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Parenting Interventions: How well do they transport from one country to another?

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This brief, by Professor Frances Gardner, summarizes her team's recent findings from two global, systematic reviews of the effectiveness of parenting interventions. These reviews are published as: Gardner F, Montgomery P, Knerr W. (2016). Transporting evidence-based parenting programs for child problem behavior (age 3- 10) between countries: Systematic review and meta-analysis. *Journal of Clinical Child & Adolescent Psychology*, 45, 749-762; and Leijten P, Melendez-Torres G, Knerr W, Gardner F. (2016). Transported versus homegrown parenting interventions for reducing disruptive child behavior: A multilevel meta-regression study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 55, 610-617.

There is strong evidence that behavioural parenting programmes improve caregiver-child relationships, reduce child problem behaviour, and prevent physical and emotional violence against children.[1-5] Many governments, international organizations such as UNICEF, the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and non-governmental organizations (NGOs) such as Save the Children, which address child maltreatment and youth problem behaviour, are promoting widespread rollout of parenting programmes.[6-9] UNICEF offices have become increasingly interested in introducing parenting support into their programming, with a focus ranging from violence prevention to early childhood development.

To date, the majority of evaluations that show the effects of parenting programmes are from high-income countries, although there is a growing list of rigorous, randomized trials from low- and middle-income countries, including Indonesia, Iran, Liberia and Panama.[10-13]

UNICEF Office of Research – Innocenti has worked on research related to support for families and parents since 2013. In particular, Innocenti supported research on the Sinovuyo Caring Families Programme for Parents and Teens,[14,15] by partnering with Oxford University in doing qualitative research that examined service delivery mechanisms and implications for taking it to scale. This study complemented the randomized control trial.

As interest in parenting programmes grows, policymakers, service providers and others are faced with a range of decisions, including whether to import an intervention from another country or region (which may have very

WHAT ARE THE AIMS OF BEHAVIOURAL PARENTING PROGRAMMES?

Parenting programmes are the primary strategy for increasing parents' knowledge, and helping them develop attitudes and behaviours that support and/or improve children's behaviour and mental health. These programmes are designed to promote safe, nurturing, non-violent home settings – both in the immediate family and in the next generation. The results of more than a hundred randomized trials have shown that parenting programmes can:

- improve parents' knowledge and attitudes in relation to parenting;
- improve the relationship between parents and their children;
- increase parents' use of positive parenting techniques and non-physical discipline strategies;
- reduce the likelihood of parents physically and emotionally abusing their children;
- reduce children's aggression and disruptive behaviour;
- reduce the likelihood of children developing mental health and conduct problems later in life; and
- in some cases, improve parental depression and mental well-being and reduce parental stress.[11]

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different cultural values), or whether to develop one locally. We use the term 'transport' to refer to moving a programme from one country to another.

This Research Brief summarizes the results of the first rigorous studies[16,17] of cross-national transportability of parenting programmes.

IS IT BETTER TO IMPORT A PROGRAMME OR DEVELOP ONE LOCALLY?

Developing a new programme is time-consuming and costly. Established parenting programmes – those with the best evidence of effectiveness – have been designed using decades' worth of knowledge and behavioural research. If an intervention has proved to be effective in a certain context, this can be a promising sign for its effectiveness in another context. If, as is likely, coercive parent–child interactions[18] contribute to child maltreatment and to the development of disruptive child behaviour across different countries, similar techniques to break these cycles may work equally well across countries.[4,9,19-21]

Transporting a programme from one country or region to another may, however, limit the extent to which it can be adapted to the needs of families in the destination country or culture. This is because the transported programme – like any programme – has to be implemented with fidelity.[a] Changing any of its core components or delivery methods could affect its impact. Developing interventions locally, based on the same underlying theory as established interventions, means the intervention can be customized to fit the specific needs, expectations and values of the participant families.[22,23]

EVIDENCE ON TRANSPORTED AND LOCALLY DEVELOPED PROGRAMMES

The two recent reviews summarized here investigated the transportability of parenting interventions. The first[16] looked at whether interventions are effective when they are transported from one country to another, and whether differences in cultural factors or family policy regimes could influence effectiveness. The second[17] tested directly whether locally developed or transported programmes are more effective.

