p>We have revised the Discussion section and parallel content in the Executive Summary.</p>

Comment #	Reviewer #	Comment	Author Response
		interest (and KQs are framed in terms of parent characteristics), I suggest that this section be organized to match KQs, including a brief discussion of key findings/strength of evidence related to parent characteristics (military service/Veterans, history of trauma/sexual trauma, SMI; i.e., KQ1-3) before description of characteristics of effective programs (KQ4)	
39	1	[Executive summary last sentence of the key findings and strength of evidence section] It's not clear to me which rates are referred to here.	We have revised this section to improve clarity.
40	1	[Executive summary future research section] Given focus of this report, perhaps future research should not explore interventions that are designed to address parenting problems associated with military service/deployment and trauma exposure. In other words, it's not so much the parent population (Veteran/military versus civilian) but developing and testing interventions that are designed to address the specific types of parenting problems experienced by our population of interest.	We appreciate the reviewer's attention to a core consideration for this work. There are diverse factors that impact parenting and people's experience as parents. Given that military service can shape individuals and families in multiple ways (eg, extended deployments that impact family dynamics and patterns, increased risks of exposure to traumas, exposure to different cultures, separation from extended family), it seems likely that interventions for Veteran parents and families should take these experiences and exposures into consideration. Future research could address programmatic adaptations such as timing and frequency of sessions, involvement of other parental caregivers, and opportunities for peer support, which may be relevant for improving outcomes for the populations of interest in this review.
41	1	[Background second paragraph] Parenting problems associated with trauma history, particularly sexual trauma, was intended to be the primary focus of this review. Suggest adding a brief paragraph about potential impacts of sexual trauma on parenting	We have revised the background section in light of this comment to highlight the parenting experiences that are framing the rationale for the review.
42	1	[Background fourth paragraph] Would it be accurate to say that most evidence-based parenting programs are designed to address parenting problems linked with child characteristics as opposed to parent characteristics?	Yes, most evidence-based parenting programs (eg, PCIT, Triple P, Defiant Child) have focused on child characteristics rather than parent characteristics. We have added a note about this to the Executive Summary and Introduction.

Comment #	Reviewer #	Comment	Author Response
43	1	[Background last paragraph] The logic here and link to the impetus for this ESP nomination doesn't follow for me.	We have significantly revised the Background section.
44	1	[Background last paragraph] I'm not sure it's necessary to repeatedly mention the due date for our report. If you want to include due date, it is due to our leadership in November. The finalized and fully cleared report is due to Congress in early January 2024.	Acknowledged
45	1	[Table 1] Military sexual trauma is defined by VA as sexual assault or sexual harassment experienced during military service. This is why I have suggested in various places in report that we replace 'sexual assault' with 'sexual trauma', to align with definition of MST.	We have revised the wording throughout to align with the concept of "military sexual trauma." Our search was sufficiently broad to detect the phenomena of sexual trauma.
46	1	[Table 1] Should be emotion regulation throughout	Acknowledged
47	1	[Discussion first paragraph in reference to "currently implementing"] Not accurate	Acknowledged
48	1	[Discussion first paragraph] Published January 2023: Sullivan, K.S., Ancharski, K., Wortham, W. et al. Feasibility and Preliminary Impact of a Community-Based Intervention for Maternal PTSD and Parenting: Parenting-STAIR Pilot. <i>J Child Fam Stud</i> 32, 481–497 (2023). https://doi.org/10.1007/s10826-023-02534-y	Thank you. Please see response above about this study.
49	1	[Discussion third paragraph of the key findings and certainty of evidence: parents with a history of mental illness] There is not a VA STAIR parenting program. Parenting STAIR is a treatment that was piloted in VA. Rather than try to make that distinction, consider instead noting that ratings were downgraded if the assessed intervention did not align with elements operational partners indicated would enhance feasibility of VA implementation (for instance, a home based intervention is not easily implemented within VA, nor is one involving children or chat-based).	Thank you for this clarification. The Discussion section has been revised.
50	1	[Discussion third paragraph of the key findings and certainty of evidence: parents with a history of mental illness] I disagree. The goal was to identify all parenting interventions appropriate for our patient population and for implementation by VA. A web-based format is feasible to be implemented in VA. It does not make sense to downgrade based on	Thank you. We have clarified how we are operationalizing indirectness for GRADE in the Methods and Discussion sections.

