

# Parents in prevention: A meta-analysis of randomized controlled trials of parenting interventions to prevent internalizing problems in children from birth to age 18

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## **Abstract**

### **Purpose of the research:**

Burgeoning evidence that modifiable parental factors can influence children's and adolescents' risk for depression and anxiety indicates that parents can play a crucial role in prevention of these disorders in their children. However, it remains unclear whether preventive interventions that are directed primarily at the parent (i.e. where the parent receives more than half of the intervention) are effective in reducing child internalizing (including both depression and anxiety) problems in the longer term.

### **Principal results:**

Compared to a range of comparison conditions, parenting interventions reduced child internalizing problems, at a minimum of six months after the intervention was delivered. Mean effects were very small for measures of internalizing and depressive symptoms, and small for measures of anxiety symptoms. Pooled effects for anxiety diagnoses were significant and indicated a number needed to treat (NNT) of 10. Pooled effects for depression diagnoses approached significance but suggested a NNT of 11. These results were based on effects reported at the longest follow-up interval for each included study, which ranged from six months up to 15 years for internalizing measures, 5.5 years for depressive measures, and 11 years for anxiety measures.

### **Major conclusions:**

Our findings underscore the likely benefits of increasing parental involvement in preventing internalizing problems, particularly anxiety problems, in young people.

Keywords: Mental disorders; emotional problems; family; systematic review; young people

## Introduction

Mental disorders are the largest contributors to disability in young people, with one in four youths affected during their lifetime (Patel, Flisher, Hetrick, & McGorry, 2007). Anxiety and mood disorders are amongst the most common disorders, with lifetime prevalence rates of 38% and 18% respectively amongst young people aged 13–17 years (Kessler, Petukhova, Sampson, Zaslavsky, & Wittchen, 2012). Given the deleterious long-term sequelae resulting from early onset disorders (Last et al., 1997; Rao et al., 1995), there is a strong impetus for an effective, integrated approach to prevent these disorders in young people.

There is substantial overlap between depression and anxiety symptoms especially in childhood (Hankin, Fraley, Lahey, & Waldman, 2005; Lahey, Hulle, D'Onofrio, Rodgers, & Waldman, 2008), and increasing evidence indicates that anxiety and depression comprise an 'internalizing cluster' (Schleider & Weisz, 2016; Weersing, Rozenman, Maher-Bridge, & Campo, 2012). In addition to their phenomenological and diagnostic similarities, depression and anxiety disorders share some risk factors, including parental factors (Dozois, Seeds, & Collins, 2009; Schleider & Weisz, 2016; Wilamowska et al., 2010). Of note, extant evidence indicates that many parental factors examined in depression and anxiety research are not specific to either disorder (e.g., Bögels & Brechman-Toussaint, 2006; Restifo & Bögels, 2009; Yap & Jorm, 2015; Yap, Pilkington, Ryan, & Jorm, 2014). Consequently, an increasing number of researchers have called for transdiagnostic approaches to prevention of these disorders (Dozois et al., 2009; Schleider & Weisz, 2016; Yap & Jorm, 2015; Yap et al., 2014), because of their potential to enhance the efficacy, generalizability, and cost-effectiveness of such interventions, as well as to facilitate their implementation. Moreover, studies examining internalizing outcomes across childhood and adolescence tend to use a range of measures assessing anxiety symptoms, depressive symptoms, or a combination of both, otherwise termed 'internalizing' symptoms. Hence, this review takes a transdiagnostic approach by including both depression and anxiety as outcomes of interest, along with measures of internalizing symptoms. Henceforth, the

broad term 'internalizing cluster or problems' will be used to refer to measures of internalizing, anxiety or depressive symptoms or disorders.

### **Parental influence in the etiology of child internalizing problems**

Within the developmental psychopathological framework, interpersonal theories posit that psychopathology both results from, and contributes to, disruptions in developmentally-salient interpersonal processes (starting with early parent-infant attachment), which in turn interfere with young people's need for relatedness (Rudolph, Lansford, & Rodkin, 2016). From an etiological perspective, parents clearly have an important influence on young people's risk for internalizing disorders, in terms of both nature and nurture. Evidence from genetic studies suggests that the heritability of liability to internalizing disorders ranges from 30%-80% (e.g. Boomsma, Van Beijsterveldt, & Hudziak, 2005; Eley et al., 2003). In contrast, meta-analytic reviews have found that single parenting behaviors account for only small amounts of variance in child internalizing problems (between 1% to 18%; McLeod, Weisz, & Wood, 2007; McLeod, Wood, & Weisz, 2007; Yap & Jorm, 2015; Yap et al., 2014). Nonetheless, based on a large twin study in the Netherlands, Boomsma and colleagues (2005) concluded that as children grow up, the variation in internalizing problems is due in equal parts to genetic and environmental (namely the shared family environment) influences, and may partly account for the findings that some family-based approaches for child internalizing problems are effective. Furthermore, from a prevention and intervention perspective (Mrazek & Haggerty, 1994; O'Connell, Boat, & Warner, 2009), the focus needs to be on modifiable factors that can be targeted in intervention.

### **Involving parents in prevention**

Given the burgeoning evidence underscoring a range of modifiable parental factors that can increase or decrease the risk for depression and anxiety in children (Yap & Jorm, 2015) and adolescents (Yap et al., 2014), it is clear that parents play a crucial role in prevention of these disorders in their children. To that end, in the past several decades, parenting programs have been developed to capitalise on parents' influence on their child's development and mental health, based on the

underlying assumption that changing parenting (mediators) will in turn change a child's risk for depression and anxiety (Sandler, Schoenfelder, Wolchik, & MacKinnon, 2011). Specifically, one of the theoretical pathways proposed by Sandler and colleagues (2011) posits that parenting programs can have long-term benefits for child outcomes through their effects on parenting skills, perceptions of parental efficacy, and reduction in barriers to effective parenting (e.g. parental psychopathology). These parental changes in turn lead to changes in their child (e.g. emotion regulation), and the transactions that their child has with their environment (e.g. peer relations).

### **How long do preventive effects last?**

Inherent in the evaluation of preventive parenting programs for child internalizing problems, is whether they have long-term effects. That is: does the program prevent child internalizing problems in the long term, well after the intervention is over? The absence of evidence for long-term effects is one of the key limitations bemoaned in previous reviews of preventive programs (Barlow, Smailagic, Ferriter, Bennett, & Jones, 2010; Fisak, Richard, & Mann, 2011; Greenberg, Domitrovich, & Bumbarger, 2001; Merry et al., 2011), which have mostly observed effects lasting less than 2 years. Based on developmental theories, some researchers have argued that preventive parenting interventions could have long-lasting effects, and that in fact there might be sleeper effects that increase over time (Greenberg et al., 2001; Rapee, 2013). In particular, following Bell's (1968) seminal writings and Sameroff and Chandler's (1975) transactional model of development, developmental researchers have long recognised that children are not passive recipients of parenting, but actively evoke and respond to parental behaviours based on their early temperamental dispositions (Dwyer, Nicholson, & Battistutta, 2006), giving rise to dynamic interactive processes between parent and child over the course of the child's development (Sameroff, 2009). These bidirectional processes are likely to influence and build on one another to shape subsequent interactions and experiences, altering the child's developmental trajectory and their risk of internalizing problems (Yap, Allen, & Sheeber, 2007). Hence, it is possible that by intervening in these processes (e.g. by modifying parental risk or protective factors; Yap & Jorm,

2015; Yap et al., 2014), parenting interventions may also result in magnified effects on child internalizing outcomes over time; or at least produce effects that are sustained even after the intervention has ended. Investigation of the long-term effects of parenting programs tested in randomized controlled trials (RCTs) is required to address the question of whether such interventions have lasting effects, and whether these effects vary with the duration of the follow-up interval (post-intervention).

### **Factors that may influence preventive effects**

Various program-level factors can influence the effects of preventive parenting programs, including: (1) at which stage of child development is the program delivered; (2) who the target population of parents is; (3) the focus of intervention in the program; and (4) whether the child receives direct intervention (in addition to what the parent receives).