Methods

The first study[16] was a systematic review and meta analysis of 17 randomized controlled trials of evidence-based parenting interventions, which did not take place in the country of origin of the intervention. The second study[17] was a systematic review and multi-level, meta-regression of 129 randomized trials of parenting interventions, aimed at improving positive parenting and reducing disruptive child behaviour, and tested whether transported or locally developed interventions were more effective. The authors also compared the effectiveness of transported *vs.* locally developed programmes across the most common intervention 'brands'[b] and geographical regions (e.g. North America, Europe).

Key findings

The research teams[16] identified 17 trials of 4 intervention brands,[c] which had been transported to another country. All four brands had similar content and theoretical underpinnings, and originated in the United States or Australia. The 17 trials took place in 10 countries in 5 regions (n=1,558 children): Canada; Iceland; Iran; Ireland; Hong Kong, China (3 trials); the Netherlands; Norway (2 trials); Puerto Rico; and Sweden; and the United Kingdom (5 trials). Thus most took place in Europe or North America, and few in Asia, the Middle East and Latin America. Data from the 14 highest quality trials (i.e. randomized trials) showed evidence of strong, highly significant effects on child problem behaviour in countries that had imported the interventions.

Leijten and colleagues[17] found that transported and locally developed interventions were equally able to reduce disruptive child behaviour. This was true regardless of intervention brands and geographical regions, demonstrating that parenting interventions based on the same principles led to similar outcomes, whether transported or locally developed.

The results of both studies strongly suggest that interventions should be chosen because they have a strong evidence base, or because they include the same parenting principles and components as evidence-based programmes, and not primarily because they have been developed locally, or for a particular region or population.

Similar effects – regardless of national family policies and spending

The authors of the reviews[16] found no differences in effect sizes for trials in countries with high *vs.* low spending on family benefits, or with 'family-friendly' policies, or by level of child poverty. For instance, the United States, where most of the interventions originated, has higher rates of child poverty and lower spending on family benefits than most developed countries, and zero weeks of guaranteed parental paid leave. It was striking that, despite economic and policy

a Fidelity refers to implementing a programme correctly, in the way that was intended.

b 'Brands' refers to well established, evidence-based parenting interventions – for example, Incredible Years, developed in the United States, and Triple P, developed in Australia.

c The brands most frequently tested in randomized trials were: Incredible Years, Parent-Child Interaction Therapy (PCIT), Parent Management Training—Oregon (PMTO), and the Triple P Positive Parenting Program.

differences between countries of 'origin' (e.g. the United States) and 'importing' countries (e.g. Hong Kong (China), Sweden, United Kingdom), the effect sizes in trials were consistent, or better, in importing countries.

Similar effects – regardless of regional or cultural distance

Findings of the same review[16] suggested that interventions transported from the United States and Australia to other high-income countries in a largely European or North American cultural context, showed comparable effect sizes to those in the country of origin. However, effect sizes were higher when the same interventions were transported to regions that were culturally more distant: Asia; Latin America; and the Middle East. The authors also assessed cultural context using data from the World Values Survey (WVS),[24] which provides representative national data on socio-cultural and political values and beliefs from 97 countries. The WVS includes data on whether a country has a strong or weak adherence to its traditional cultural and social norms: the greater the adherence, the more likely it is to emphasize the centrality of parent-child ties, respect for authority, and traditional family values. Trials of interventions transported to countries with more traditional values, tended to show higher effect sizes than in countries categorized as adhering less to traditional norms. The WVS also separates societies into regions based on shared cultural values (Protestant Europe, English speaking, Latin America, Islamic, and Confucian). The biggest effects were seen in countries in the Islamic, Latin American, and Confucian cultural groups, notwithstanding the fact that the interventions originated in English-speaking countries. This suggests that the greater the cultural distance between importing and origin countries, the stronger the effects.