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		similarity/difference from Parenting STAIR which is not evidence-based and has not been nationally implemented in VA.	
51	1	[Clinical and policy implications first paragraph] We are not prioritizing young children over others under age 18. The majority of male and female Veterans are too old to have young children at home.	We appreciate the reviewer's comment about our description of young children, and we have removed this statement.
52	1	[Clinical and policy implications second paragraph] Suggest omitting this statement as comments about national VA policy is outside the scope of this review.	We appreciate the reviewer's comment about our mention of a VHA service which includes integration of spouse caregivers. Although we acknowledge that the particular program we noted is designed to broaden caregiving capacity directly for the Veteran, the program is relevant to our current report. Specifically, parenting programs similarly offer support directed toward the Veteran by addressing family stress. We have modified the text to reflect this perspective.
53	1	[Clinical and policy implications third paragraph in reference to parents who attend with their children] I don't think current evidence is sufficient to support this statement and this is a very broadly stated conclusion that is beyond the scope of this review. I think this remains an empirical questions.	We appreciate the reviewer's comment that there are outstanding questions about the extent to which parental attendance, engagement, and practice are tied to outcomes of parenting programs. However, research supports the idea that parents need to interact with the program material in order to gain benefit from it. We have added references to the text to support this statement.
54	1	[Clinical and policy implications third paragraph] These stressor sound more relevant to post-deployment families (many still military) rather than Veterans.	Given that military service can shape individuals and families in multiple ways (eg, extended deployments that impact family dynamics and patterns, increased risks of exposure to traumas, exposure to different cultures, separation from extended family), it seems likely that interventions for Veteran parents and families should take these experiences and exposures into consideration.
55		[Clinical and policy implications third paragraph in reference to access and flexibility] Isn't this also largely an empirical question? I don't think we know enough about the comparative efficacy of telehealth vs face-to-face parenting skills training, or	We thank the reviewer for noting that research on telehealth parenting interventions is still growing. However, there is emerging evidence that these interventions are effective, and some studies have shown no differences from face-to-face treatment.

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		important implementation factors such as adherence and retention.	We have included some additional references to address these questions.
56	1	[Clinical and policy implications third paragraph regarding internet connection] Which may not be available in all areas of the country, such as highly rural.	Thank you. We mention this in the report
57	1	[Clinical and policy implications fourth paragraph] Not clear which populations are referred to here.	We apologize for the lack of clarity in this statement, and we have edited the text accordingly:
58	1	[Clinical and policy implications fourth paragraph] In what way does type of provider (licensed clinician or peer specialist) affect adherence? I'm not following.	We have revised this sentence for clarity.
59	1	[Clinical and policy implications fourth paragraph] I believe authors are referring to peer specialists, who are employed by VA and trained to use their lived experience of mental health recovery to help patients with mental health concerns (peer specialists' scope is limited to mental health settings).	Yes, the reviewer is correct and we have made this distinction clearer in the report.
60	1	[Clinical and policy implications fourth paragraph] I don't see this (lack of service availability in the community) as primary drawback (of community care). I see disconnect between Veterans VHA care and community care, cost to VA and fit with Veterans' specific parenting problems as key drawbacks.	We appreciate the reviewer's comments that there are multiple potential drawbacks to community care, apart from limited availability of parenting programs more generally. We modified the text to include additional suggestions made by the reviewer.
61	1	[Prior systematic reviews first paragraph] It may also be worth mentioning prior reviews in expecting/new parents with trauma histories, such as: https://pubmed.ncbi.nlm.nih.gov/29558671/ [Discussion ongoing work section] Another option VHA may want to consider is prevention oriented approaches that target at risk populations. For example, an intervention called Survivor Mom Companion has been tested in open trials in pregnant women/new mothers with trauma histories. One could argue that it may be easier to retain women in care while they are pregnant versus after giving birth, when childcare needs may present a barrier. Julia Seng and Mickey Sperlich PIs of this work. Here's a link to more information: https://www.growingforwardtogether.org/	We thank the reviewer for providing information about this important intervention, which could set the stage for positive parental well-being and strong infant-parent attachment, which may reduce the chance of intergenerational transmission of trauma in the population mentioned. Although early intervention and supporting parents and young children during critical stages of development may indeed offset later challenges, the scope of the current report included parenting challenges that are relevant for children ages 2 and older. Including information on pregnancy is beyond the scope of the current report, but we agree that generally increasing support for VHA families, including during the pregnancy and immediate post-partum period, is essential.