### **Does the timing of preventive intervention matter?**

When considering the effects of preventive programs, one question is whether there is an 'optimal time' to intervene with parents. Within the developmental psychopathology framework, different aspects of parenting are salient at different stages of the child's development (Rudolph et al., 2016). The emergence of internalizing symptoms and rates of onset of disorders also vary across childhood (Kessler et al., 2012), and inform the need for preventive intervention at different developmental stages. Consistent with this, existing parenting interventions vary widely in their timing of delivery, from pre-birth programs for expectant parents to programs for parents of adolescents. Classic attachment theory (Bowlby, 1971) underscores the importance of early caregiver-infant attachment for optimal child development. Based on this, various programs target the very early days of 'parenthood', beginning during pregnancy, recognizing the challenges of parenting for first-time parents, especially parents with existing risk factors (e.g. age, poverty, trauma status; Ordway et al., 2014). For instance, perinatal programs have been designed to equip couples with communication and co-parenting skills (Feinberg, Jones, Kan, & Goslin, 2010; Feinberg & Kan, 2008), promotion of maternal feelings of competence in infant caretaking as well as improvement of maternal sensitivity

and the quality of mother–infant interactions (Cheng et al., 2007) and attachment (Ordway et al., 2014). Similar programs target parents in the first few months post-birth, specifically to address the risks associated with prematurity/low birth weight (e.g. parental distress; Singer et al., 1999), which in turn predict poorer child outcomes including internalizing problems (Spittle et al., 2010). Given that internalizing problems have their modal onset in middle to late childhood (Kessler et al., 2012), programs that target the early-childhood, preschool years attempt to address the risk and protective factors for internalizing problems, including behavioural inhibition and overprotective parenting (Dadds & Roth, 2008; Rapee, Kennedy, Ingram, Edwards, & Sweeney, 2005), before these factors become entrenched or start to impact on the child’s functioning. Programs that are delivered during the mid-late childhood phase (primary school age) target parents of children at increased risk for internalizing problems, for example, due to parental psychopathology (Lam, Fals-Stewart, & Kelley, 2008; Solantaus, Toikka, Alasuutari, Beardslee, & Paavonen, 2009) or parental separation (Wolchik et al., 1993). Others target parents whose child has existing difficulties such as sleep problems (Quach, Hiscock, & Wake, 2010) or childhood phobias (Santacruz, Mendez, & Sanchez-Meca, 2006); or aim to prepare parents for the challenges of the adolescent years (Mason et al., 2007). Parenting interventions targeted at parents of adolescents are rare, but the few notable ones include a program targeting parents with the Human Immunodeficiency Virus, given the increased risk it imposes on their adolescents (e.g. prematurely assuming more responsibility, threat of loss of parent; Rotheram-Borus, Lee, Gwadz, & Draimin, 2001); and another that aims to increase parents’ emotion socialization skills (Kehoe, Havighurst, & Harley, 2014) in the face of increased negative emotionality in parent-child interactions during adolescence (Yap, Schwartz, Byrne, Simmons, & Allen, 2010). In this review, we will examine whether preventive effects differ as a function of the developmental stage during which the intervention is delivered.

### **Who is the target population of parents?**

Related to the question of timing, is one about the target population: do preventive effects vary depending on the target population of parents the interventions were designed for? Within the

original Institute of Medicine's proposed classification system delineating the mental health intervention spectrum (Mrazek & Haggerty, 1994), preventive parenting programs can be *universal*, i.e. delivered to all parents regardless of their child's risk (e.g. Cheng et al., 2007; Dadds & Roth, 2008; Mason et al., 2007); *selective*, focussing on parents of children with known risk factors (e.g. Ginsburg, 2009; Rapee et al., 2005; Spittle et al., 2010); or *indicated*, focussing on parents whose child has signs or symptoms of incipient disorder (e.g. Ruffolo, Kuhn, & Evans, 2005; Simon, Bogels, & Voncken, 2011). Other parenting interventions have been designed to treat early childhood problems (e.g. childhood trauma, J. A. Cohen & Mannarino, 1998; darkness phobia, Santacruz et al., 2006) with the aim to prevent subsequent internalizing problems (i.e. secondary prevention). Given our whole-of-childhood focus in this review, we adopted a broader definition of prevention which includes such treatment or secondary prevention interventions (O'Connell et al., 2009).

Universal preventive parenting programs are advantageous because they can reduce the stigma parents fear would be attached to them as 'bad parents' or their child as having problems that require intervention, if they participate in parenting programs (Yap, Fowler, Reavley, & Jorm, 2015). Universal interventions can be cost-effective if they are effective and acceptable to individuals, incur a low cost per person, and carry a low risk of harm (Mrazek & Haggerty, 1994). In line with the classic, empirically-supported Health Belief Model (Becker, 1974), when parents are aware of their child's increased risk or otherwise concerned about their child, they are more likely to engage in preventive parenting programs. Consequently, parents tend to self-select into prevention programs based on their child's increased risk (Dadds & Roth, 2008), which seems to suggest that selective and indicated programs may have better uptake. Another potential advantage of selective and indicated programs is that they may yield larger effect sizes relative to universal programs (Teubert & Pinquart, 2011), although meta-analyses of preventive programs for internalizing problems (targeting the individual directly) have not consistently demonstrated this difference (e.g. Fisak et al., 2011; Merry et al., 2011; van Zoonen et al., 2014). This review of preventive parenting



interventions will examine whether the type of prevention or target population moderates the preventive effects.

### **Does the focus of the parenting program matter?**

As a reflection of the multifaceted nature of a parent's role in prevention of child internalizing problems, preventive parenting programs have incorporated various sets of intervention foci, including parenting skills, parent-child interaction/relationship, parents' own mental health, and training parents to be a co-therapist or coach for the child. Most parenting interventions have been designed to modify specific familial or parental factors that are theoretically and empirically believed to influence risk for child anxiety or depression. For example, many focus on building specific parenting skills, such as minimizing family conflict (e.g. Ginsburg, 2009; Wolchik et al., 2000), given its impact on the child's emotional security and subsequent risk for internalizing problems (Cummings & Davies, 2002). Parental over-involvement has also been a target of parenting programs (e.g. Ginsburg, 2009; Rapee et al., 2005), given its well-established link especially with child anxiety, through reinforcement of the child's perceptions of the world as a dangerous place (Rapee, 1991). Notably, these parenting skills have been identified in recent meta-analyses as having sound evidence for their association with depression, anxiety, and/or internalizing symptoms in children (Yap & Jorm, 2015) and adolescents (Yap et al., 2014).

Fundamentally influenced by classic attachment theory (Bowlby, 1971) highlighting the importance of the parent-child bond throughout development, other programs have targeted the parent-child relationship. These focus on developing healthy parent-child communication and supportive parenting (e.g. Beardslee, Gladstone, Wright, & Cooper, 2003), which comprise the general positive parenting construct of warmth or acceptance, another modifiable parental factor identified as having sound evidence for its association with internalizing symptoms in children (Yap & Jorm, 2015), and reduced depression and anxiety in adolescents (Yap et al., 2014). In a similar vein, programs for parents of pre-term infants (e.g. Spittle et al., 2010) or first-time parents (Cheng et al.,

2007) focus on improving parent responsiveness and sensitivity in their interactions with their infants.

Given that children of parents with mood or anxiety disorders are at higher risk for developing such problems themselves, due to both genetic heritability (Boomsma et al., 2005) and environmental factors including the impact of parental psychopathology on parenting, parent-child attachment, and interparental conflict (Siegenthaler, Munder, & Egger, 2012); various programs also specifically focus on improving parental mental health (e.g. Solantaus et al., 2009). Finally, some programs, especially those targeting anxiety in younger children within a cognitive behavior therapy framework, are designed to train parents to be their child's therapist or coach in overcoming the child's fears and anxieties (e.g. Rapee et al., 2005; Santacruz et al., 2006). While parenting programs may include more than one intervention focus, this review will examine whether preventive effects vary depending on whether any of the above-mentioned foci is included in the intervention.