Leijten and colleagues[17] found four trials of transported interventions in Hong Kong, and one of each in Iran,[13] Panama[11] and Indonesia.[12] They found one trial of a locally developed intervention in Hong Kong, Israel[23] and Liberia.[10] Although there were not enough of these trials to meta-analyse by region, they conducted a narrative analysis of the findings from the individual trials. The findings showed strong effects on child behaviour when interventions were transported to Hong Kong,[25] Iran, and Panama. The intervention transported to Indonesia showed no significant effects on disruptive child behaviour.[12]

Adapting interventions to new countries and cultures

When interventions are transported from one setting to another, there is often some degree of surface-level adaptation, such as the translation of materials or manuals into the language of the new setting, or the changing of images or vignettes in materials, to reflect local circumstances or conditions.

The studies summarized here found very limited reporting on levels of cultural adaptation of imported interventions. Previous reviews and trials have presented somewhat mixed conclusions on whether interventions need extensive – rather than just superficial – adaptations before being imported to a new country or cultural context.[26-29] A dominant (and plausible) view is that parenting interventions are effective in new cultural contexts only if there is an extensive multi-stage adaptation process,[27,29] or if there is limited cultural distance between the countries, as hypothesized by Sussman et al.[16,30]

The findings from the two systematic reviews considered here, however, point to a different conclusion, suggesting, in some cases, even stronger effects when interventions are imported into very different contexts and cultural settings. Most of the included interventions were well-established and had clear training and certification systems, which are likely to have been imported directly into new countries; in many cases the same training systems and manuals were replicated. It may be that the in-built flexibilities inherent in many parenting interventions, make a major contribution to their success when transported from one country to another. It is also highly plausible that the basic principles of the intervention included in the review (e.g. building parent-child relationships through play and positive attention, and child behaviour change through social learning), are universal across cultures.

IMPLICATIONS FOR RESEARCH USERS AND POLICYMAKERS

The two studies summarized in this brief involved analyses of some 130 randomized controlled trials of behavioural parenting interventions, in 18 countries, with more than 10,000 participants. No significant differences in effectiveness between transported and locally developed parenting interventions were found. The same underlying theoretical principles thus led to similar effects, regardless of whether translation of these principles into an intervention was done locally, or in another country. This is reassuring for policymakers, practitioners, and service commissioners, who can benefit from programmes that have been designed and shown to work in other countries, thereby saving costs that would be incurred from designing and developing an entirely new programme. Importantly, this finding held, regardless of the geographical region into which the intervention was imported, or the brand of intervention. The findings therefore support both the dissemination of evidence-based parenting interventions across countries and the use of locally developed and rigorously tested interventions, based on the same theoretical principles.

Despite the strong intuitive appeal of locally developed programmes, there is very little evidence to suggest they are more effective than imported programmes. This

finding is relevant to policymakers in countries that do not have well-established, evidence-based programmes, who want to choose an intervention. Moreover, if the choice is between the implementation of locally developed interventions that have not yet been tested in randomized trials (which represent the majority of parenting interventions in most countries, and especially in low- and middle-income countries[4]), and interventions that have been fully tested, then preference should arguably be given to fully tested ones, even if the trials were conducted in different cultural settings.

Of course, some imported programmes are expensive in terms of licence fees and training costs; this needs to be weighed against the costs and considerable time investment needed to develop and test a new programme. One solution is to develop and test low cost, not-for-profit, evidence-based programmes, such as the WHO initiative, 'Parenting for Lifelong Health',[8,31] which began with the Sinovuyo programmes in South Africa,[14,15] and is now developing, adapting and testing low-cost programmes in randomized trials, in other low- and middle-income countries.

KEY FINDINGS AND RECOMMENDATIONS

- **Parenting interventions based on social learning theory principles are an effective strategy to improve parent–child relationships, and reduce violence against children and disruptive child behaviour.**
- **Policymakers and clinicians must often choose between using imported interventions developed in other countries, and interventions developed locally.**
- **Contrary to common belief, parenting interventions appear to be at least as effective, when transported to countries that are different culturally and in their service provision, from those developed for a specific national or cultural context.**
- **Transported and locally developed parenting interventions do not differ in their effectiveness in reducing disruptive child behaviour; this finding was robust across intervention brands and geographical regions of Western countries.**
- **There does not appear to be strong evidence that interventions need extensive adaptation when transported from one country to another, although more research is needed.**
- **Interventions should be selected because of their evidence base, rather than their cultural specificity.**

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