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62	1	<p>[Discussion ongoing work section] Parenting STAIR (not VA Parenting STAIR program)</p> <p>Do authors think this study merits more discussion? If study has been published in 2022 instead of January 2023 it would have been included in the review. Parenting STAIR is specifically named in legislation this report responds to and all subjects were diagnosed with PTSD; approx. 1/3 related to sexual trauma.</p>	<p>Thank you. This study has been highlighted in the recent studies section of the report, including how it is substantially different from Parenting STAIR piloted in the VA and named in the legislation.</p>
63	3	<p>The report is well done in many respects but seems overly positive given the limited availability of quality RCTs to inform decision-making. The most valid data do not permit much by way of inferences, so I think the conclusions should be tempered to match the statistically significant evidence from moderate or low ROB trials only.</p>	<p>Thank you for this comment. In collaboration with our VA operational partners, we included a wide range of studies to explore the impact of parenting programs centered on parental characteristic or exposures. The GRADE process takes into account study designs and their risk of bias features. Thus, the certainty of evidence (COE) ratings capture your concerns about study design quality in rating that were generally low. We have included the COE ratings in our conclusion statement to further center findings in light of lower COE.</p>
64	3	<p>[Key findings] It is confusing to see the inclusion of SMI families when the report is focused on military stressors. I am sure readers will understand the content better as they read on, but this initial statement suggests that the report has a broader scope than one would expect based on the title</p>	<p>Thank you. We have revised the title.</p>
65	3	<p>[Methods section of executive summary]</p> <p>Given the interest in sexual assault, it would have been helpful to look at PTSDpubs on ptsd.va.gov</p>	<p>Thank you for this suggestion. We conducted a scan of this database and only found one potentially relevant study our search strategy did not identify. Upon further scrutiny of the full text, this article was also found to be an exclude.</p>
66	3	<p>[KQ4 section of executive summary] I suggest focusing this question on RCTs only</p>	<p>Thank you for this comment. In collaboration with our VA operational partners, we included a wide range of studies to explore the impact of parenting programs centered on parental characteristic or exposures</p>
67	5	<p>1) Page 2, line 50. Inclusion of the parenting outcome of 'emotional regulation' is important as this would likely be a</p>	<p>We agree, and eligible studies needed to have at least one of the parent, family, or child focused outcomes listed in the Methods section.</p>