#### **Does additional direct intervention with the child make a difference?**

Extant evidence indicates that internalizing problems in young people can be prevented. Some recent reviews and meta-analyses of randomized controlled trials (RCTs) have demonstrated that preventive interventions primarily directed at young people themselves have the potential to reduce depressive symptoms and disorder (Merry et al., 2011; van Zoonen et al., 2014), and anxiety symptoms and disorder (Fisak et al., 2011; Teubert & Piquart, 2011). Other reviews have included RCTs of interventions that focused on the family, parent, couple, child or various combinations (Siegenthaler et al., 2012; Stathakos & Roehle, 2003) or group parenting programs only (Barlow et al., 2010) and have also found small but significant mean effects on child internalizing symptoms. However, it is unclear whether interventions that are directed primarily at the parent (i.e. where the parent receives most of the intervention), regardless of whether the child receives any direct intervention, or whether the program is individual- or group-based, are effective in reducing child internalizing problems. In order to address the question of whether it is fruitful to primarily target parents in preventive efforts for child internalizing problems, a review of preventive parenting

programs where the parent receives most of the intervention is required. In addition, within such a review, moderator analyses can examine whether adding direct intervention with the child can enhance the preventive effects.

### **Aim of this review**

The main aim of this review was to examine the long-term effects of preventive parenting interventions for child internalizing problems. We also sought to examine whether the size of preventive effects changes over time. In addition, we examined whether the type of prevention (target population), the focus of the parenting intervention, the timing of the intervention, and whether the child receives any direct intervention modifies the effects of parenting interventions.

## **Method**

### **Literature search and study selection**

PubMed, PsycINFO, Embase and the Cochrane Central Register of Controlled Trials were searched from inception up until 2 July 2015 using controlled vocabulary and free text words. The search terms used for PubMed were: (depressive disorder[mh] OR depressi\*[tw] OR anxiety[tw] OR anxiety disorders[mh] OR internalizing[tw] OR externalising[tw] OR externalizing[tw]) AND (program[tw] OR training[tw] OR education[tw] OR "Early Intervention (Education)"[mh]) AND ("clinical trial"[tw] OR randomized controlled trial[pt] OR controlled clinical trial[pt]) AND parent\*[tw]. The search terms used for the other databases are presented in Appendix A. Titles and abstracts were screened by a single author, and the full-text of any potentially eligible papers was then examined independently by two authors. Disagreements about eligibility were settled by consensus or by a third author. References in included studies and relevant reviews were also examined for potential inclusion. See Figure 1 for the flow of selection of eligible papers, and Appendix B for the list of excluded papers, along with the reason(s) for exclusion.

Studies were included in the current review if they:

- a) were reported as randomized controlled trials with a no-treatment control group, an attention control group (including minimal interventions not intended to be active), or treatment as usual or normal service provision;
- b) targeted parents or caregivers of children from birth to 18 years;
- c) involved interventions that aimed to improve child outcomes indirectly through parents as a mediator (e.g., modification of parenting practices, improving parent/child relationships, improving parental functioning, coaching parents to provide an intervention for their children's own difficulties);
- d) aimed to improve child internalizing problems through universal, selective or indicated prevention, or secondary prevention (e.g., treatment of darkness phobia in early childhood to prevent later internalizing problems). Whilst the inclusion of secondary prevention programs deviates from the more conventional purist definition of prevention (Mrazek & Haggerty, 1994), it is aligned with the more recent and broader definition (O'Connell et al., 2009). Secondary prevention studies included participants with diagnosable difficulties identified through rigorous assessment (e.g. structured clinical interviews), and thus could be considered a form of treatment. However, most other studies fail to use similarly rigorous assessment to ascertain that their participants did not in fact have current or previous clinically diagnosable disorders; hence making it less logical to exclude secondary prevention studies. Moreover, intervening with early difficulties such as specific phobia has the potential benefit of preventing more generalised anxiety and depression outcomes later in life (Kessler et al., 2005; Mathew, Pettit, Lewinsohn, Seeley, & Roberts, 2011);
- e) evaluated interventions that focused on improving internalizing problems, including internalising measures, anxiety measures, and depression measures, as a major goal and not merely as a by-product. Interventions that were designed to prevent other outcomes (e.g. substance use or externalising disorders) were excluded, even if they retrospectively

examined the effects of their interventions on internalizing problems (e.g. Trudeau, Spoth, Randall, & Azevedo, 2007);

- f) spent the *majority* of the intervention time with the parents (i.e., more than 50%), although children could have received some intervention directly from the interventionist. Therefore studies were excluded if they evaluated a dual-component intervention delivered equally to parents and children (e.g. Compas, 2009; Sandler et al., 2003), or the parenting component was a small add-on to a child-focused intervention (e.g. Lowry-Webster, Barrett, & Lock, 2003);
- g) used validated internalising measures, anxiety measures and depression measures at least 6 months after the intervention ended<sup>1</sup>. A follow-up point of at least 6 months post-intervention was chosen as this was thought to be the minimum length of time required for any true preventive effects to be demonstrated (whilst being sufficiently distant to differentiate these from any immediate effects post-intervention), and is a typical follow-up point in the literature (e.g. Cairns, Yap, Pilkington, & Jorm, 2014; Ryan, Jorm, & Lubman, 2010);
- h) were reported in English.

Studies that evaluated interventions in children with developmental disorders, physical disabilities, medical conditions, or distress about facing medical interventions were excluded.

## Data extraction

Two authors independently extracted key study characteristics and outcomes using a data extraction form that was piloted on three studies. Study characteristics included: the target prevention population, inclusion and exclusion criteria, intervention/recruitment setting, country, age and gender of children, sample size and dropouts, description of the intervention and comparison

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<sup>1</sup> Only two studies offered booster sessions after the intervention had ended (Etter, 2014; Ginsburg, 2009); but neither reported the uptake of these sessions. These booster sessions were not considered as part of the intervention when calculating the follow-up interval.

condition (program name, focus of intervention, content outline, delivery format, number/length of sessions scheduled and delivered, length of intervention, whether child received direct intervention), risk of bias (see below), and assessment time points and measures used. The focus of the intervention was coded as parenting skills (e.g. modelling, child management strategies), parent-child relationship (e.g. reducing family conflict, improving interactions), parental mental health (e.g. managing cancer-related emotions), parent as coach of child's problem (e.g. applying anxiety exposure hierarchies with their child), or other, with multiple foci possible. Comparison conditions were coded as usual care (defined by the study), no treatment, minimal intervention (minimal versions of the intervention not expected to be as effective, e.g., fact sheets, parenting lecture), attention control, or extended waitlist (where the intervention was offered to the control group once the long-term follow-up assessments were completed). In studies that included more than one eligible intervention arm, data were extracted from the condition that was the main focus of the study, or was randomly selected by a coin toss (for 2 eligible arms) or a web-based randomizer ([www.randomizer.org](http://www.randomizer.org); for more than 2 eligible arms) if this was unclear. Where studies reported analyses that combined multiple eligible intervention arms and data for the intervention arm of interest could not be obtained from study authors, the combined data was extracted if it was meaningful to include the combined data. This decision was reached by consensus amongst the authors and was based on whether the intervention arms were considered similar enough to each other in terms of intervention foci (e.g. the same intervention but in segregated gender groups), and to other included studies in general.

Information needed to compute effect sizes (e.g., means and standard deviations) was extracted from measures of internalizing symptoms, anxiety symptoms, and depressive symptoms for each informant, where available, and at each follow-up time-point 6 months or more after the end of the intervention. Where means and standard deviations were not available, we extracted the effect size as reported (e.g., means and sample size of each group, and the *p* value) if it was accepted by Comprehensive Meta-Analysis (CMA) Version 3 (Comprehensive Meta Analysis, 2013). When

adjusted and unadjusted data were reported, unadjusted data were extracted unless the adjusted data controlled for baseline differences in the dependent variable or variables that were closely associated with the dependent variable (e.g., externalizing symptoms). CMA then converted all extracted continuous effect size measures into Cohen's standardized difference in means,  $d$  (Borenstein, Hedges, Higgins, & Rothstein, 2009). For anxiety and depressive disorder diagnoses, we extracted the number of participants meeting criteria for clinically significant disorder on standardised instruments yielding diagnoses, such as the Schedule for Affective Disorders for Children (K-SADS). Following Merry and colleagues' Cochrane review (Merry et al., 2011), these data were pooled using a Risk Difference (RD). Data from studies which used a pre-determined cut-off to identify participants who were likely to have, or did have clinically significant depressive or anxiety symptoms, were included in the meta-analysis of continuous measures (to derive Cohen's  $d$ ) only. Disagreements were settled by consensus or by a third author. Attempts were made to contact study authors to provide missing information.