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68	5	<p>key component of a parenting skills training intervention for Veteran parents seeking care at VA.</p> <p>2) Page 4, line 20. “The 3 studies assessed family functioning”: This wording seems a bit awkward. Perhaps, “Among the 3 studies that assessed family functioning, no studies assessed family conflict”?</p>	Thank you for this suggested wording.
69	5	<p>3) Page 6, line 45. “While we did not identify any studies conducted only among parents with PTSD”. I’m not seeing the articles below on the included reference lists. While I believe they would both be excluded due to the study selection criteria described earlier in the paper, I did not find them on the list of excluded articles either.</p> <p>Casselman, R. B., & Pemberton, J. R. (2015). ACT-Based Parenting Group for Veterans with PTSD: Development and Preliminary Outcomes. <i>The American Journal of Family Therapy</i>, 43, 57-66.</p> <p>Creech et al. (2022). Pilot Trial of Strength at Home Parents: A Trauma-Informed Parenting Support Treatment for Veterans. <i>Couple and Family Psychology: Research and Practice</i>, 11, 205-216.</p>	<p>Thank you for bringing these articles to our attention. The Creech (2022) article was published after we completed our search of the literature. Yet, we do discuss this study in the discussion section where we contextualize recent publication.</p> <p>The Casselman (2015) study did not meet eligibility criteria as it did not report any outcomes of interest.</p>
70	5	<p>4) Page 6, line 58. “This review identified only one study conducted among Veterans”. I think this sentence could benefit by including ‘conducted exclusively among Veterans’. On page 1, line 8, “This review identified 14 unique studies: 5 among military-connected families”. Certainly, differentiating between Veteran and military-connected populations is a very valid and relevant point particularly for this systemic review. But it wasn’t until page 20, line 21 that “Only 1 study was conducted exclusively with Veterans” was mentioned so additional clarification at the beginning might be helpful for the reader.</p> <p>Also of note, this distinction between parenting interventions for an exclusively Veteran population and an active-duty population is important. Many Veterans receiving VA care have separated from the military years if not decades ago and</p>	Thank you. We have made these changes in the text.



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71	5	<p>many families may have formed after the Veteran’s time in the military. Therefore, parenting content with an emphasis on deployments and returns may be less applicable to the broader Veteran population served by the VA.</p> <p>5) When evaluating these parenting programs, it is also important to consider the feasibility and scalability of implementation across the VA. Parenting interventions, particularly those that involve children, can be challenging to implement in a VA setting due to logistical and administrative difficulties as well as legislative mandates that guide delivery of services and limit the scope of options for treating family members. Additionally, VA facilities are not always designed in a manner to engage family members and children.</p> <p>There are also challenges with ensuring workforce capacity to address the needs of children and families. Mental health providers within the VA are focused on their primary task of treating adult Veterans as mandated by Congress. Therefore, they may not be trained or feel competent in treating families and children.</p> <p>Families also face several barriers such as difficulties with scheduling and lack of childcare and may struggle to engage in lengthy, in-person interventions (page 60, line 39-48). Thus, in considering the parenting programs under discussion relevant questions also include: Who will deliver the intervention? Are VA facilities equipped to provide these interventions (e.g., appropriate spaces for families and children; ‘bug in ear’ equipment)? How long is the protocol? How will providers obtain referrals for the program? What are barriers to engagement for families and how can VA attempt to mitigate these barriers?</p>	<p>Thank you for these thoughtful comments. We have integrated many of these ideas into the revised Discussion section.</p>
72	5	<p>6) Page 22, lines 24 & 51. Interesting to note in both studies (Gewirtz et al., 2018 and Mogil et al. 2021), the majority of families had two parents participating in the program which may differentiate these samples from those in other studies.</p>	<p>We agree and highlight in the Executive Summary that most of the effective programs involved a family systems approach and included a spouse or child.</p>

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73	5	7) Page 29, lines 57-60. Interesting finding that participants experienced difficulty implementing the self-guided workbook and understanding tasks in this particular study. At minimum, a coach or other facilitator may be required for participants to engage, understand, and complete the protocol.	We appreciate the reviewer's observation and have added additional text to the discussion.
74	5	8) Page 36, line 48. "Of note, use of a military-connected facilitator led to greater program participation". This is an interesting finding from one study and potentially relevant to the questions of who will deliver the training protocol and how to increase engagement of participants.	Thank you and we agree. We have highlighted this program.
75	5	9) Page 60, line 45. Another potential benefit of group-based parenting interventions is that they may offer participating parents a network of support and information.	Thank you. We have added this contribution to the Discussion section.
76	5	10) It wasn't clear if any of the included studies measured and reported fidelity to the protocol. Was this evaluated with the ROB domain, 'deviations of intended interventions'?	Fidelity to the protocol is a consideration in the ROB assessment.
77	5	11) I greatly appreciate the comprehensive review of the existing literature in this report. Certainly, there is a need for more high-quality studies in the relevant populations of Veteran parents, and Veteran parents with histories of serious mental illness including PTSD and those with histories of sexual assault. Page 52, line 27, Table 6 is also very helpful. In the Discussion, it may be useful to expand on the last line of 'Timing: Outcomes beyond 12 months' and the implications of this gap in the literature. It might also be helpful to include the cited gaps below in the bulleted Key Findings box at the beginning of the Executive Summary (page 1, line 47): "We did not identify any studies conducted only among parents with PTSD" "Only 1 study was conducted exclusively with Veterans"	Thank you. We have revised the Executive Summary to highlight these critical gaps in the literature.
78	8	Thank you for the additional time, and thank you for all that you've invested in this work. Please see track changes in the attached document. A few summary points for consideration in addition to those detailed below and in the attachment include: • The way SMI is defined for the purposes of this review would bear elaboration much earlier in the paper than it	Thank you for this comment. We have clarified in the Executive Summary that SMI includes PTSD and MDD. A complete description of how we define SMI is found in the Methods section of the report.

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		occurs. While I note that it is specified later that it includes PTSD and MDD, there is enough variability in what the term “SMI” encompasses that the reader would benefit from knowing how it is characterized specifically in this work as early in the document as possible.	
79	8	<ul style="list-style-type: none"> I am concerned about the use of Parenting STAIR in a way that makes it appear to be a gold standard approach that is already formally implemented within VA. In reality, Parenting STAIR is being piloted (not formally rolled out/nationally implemented) and evidence and applicability in published trials is limited. A related concern is the downgrading of evidence when it did not compare with Parenting STAIR. I am concerned that the act of downgrading may have changed the way some of the outcomes were considered. 	<p>We did not intend for the report to convey that Parenting STAIR piloted in the VHA was a gold standard approach. We have clarified this in the introduction. Also we have clarified how we are operationalizing indirectness for GRADE in the Methods and Discussion sections. We did not downgrade the evidence if it was not comparable to Parenting STAIR piloted in the VHA. Studies were downgraded if they had features that would make VA implementation more challenging (eg., direct involvement of child).</p>
80	8	<p>I concur with the observation that, as currently written in the intro and future directions sections, military service is itself akin to a risk factor in parenting difficulties. We know that many military families are resilient (also noted in this report, p2) and I think focusing on the aspects of the parents that may be impacting parenting capacity and ability may not only be a helpful frame for this work, but also for future directions.</p>	<p>We have revised the introduction and discussion section to clarify that the central rationale for this report is on characteristics of the parent related to SMI and sexual trauma. Yet, military service is associated with many experiences that are often risk factors for parenting difficulties (family separations, stress, trauma), but these do not impact everyone the same way. As such, adapting parenting skill interventions to account for military service as a context can be a helpful future research direction.</p>
81	8	<ul style="list-style-type: none"> There are aspects of family reintegration following deployment that may benefit from inclusion(comment on p.9), to provide additional context to the multiple stressors that affect families across the continuum of Veteran service eras. 	<p>Thank you. We have added reintegration as a family stressor.</p>
82	8	<ul style="list-style-type: none"> Formatting observations: <ul style="list-style-type: none"> -Outcomes of interest: Study selection section on p.2 gives examples of outcomes. It would be useful to the naïve reader to have an overview list or table of the outcomes considered across the studies allow for deeper understanding reading the 	<p>Thank you for this observation. Such information is typically not provided in the Executive Summary. We detail the outcomes in Table 1, PICOTS eligibility table, which is located on page 3 of the main report.</p>

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		report from the beginning. Figure 4 captures them nicely (starting p. 25) but an earlier overview would be better.	
83	8	Suggest reviewing all mentions of statistical significance as there was significant variability in how these were documented. Some used italicized values for p, d, others did not, etc.	We have addressed this inconsistency.