## **Risk of bias**

Risk of bias of each study was independently assessed by two authors using a descriptive approach. Information about potential sources of bias was extracted for each of the following criteria according to the Cochrane Collaboration's risk of bias tool: random sequence generation, allocation concealment, blinding of outcome assessment, incomplete outcome data, and selective reporting of internalizing problems (Higgins & Green, 2011). These criteria were judged as high-risk, low-risk, or unclear, with supporting justification.

## **Data synthesis**

A meta-analysis was conducted separately for internalizing symptoms, depressive symptoms, depressive diagnoses, anxiety symptoms, and anxiety diagnoses using CMA. To examine intervention effects for internalizing problems as a broad construct, a meta-analysis was also conducted that included data from all included studies regardless of the type of outcome measure they used

(measures of internalizing, anxiety, or depressive symptoms). Where studies used more than one of these outcome measures, we applied the following hierarchy for selecting which outcome from that study to include in the meta-analysis: (1) internalizing measure, given that the majority of studies used this type of measure; (2) anxiety measure, given that anxiety symptoms are more prevalent than depressive symptoms across childhood, and are believed to be a precursor of subsequent depression (Kessler et al., 2005; Mathew et al., 2011); and (3) depression measure. A random effects model was used in all meta-analyses because we expected considerable heterogeneity. We calculated the Q and  $I^2$  statistics as indicators of heterogeneity. An  $I^2$  value of 0% indicates no observed heterogeneity and larger values indicate greater heterogeneity (25%=low, 50%=moderate, 75%=high; Higgins, Thompson, Deeks, & Altman, 2003). When the meta-analysis involved at least 3 studies, we tested for publication bias by inspecting the funnel plot of the meta-analysis and by using Egger's test (Egger, Smith, & Phillips, 1997). To obtain an estimate of the effect size after publication bias, we used the Duval & Tweedie (2000) 'trim-and-fill' procedure, which allows the imputation of potentially missing studies. A guideline of four or more studies imputed is taken as indicative of publication bias (Borenstein et al., 2009).

For each outcome of interest, we conducted one overall meta-analysis which included one effect size from each eligible study. When studies reported data from more than one follow-up, we used the effect size from the longest follow-up interval. When a study reported an effect size from more than one informant (e.g., child-report and mother-report), we applied the following hierarchy, which was adapted from a recent meta-analytic review (Yap & Jorm, 2015), in order of preference for data extraction: (1) composite of parent and child computed through models which take into account the correlation between measures, based on the argument that this reduces the risk of bias associated with reliance on a sole informant (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003); (2) child-report, given that in most studies the child did not receive direct intervention and is hence less subject to outcome assessment bias compared to parents; (3) parent-report, which is less preferred compared to child-report because parents are more subject to bias than are children; but preferable to



teacher-report because parent-child agreement on child internalizing symptoms has been found to be higher than teacher-child agreement (Phares, Compas, & Howell, 1989; Stanger & Lewis, 1993). If both mother-report and father-report were obtained, mother-report data was selected over father-report, because most other included studies with parent-reported outcomes involved a mother informant; and (4) teacher. However, since the mean effect could differ at varying follow-up periods and depending on the informant, we conducted a series of supplementary analyses for each of these factors. Firstly, we examined Cohen's  $d$  for each follow-up period separately (6-10 months, >10-12 months, >12-24 months, >24-48 months, and >48 months). Secondly, where subsets of studies with data from each informant (e.g., father, mother, child, teacher, combinations) had more than two comparisons each, we also examined Cohen's  $d$  for each subset. Given that some studies had data at more than one follow-up interval or from more than one informant (e.g., one study with 7-month, 13-month, and 36-month follow-up data would be included in three analyses), the subsets of studies were not mutually exclusive and hence differences between subsets were not examined.

If a study reported an effect size for more than one independent subgroup in their sample (e.g., older versus younger mothers, single- versus dual-family, female versus male adolescents), we included each subgroup as a separate 'study'.

Where there were more than two comparisons in each meta-analysis and heterogeneity was not zero, we conducted subgroup analyses for dichotomous moderators and meta-regression analyses for continuous variables, according to the procedures implemented in CMA. These analyses were conducted using mixed-effects analyses that pooled studies within subgroups with the random effects model, but tested for significant differences between subgroups with the fixed effects model. We examined whether the mean effect size (Cohen's  $d$ ) was modified by type of prevention (universal, selective, indicated, secondary); whether the intervention included a focus on parent-child relationship, parenting skills, parental mental health, or training parents to coach their child (e.g., using exposure techniques); timing of intervention (birth: 0-2.99 months, preschool : 3 months-

4 years, primary-school: >5-12 years, adolescence: 12+ years); type of comparison (no treatment, attention control, extended waitlist, minimal intervention, usual care); and whether there was direct intervention with the child. We also conducted meta-regression analyses in which we used only the longest follow-up period reported in each study, to explore whether the effect size varied depending on the duration of the follow-up period. When interpreting mean effect sizes, we followed Cohen's (1992) guidelines whereby  $d$  of at least 0.2=small, 0.5=medium, and 0.8=large.

## Results

### Study characteristics

A total of 66 reports of 51 studies were eligible for inclusion. Of these, six studies were excluded from meta-analyses because they did not provide sufficient data to compute effect sizes. Key characteristics are summarised in Table 1 and characteristics of each study are available in Appendix C (Tables C1 and C2). Most studies were classed as selective prevention, based on a variety of risk factors including pre-term infants, children of a parent with a mental disorder, children at risk of maltreatment, and children of divorced parents. Interventions were usually conducted with parents of children from birth to primary school age, with very few studies targeting parents of adolescents. The majority of studies ( $k=34$ ) had multiple foci of intervention. A dual focus on improving both parenting skills and the parent-child relationship was the most common combination ( $k=18$ ). Interventions were delivered in a variety of formats, including parent groups, individual sessions, and home visits, and in most studies the child had no direct involvement in the intervention. When reported, the scheduled intervention dose varied greatly from 1 to 114 hours, but about half lasted 10 hours or less. Most were delivered in 3 months or less, but a few lasted more than one year, with one intervention lasting 4 years on average (Fergusson, Boden, & Horwood, 2013). The level of adherence to the scheduled intervention length (i.e., number of sessions delivered) was poorly reported and is available in Appendix Table C2. Most parenting interventions were compared to a

‘usual care’ or no treatment condition, with few studies using an attention control condition. About a third of studies followed up participants more than once, with the longest follow-up occurring 15 years after the end of the intervention. However, half followed participants for 12 months or less after the end of the intervention.

## **Risk of bias in included studies (see Appendix C3)**

### **Selection bias**

Of the 51 included studies reports, the majority (k=33) described an adequate method to generate the allocation sequence (e.g., computer-generated random number sequence), and were judged as low risk of bias on the random sequence generation criterion. One study was judged as high-risk (Dadds & Roth, 2008), and the remaining did not report sufficient detail to be confident that the allocation sequence was genuinely randomized.

In many studies (k=28), it was unclear what techniques (if any) had been used to conceal the allocation sequence from participants and those involved in the enrolment and assignment of participants. Two studies were judged to be at high risk of bias, and 20 studies were judged to have a low risk of bias from allocation concealment.

### **Detection bias**

The risk of bias associated with blinding of outcome assessment varied within studies depending on the outcome measure used. Measures that were completed by parents were usually judged to be at high risk of bias, as parents were usually aware of which condition they had been allocated to. These were typically more common than instruments completed by others, such as clinicians or teachers, which were more likely to be judged as low risk of bias. Child self-report measures were assumed to be low risk unless the child was directly involved in the intervention, in which case they were judged to be at high risk of bias.

There were 57 reports (from 44 studies) that used internalizing measures, and only nine of these included a measure rated low-risk of detection bias due to adequate blinding of outcome assessment. Five reports measured depression diagnoses, and two of these reported adequate blinding of outcome assessors, with the remaining rated high risk of bias ( $k=2$ ) or unclear ( $k=1$ ). Eleven reports assessed depression symptoms, and six of these relied on an informant who was adequately blinded and at low risk of bias. For anxiety diagnoses, 8 of 11 reports were judged as low risk of bias due to adequate blinding of outcome assessment. Sixteen studies measured anxiety symptoms, with seven of these judged as low risk of bias due to adequate blinding of assessment.

### Attrition bias

Given the lengthy follow-up periods involved in included studies, it is unsurprising that many reports ( $k=34$ ) were judged to be at high risk of bias from incomplete outcome data. Most of these had dropout rates greater than 15% and analysed data from complete cases only. Thirty reports were judged to have a low risk of bias due to low levels of incomplete outcome data and/or the use of adequate statistical methods to account for missing data (e.g. multiple imputation, maximum-likelihood based methods; Salim & et al., 2008), and two reports did not provide enough information from which to make a valid judgement.

### Reporting bias

The risk of bias from selective reporting of outcome measures was unclear in 44 reports (33 studies) due to the unavailability of a study protocol. Seven reports were judged as low risk of bias due to the reporting of all relevant outcomes included in their study protocol, and 15 reports were judged as high-risk. High-risk selective reporting was typically because outcomes were reported incompletely and couldn't be used in the meta-analyses (e.g. reporting 'no significant differences' and providing no data), or results from a key outcome of interest were not reported.

Overall, for the meta-analysis involving measures of internalizing symptoms, there were only 2 out of 35 studies that did not have a potential high risk of bias in any category. This was mainly due to a

high risk of detection bias from the use of parent self-report outcome measures ( $k = 31$ ) or incomplete outcome data ( $k = 16$ ). Similarly, most studies in the meta-analyses involving measures of anxiety symptoms (10 out of 13) and depression symptoms (6 out of 9) were at high risk of bias from parents completing outcome assessments and/or incomplete outcome data. For the meta-analysis involving measures of anxiety diagnoses, 3 of 5 studies were at high risk of bias, mainly due to incomplete outcome data, and 2 of the 3 studies in the meta-analysis involving measures of depression diagnoses were judged to have a high risk of bias in at least one category.

## Overall standardized difference in means and risk difference

### Measures of internalizing symptoms

As shown in Table 2 and Figure 2, the mean Cohen's  $d$  of the 37 comparisons was very small but significant ( $d = -0.123$ ), with low-to-moderate heterogeneity. The funnel plot showed marginally significant asymmetry in the studies (Egger's test, two-tailed  $p=0.08$ ). The Duval & Tweedie trim-and-fill approach suggested that seven studies were potentially missing and, if imputed, the mean effect size would drop to  $d = -0.065$ , and would no longer be significant (95% CI:  $-0.125, 0.011$ ).

Supplementary analyses revealed a significant mean effect size only from studies reporting effects at 6-10 months ( $k = 16$ ;  $d = -0.148$ ) and at >24-48 months ( $k = 6$ ;  $d = -0.124$ ) post-intervention. The mean effect sizes for all intervals were very small, especially at 1-2 years post-intervention ( $d = -0.050$ ). Regarding informants, supplementary analyses revealed significant mean effects for the mother ( $k = 17$ ;  $d = -0.139$ ) and parent ( $k = 13$ ;  $d = -0.170$ ) informant groups, which were also the most common informants across studies.

Subgroup analyses revealed that the mean Cohen's  $d$  differed according to the type of prevention ( $p = 0.033$ ; see Table 2). However, only two subgroups (universal and selective) could be included in this analysis, because the other subgroups had <3 comparisons each. Selective prevention programs ( $k = 26$ ;  $d = -0.134$ ) yielded significant effects, whereas universal programs ( $k = 7$ ;  $d = 0.110$ ) did not.

Findings from the remaining subgroup analyses, involving the focus and timing of intervention, type of comparison, and whether there was direct intervention with the child, were all non-significant.

We also conducted a meta-regression analysis to see whether there was any decay of effect over time, using the effect size from the longest follow-up interval reported in each study. There was no significant association between Cohen's  $d$  and follow-up duration (the point estimate of the slope was 0.0008; 95% CI: -0.002 to 0.003;  $p = 0.494$ ; median = 14; range = 6–180 months).

### Measures of depressive symptoms and diagnoses

As shown in Table 3 and Figure 3, the mean Cohen's  $d$  of the 10 comparisons reporting depressive symptoms was very small but significant ( $d = -0.156$ ), with low heterogeneity and no apparent publication bias (Egger's test, two-tailed  $p = 0.55$ ). Supplementary analyses revealed a significant mean effect size from studies relying on child ( $k = 8$  comparisons;  $d = -0.169$ ) or parent ( $k = 3$ ;  $d = -0.459$ ) informants. Mean effects for each follow-up interval were all non-significant.

Subgroup analyses were not conducted for the type of prevention or comparison, whether parenting skills or parent as coach was an intervention focus, and whether the child received direct intervention, because only one subgroup in each case had  $>2$  comparisons. No subgroup differences were found for whether parent-child relationship or parental mental health was an intervention focus, or for timing of intervention (see Table 3).

We also conducted a meta-regression analysis to see whether there was any decay of effect over time, using the effect size from the longest follow-up interval reported in each study. We found no significant association between Cohen's  $d$  and follow-up duration (the point estimate of the slope was  $< -0.0001$ ; 95% CI: -0.003 to 0.003;  $p = 0.998$ ; median = 21; range = 6–129 months).

There were four comparisons reporting depression diagnoses (see Table 3 and Figure 4), and these yielded a pooled risk difference of -0.095 which approached significance ( $p = 0.071$ ), with moderate heterogeneity but no apparent publication bias (Egger's test, two-tailed  $p = 0.85$ ).

## Measures of anxiety symptoms and diagnoses

As shown in Table 4 and Figure 5, the 14 comparisons reporting anxiety symptoms yielded a significant small effect ( $d = -0.273$ ), but with high heterogeneity. There was no apparent publication bias, Egger's test two-tailed  $p = 0.89$ . Supplementary analyses revealed a significant mean effect size from studies relying on child ( $k = 9$ ;  $d = -0.192$ ), parent ( $k = 5$ ;  $d = -0.535$ ), or the combination of parent and child informants ( $k = 1$ ;  $d = -1.831$ ). Mean effects for each follow-up interval were all non-significant, except for studies reporting outcomes at >10-12 month post-intervention ( $k = 5$ ;  $d = -0.851$ ).

Subgroup analyses revealed that the mean Cohen's  $d$  differed according to whether the intervention included a focus on parental mental health ( $p = 0.031$ ; see Table 4). Specifically, the 8 comparisons that did not include this focus yielded an almost-medium effect size ( $d = -0.458$ ); in contrast to the 6 comparisons that did ( $d = -0.047$ ). A subgroup analysis for type of comparison condition was not run because only one subgroup had >2 comparison conditions, but RCTs that involved a no-treatment ( $k = 7$ ;  $d = -0.381$ ) or extended waitlist ( $k = 1$ ;  $d = -1.831$ ) yielded significant mean effect sizes, in contrast to RCTs that involved active control interventions. Subgroup analyses were also not run for type of prevention and whether parenting skills was an intervention focus, because only one subgroup in each case had >2 comparisons. Findings from the remaining subgroup analyses involving the focus or timing of intervention, and whether there was direct intervention with the child, were all non-significant.

We also conducted a meta-regression analysis to see whether there was any decay of effect over time, using the effect size from the longest follow-up interval reported in each study. We found no significant association between Cohen's  $d$  and follow-up duration ( $p = 0.842$ ; the point estimate of the slope was 0.0005; 95% CI: -0.005 to 0.006; median = 12; range = 6–129 months).

There were six comparisons reporting anxiety diagnoses (see Table 4 and Figure 6), and these yielded a significant pooled risk difference of -0.109 ( $p = 0.020$ ). There was moderate-to-high heterogeneity but no apparent publication bias (Egger's test, two-tailed  $p = 0.22$ ).

### Internalizing cluster

As shown in Table 5 and Figure 6, the 45 comparisons yielded a very small but significant effect ( $d = -0.177$ ) on internalizing problems (based on data from internalizing, depressive or anxiety symptom measures), with moderate-to-high heterogeneity. There was no apparent publication bias, Egger's test two-tailed  $p = 0.38$ .

Supplementary analyses revealed a significant mean effect size from studies reporting effects at 6-10 months ( $k = 20$ ;  $d = -0.151$ ), between 10-12 months ( $k = 14$ ;  $d = -0.288$ ), between 24-48 months ( $k = 7$ ;  $d = -0.138$ ), and >48 months ( $k = 9$ ;  $d = -0.138$ ) post-intervention. The mean effect sizes for all intervals were very small, especially at 1-2 years post-intervention ( $d = -0.078$ ). Regarding informants, supplementary analyses revealed significant mean effects for the mother ( $k = 17$ ;  $d = -0.139$ ) and parent ( $k = 13$ ;  $d = -0.170$ ) informant groups, which were also the most common informants across studies; as well as the child informant group ( $k = 9$ ;  $d = -0.175$ ).

Subgroup analyses revealed that the mean Cohen's  $d$  differed according to the type of prevention ( $p = 0.011$ ; see Table 5). However, only 3 subgroups (universal, selective, and secondary prevention) could be included in this analysis, because the other subgroups had <3 comparisons each. Selective ( $k = 30$ ;  $d = -0.186$ ) and secondary ( $k = 3$ ;  $d = -0.770$ ) prevention programs yielded significant effects, whereas universal programs ( $k = 9$ ;  $d = 0.006$ ) did not. Findings from the remaining subgroup analyses, involving the focus and timing of intervention, type of comparison, and whether there was direct intervention with the child, were all non-significant.

We also conducted a meta-regression analysis to see whether there was any decay of effect over time, using the effect size from the longest follow-up interval reported in each study. There was no



significant association between Cohen's  $d$  and follow-up duration (the point estimate of the slope was 0.0005; 95% CI: -0.002 to 0.003;  $p = 0.679$ ; median = 14; range = 6–180 months).

## Discussion

### Main findings

We examined whether parenting interventions directed primarily at parents are effective in preventing child internalizing problems in the longer-term. Results showed that compared to controls, parenting interventions reduced child internalizing, depressive, and anxiety symptoms, at a minimum of six months after the intervention was delivered. The mean effects were very small for internalizing and depressive symptoms, and small for anxiety symptoms. The mean effect for the internalizing cluster was also very small. The sizes of these mean effects are similar to those reported in recent reviews of effects of family-based interventions on child internalizing outcomes (Barlow et al., 2010; Siegenthaler et al., 2012). Few studies were judged to have a low risk of bias overall, and this must qualify the review's findings. Furthermore, there may be publication bias amongst studies using internalizing symptom measures, hence those findings may not be as robust and need to be interpreted with caution.

Despite the small effect sizes, the effects on anxiety diagnoses translate into a number needed to treat (NNT) of 10, which means that relative to children whose parents do not receive a preventive parenting intervention, for every 10 children whose parents do receive it, one additional child could be free of an anxiety diagnosis. The effects on depression diagnoses fell just short of statistical significance but are nonetheless promising, because they translate into an NNT of less than 11, which is similar to the average NNT for the prevention of cases of depression using programs targeting young people directly (NNT=11; Merry et al., 2011). Although there is no formally recognized system of classification for the size of NNT, the NNTs for preventive parenting programs compare very favorably with programs directed towards individuals which are delivered later in life

(NNT=20; van Zoonen et al., 2014). Moreover, drawing from the broader health literature, a recent review of low-dose aspirin reported a NNT=284 to prevent 1 major cardiovascular event, and a NNT=614 to prevent 1 ischaemic stroke, over a mean follow-up of 6.8 years (Xie et al., 2014). Similarly, a Cochrane review of the benefits of statins the primary prevention of cardiovascular disease reported NNT values of 167 and 67 for individuals at <5% five-year risk and 5-10% five-year risk, respectively (Taylor et al., 2013). Another review of antihypertensive therapy for individuals with pre-hypertensive blood pressure levels reported a NNT=169 over an average of 4.3 years to prevent one stroke (Sipahi et al., 2012). The conclusion drawn in the respective reviews was that aspirin, statins, and antihypertensive therapy were of benefit. Furthermore, it is a known phenomenon that a small change in mean scores across a population can have a beneficial effect for those in a tail of a population distribution – hence the NNTs found in our review are promising despite the small population effect sizes. Given the burden of internalizing problems especially in terms of their early onset and long-term negative sequelae, we argue that preventive parenting programs would still be a worthwhile investment in public health terms.

Findings in this review were based on effects reported at the longest follow-up interval for each included study (from a minimum of 6 months post-intervention), and significant effects were maintained up to 3 years for internalizing symptoms (Spencer-Smith et al., 2012), 5.5 years for depressive symptoms (Mason et al., 2007), and 11 years for anxiety symptoms and diagnoses (Rapee, 2013). Although the intensity and duration of interventions varied widely, it is remarkable that preventive interventions directed primarily at parents can have such long-term benefits for children.

## **Findings with implications for future prevention policy and practice**

### **Duration of preventive effects**

One of the key questions in this review is: for how long do the preventive effects of parenting interventions last, and do effects vary with the duration of the follow-up interval? We did not find

the duration of follow-up interval to be associated with mean effects on internalizing, depressive or anxiety symptoms, when examined separately and as an internalizing cluster (i.e. any of the 3 measures). When we examined the mean effects of parenting interventions at different follow-up intervals (6-10 months, >10-12 months, >12-24 months, >24-48 months, and >48 months), we found very small but significant mean effects on internalizing symptoms at 6-10 months and at >24-48 months, and a large mean effect on anxiety symptoms only at >10-12 months. The mean effects on depressive symptoms were non-significant for each follow-up interval, although there were few studies with data at each interval. Mean effects on any internalizing measure were significant for all time intervals except between 12-24 months, and were all very small except between 10-12 months, where the mean effect was small. Overall, the current findings suggest that the small but persistent effects that preventive parenting interventions have on internalizing problems are not associated with the time that has lapsed after the intervention. Based on developmental theories, the longevity of intervention effects may be due to the bidirectional and interactive effects of parenting and child behaviours on child outcomes over time (Branje, Hale, Frijns, & Meeus, 2010; Lengua & Kovacs, 2005; Restifo & Bögels, 2009; Yap et al., 2007). For instance, it is possible that parenting interventions may improve parenting skills (e.g. reducing overprotection), which may in turn increase child exploration, and in turn increase parental encouragement of child independence. Over time, these interactive, bidirectional processes may build on one another to maintain positive intervention effects in decreasing the child's risk for internalizing problems, for years after the intervention had ended.

### Timing of intervention

An important question for implementation of preventive parenting interventions is *when* in the child's development should interventions be delivered. Subgroup analyses revealed no significant moderation of intervention effects by the timing of delivery of preventive parenting interventions, on any of the three sets of measures, or on the internalizing cluster. Nonetheless, some patterns of findings are noteworthy. Firstly, children seem to benefit if their parents received parenting

interventions during the primary-school years, with a small mean effect based on internalizing measures and for the internalizing cluster, and a medium mean effect based on measures of anxiety symptoms. Secondly, programs delivered to parents very early in their child's life, including the antenatal period, may yield long-term (albeit small) preventive effects on measures of child internalizing symptoms, and on internalizing problems as a cluster. Thirdly, timing of intervention did not modify the effects of parenting interventions on depressive symptoms, possibly due to inadequate power to detect group differences. Nonetheless it is notable that the two studies where the parenting intervention was delivered during adolescence yielded a significant mean effect (albeit very small), whereas the other studies delivered in preschool and primary-school phases did not. It is possible that the effects of parenting programs on child depression may not be apparent until later in adolescence, given that the rates of depression increase more rapidly during mid-adolescence (Kessler et al., 2007).

Overall, very few parenting interventions were delivered during adolescence. This is unsurprising given that most interventions for youth mental health are directed at young people themselves, with parents either not receiving any direct intervention or receiving only a brief psychoeducation supplement focusing on informing parents about what their child is receiving, and/or how parents can support their child's intervention (Brunwasser & Garber, 2015; Hetrick, Cox, & Merry, 2015). However, this approach seems amiss given the sound evidence that some modifiable parental factors are associated with adolescent depression and anxiety (Yap et al., 2014). Such evidence highlights the potential of parenting interventions that target such modifiable parental factors for reducing adolescent risk for depression and anxiety. Taken together, findings to date underscore an important gap in preventive parenting interventions targeted at parents of adolescents, as a complement to adolescent-directed interventions, some of which have shown promising benefits for adolescent depression (Merry et al., 2011).

## Target population

When implementing preventive interventions, a key question is who should receive the intervention. We sought to examine whether the mean effects of parenting interventions varied depending on the target population or the type of prevention the interventions were designed for: universal, selective, indicated, or secondary/treatment. Unfortunately, due to the small number of studies which used measures of depressive and anxiety symptoms and diagnoses, a subgroup analysis could only be conducted for internalizing symptoms and the internalizing cluster. However, in the former analysis, only two groups could be compared (universal versus selective), and a significant group difference was found, favoring selective (very small but significant mean effect) over universal (non-significant mean effect) programs. Nonetheless, a large effect was found for the single indicated prevention program and a medium mean effect for two secondary prevention programs. Findings for the internalizing cluster were similar: a significant difference emerged in the subgroup analysis involving 3 subgroups: universal, selective, and secondary. Mean effects were significant for selective and secondary prevention but not universal prevention; however an examination of confidence intervals suggests that the difference is significant only between secondary prevention and universal prevention programs. Although subgroup analyses were not conducted for measures of depressive or anxiety symptoms, it is interesting to note that for both outcomes, universal programs yielded significant mean effects, albeit in the very small to small range; whereas all other targeted programs yielded non-significant mean effects.

In sum, evidence to-date is inconclusive about whether the type of prevention modifies the long-term effects of parenting interventions. However, consistent with findings from other preventive programs (e.g. Merry et al., 2011), they suggest the promise of selective and secondary prevention parenting programs for internalizing problems, at least relative to universal programs. This is unsurprising given that universal programs are subject to 'floor effects', whereby participants have minimal problems at pre-intervention, making it more difficult to demonstrate improvement.

Further research is required to address this question more definitively, given the disproportionately

larger number of RCTs of selective programs, and the exploratory and observational nature of the subgroup analyses conducted. Nonetheless, it has also been argued that although universal programs may have a smaller effect than selective or indicated programs at the level of the individual, they may have a great public health impact because they reach a larger proportion of the population (Phares et al., 1989; Rose, 1992), and have the potential to shift the population mean (Rose, 1992).

### Focus of intervention

Parenting interventions have been developed from a wide range of approaches and theoretical frameworks, and hence vary widely in their focus and targets. To inform future development and implementation of parenting interventions, we were interested in whether the focus of interventions modified their effects. Most of the interventions identified in this review included a focus on improving parenting skills and/or the parent-child relationship, and most included one or two foci. Subgroup analyses revealed no significant differences between interventions that included each of the four foci and interventions that did not, for all three measures of child internalizing problems. The only exception was for parental mental health, whereby interventions that did not include a focus on parents' own mental health had an almost-medium mean effect on child anxiety symptoms, whereas interventions that did include that focus yielded a non-significant mean effect. This concurs with evidence that parenting behaviors (e.g. parental over-involvement or over-controlling behaviors) may have a stronger association with child anxiety than with parent anxiety (Van Der Bruggen, Stams, & Bögels, 2008), as well as findings from a recent Cochrane review that group parenting programs improved parental depression and anxiety only at post-intervention, but had no lasting effects on parental mental health (Barlow, Smailagic, Huband, Roloff, & Bennett, 2014). These findings suggest that parental mental health may not be a fruitful target for parenting interventions to prevent child anxiety. However, other possible explanations for these findings should be considered. Firstly, all 6 studies which included a focus on parental mental health also included one (in 3 studies) or two (in 3 other studies) other intervention foci. It is possible that a

focus on parental mental health was included at the expense of other foci, or simply reduced the amount of intervention time that could be focused on modifying other risk or protective factors for child anxiety, resulting in the dilution of effects from each component. Secondly, it could be argued that programs which included a focus on parental mental health may have targeted parents with mental health problems or who may be at elevated risk for such difficulties, and this may have limited the degree of change in parenting and hence in child benefits. Indeed, of the 6 studies that included a focus on parental mental health, 1 targeted parental risk factors, 2 targeted parents with psychopathology (mood disorder or alcohol abuse), 2 targeted parents with terminal illness (HIV/AIDS or breast cancer), and 1 targeted young mothers from an ethnic minority group. However, Sieganthaler and colleagues' (2012) review found that parenting programs for parents with mental illness yielded promising effects on child internalizing problems, suggesting that parental mental illness does not hinder the effectiveness of parenting programs. An important caveat to note is that this review did not identify any program that focused solely on parental mental health; hence it remains possible that such programs may have preventive effects on child anxiety. It is also important to note that the main meta-analyses examining effects on measures of internalizing symptoms and the internalizing cluster yielded significant mean effects in programs that did include a focus on parental mental health. More research is clearly required before any meaningful conclusions can be drawn.

All other subgroup analyses for all three sets of measures and the internalizing cluster revealed no significant differences between interventions that included a particular focus and those that did not. There was high between-trial heterogeneity in many subgroups, suggesting that interventions categorized as sharing a similar focus differed in meaningful ways that may have influenced their effects on child internalizing problems.

### Direct intervention with child

This review only included interventions where parents received the majority of the intervention, were the primary targets of intervention, and were assumed to be key agents of change in child outcomes. However, some interventions included direct intervention with the child either in family sessions or individually with the interventionist. Of interest, we found that including a component of direct intervention with the child in such programs did not yield significantly different mean effects on measures of internalizing and anxiety symptoms, or the internalizing cluster. A subgroup analysis could not be conducted for measures of depressive symptoms, but the pattern of findings was similar to that for internalizing and anxiety symptoms: the 8 comparisons involving no direct child intervention yielded a significant small mean effect, whereas the other 2 did not. Taken together, our findings suggest that in parenting interventions primarily directed at the parents, adding a child intervention component may not yield significant differences in benefits for child internalizing problems. Although some parents may prefer to involve their child in an intervention, and it may be logical to expect that intervening directly with the child in addition to the parent would produce synergistic effects, the current findings suggest that this may not be necessary. This is promising in terms of intervention delivery, because it is likely to be more efficient and easier logistically to deliver the intervention to parents only, especially on a larger scale. It also underscores the potential of interventions directed primarily at parents to indirectly benefit the child, presumably through modifying parental behaviors, even into the longer term.

It is important to note however, that substantive evidence has already demonstrated that direct intervention with young people can prevent depression (Merry et al., 2011) and anxiety (Fisak et al., 2011; Teubert & Pinquart, 2011); hence our findings should not be interpreted as suggesting that child intervention is ineffective. Indeed, the subgroup analysis for the internalizing cluster yielded significant mean effects regardless of whether the program included direct intervention with the child (i.e. mean effects were significant in both subgroups). Instead, it is likely that the child intervention component of some of the parenting programs included in our review may have been



too small to have yielded significant additional benefits. Nonetheless, our findings are consistent with those reported in a review of the effects of preventive interventions in mentally-ill parents on children's internalizing symptoms, which included some interventions which were directed solely at adolescents, some which involved both parents and children (equally), and some—like the current review—which were directly solely or primarily at parents (Siegenthaler et al., 2012). On the other hand, there is also evidence suggesting that in intervention programs primarily directed at young people, adding a parent intervention component may not yield significant additive benefits for child depression (David-Ferdon & Kaslow, 2008) or anxiety (Hudson et al., 2015). Whilst it remains to be ascertained why dual-component programs do not seem to yield robust synergistic benefits, what is clear is that each type of program—those directed at young people, and those directed at parents—has preventive effects on child internalizing problems.

### **Training and qualifications of interventionists**

Although not central to the focus of this review, it is noteworthy that of the 51 included studies, the vast majority involved intervention programs that were delivered by trained specialist professionals (e.g. clinical psychologists; k=30) or non-specialist professionals or paraprofessionals (e.g. trained nurses or research assistants; k=15). This has important implications for the cost and feasibility of disseminating such interventions in the larger scale, and needs to be taken into account when assessing the cost-effectiveness of the programs. Unfortunately, the training, experience and qualification of interventionists are not easy to quantify objectively and consistently, and is inadequately described in many studies.

### **Implications for future research**

#### **Informant**

Given existing evidence of modest cross-informant agreements (Phares et al., 1989; Stanger & Lewis, 1993), we examined the mean effects of parenting interventions for each group of informants of child outcomes. For internalizing measures, significant mean effects were found only for studies that

relied on mother or parent informants; mean effects were non-significant for all other informant groups. Despite increasing interest in the effects of fathering on child mental health and discrepancies between father- and mother-reports (e.g. Bögels, Bamelis, & van der Bruggen, 2008; Teubert & Pinquart, 2011), there were only three studies that included both father and mother as independent reporters of their child's symptoms, all utilizing measures of internalizing symptoms, and these yielded a non-significant mean effect.

For depressive and anxiety measures, significant small mean effects were found for child informants and medium effects for parent informants; but mean effects were non-significant for other informant groups. For the internalizing cluster, mean effects were significant for 3 groups of informants: child, mother, and parent. Notably, when evaluating the effects of parenting interventions directed primarily at parents, it is likely that child informants would be less subject to outcome assessment bias than parent informants, given that children are not direct recipients of the intervention in most cases. Moreover, as argued in a recent review (Yap & Jorm, 2015), widely-used child self-report depressive and anxiety symptom measures have been validated with children as young as 7 (e.g. the Children's Depression Inventory; Craighead, Smucker, Craighead, & Ilardi, 1998; Saylor, Finch, Spirito, & Bennett, 1984; Smucker, Craighead, Craighead, & Green, 1986; Timbremont, Braet, & Dreessen, 2004) or 8 (e.g. the Spence Children's Anxiety Scale; Spence, 1998; Spence, Barrett, & Turner, 2003) years. Furthermore, given that children are privy to their own internal experiences, and internalizing problems are less observable to independent observers (De Los Reyes & Kazdin, 2005), evidence to date suggests that when it is age appropriate, child informants should be relied upon as the primary source of child outcomes in trials of parenting interventions.

### **Type of comparison condition**

Although our main meta-analyses included all eligible studies regardless of the comparison or control conditions employed in the trials, we expected mean effects to vary depending on the comparison condition. However, due to small numbers of comparisons in most subgroups, a

subgroup analysis could only be conducted for measures of internalizing symptoms, comparing four subgroups (excluding extended waitlist comparisons), and this revealed no significant group differences. A subgroup analysis was also conducted for the internalizing cluster, which included all 5 subgroups, but this also yielded no significant group differences. Nonetheless, only studies that compared their interventions to usual-care (the most common comparison condition) yielded a significant mean effect on internalizing measures. For the internalizing cluster, significant mean effects emerged for interventions that were compared to either no-treatment or usual-care comparisons. It is noteworthy that the usual-care comparison employed in many of these studies involved standard medical care, case management or maternal and child health nursing support. Although some of these included referrals for psychotherapeutic or counselling support for the parent if required, most of them did not provide any active intervention specifically aimed at reducing risk for child internalizing problems. Hence these findings suggest that parenting interventions may yield significant benefits for child internalizing problems compared to usual care. However, further research comparing these parenting interventions to active comparisons (especially alternative parenting interventions) is required in order to most strongly demonstrate the effectiveness of these interventions (Stathakos & Roehrl, 2003).

For measures of depressive and anxiety symptoms, we found that studies employing non-active (i.e. no treatment, extended waitlist) or less active (e.g. minimal intervention) comparisons yielded significant mean effects, whereas studies employing more active comparisons (i.e. attention-control and usual-care) did not. This is consistent with findings from Merry and colleagues' (2011) review. These are important caveats to note when considering the effectiveness of parenting interventions to date on child anxiety and depressive symptoms, and underscore the importance of future trials employing more active comparison conditions, in order to establish whether these parenting interventions offer preventive benefits for the child beyond simply involving parents in a parenting intervention (Stathakos & Roehrl, 2003). Nonetheless, the persistence of intervention effects makes it less likely that the effects are merely the results of attention.

### Symptom versus diagnostic outcomes

Although it would have been preferable to evaluate the long-term effects of parenting interventions on reducing the incidence of child depressive and anxiety disorders, this review identified only 3 studies reporting depressive diagnoses and 5 reporting anxiety diagnoses, which could be included in meta-analyses. Whilst the evidence on diagnostic outcomes are promising and are consistent with evidence on symptom-based measures, the small samples providing diagnostic data preclude any firm conclusions to be drawn. More studies are required that include a diagnostic measure of depression and anxiety outcomes, especially at longer-term follow-up during the second decade of life, when the incidence of case-level disorders starts to increase (Kessler et al., 2012).

### Differences in effects on measures of internalizing, depression and anxiety outcomes

Findings from this review revealed that the effects of parenting interventions may be weaker for measures of internalizing and depressive symptoms and depressive diagnoses, compared to anxiety symptoms and diagnoses. We discuss briefly a few possible reasons for this pattern of findings. Firstly, although we did not find significant moderation of intervention effects by the timing of intervention, we did find that most of the interventions which examined internalizing symptoms as outcomes (68%) were delivered earlier in life (before the schooling years) whereas most of the interventions which used measures of depression (70%) and anxiety (71%) were delivered in primary and high school years. Moreover, most studies using measures of internalizing symptoms only had follow-up assessments up to two years post intervention; which means that in many cases the children may still be pre-school aged when rates of internalizing problems are low. Hence, even when group differences in intervention effects on internalizing symptoms are found, the size of those effects are likely to be very small. It is also possible that the high comorbidity between anxiety and depression symptoms earlier in life (commonly measured as 'internalizing symptoms') reduces over the course of development as the symptoms start to differentiate more clearly into anxiety-specific or depression-specific symptoms. This may also account for the smaller sizes of mean effects on internalizing symptoms.

Intervention effects on depression outcomes may be less marked than those on anxiety outcomes because the rates of depression increase more rapidly during mid-adolescence (Kessler et al., 2007), but only 22% of the studies which examined depressive symptoms involved parents of adolescents; and only 33% included follow-up assessments longer than 2 years post intervention, which means that depression outcomes were assessed prior to mid-adolescence for most studies.

Another possible reason for the apparent difference in effect sizes across the three outcomes is the relevance of parental risk and protective factors targeted in parenting interventions to each outcome. For example, interventions delivered earlier in the child's life tend to have a broader aim of improving general adaptation and functioning, and included internalizing as one of multiple indicators. Hence the parental factors targeted may also be more general, or may be more relevant in infancy (e.g. parental sensitivity to infant cues) but fail to be adapted for older children with more complex social interaction demands. In contrast, interventions specifically developed to prevent child anxiety may more intentionally target evidence-based parental factors associated with children's risk for anxiety (e.g. over-protection; Yap & Jorm, 2015; Yap et al., 2014). Ironically, recent reviews found that the evidence base for parental factors associated with child (Yap & Jorm, 2015) and adolescent (Yap et al., 2014) anxiety is more limited than the evidence base for depression and internalizing problems more generally. Nonetheless, it is possible that interventions specifically designed to prevent child anxiety are more strongly driven by the albeit-limited evidence base, relative to other programs which examined depression and internalizing problems. It is also possible that programs which target more than one evidence-based parental factor may have larger effects (Yap & Jorm, 2015; Yap et al., 2014). For example, Ginsburg and colleagues' (2009) Coping and Promoting Strength program (for parents of primary-school aged children) targets over-protection, aversiveness and inter-parental conflict, all of which have sound evidence for increasing risk for anxiety in adolescents (Yap et al., 2014) and emerging evidence for anxiety in children (Yap & Jorm, 2015).

## Strengths and limitations

To our knowledge, this is one of the most comprehensive systematic reviews and meta-analyses of the long-term effects of parenting interventions to prevent child internalizing problems to date, including studies reporting significant intervention effects extending up to 11 years post-intervention. Unlike the Cochrane review of group parenting programs which focused on interventions delivered in the first 3 years of the child's life (Barlow et al., 2010), we placed no restrictions on the intervention mode of delivery, and included a wider child age range. Employing a whole-of-childhood focus allowed us to examine whether there are periods of development when parenting interventions may be best targeted. The growing number of randomized controlled trials (RCTs) examining parenting interventions enabled us to include only RCTs in this review, permitting meta-analyses of more rigorously-designed and higher-quality studies. By focusing only on parenting interventions that were directed primarily at parents (i.e. where parents received majority of the direct intervention), we were able to examine the question of whether directly intervening with parents (without any substantial direct intervention with the child) is sufficient to reduce risk for child internalizing outcomes. Unlike Siegenthaler and colleagues' review (2012) which focused on interventions involving mentally-ill parents of children without established mental disorders at the time of randomization into the RCT (selective or indicated prevention), our review had a broader scope in capturing universal, selective and indicated prevention, as well as secondary prevention of internalizing outcomes. We also conducted a series of supplementary and subgroup analyses to examine potential moderators of the effects found.

However, a few limitations to our findings should be noted. Firstly, it was beyond the scope of the current review to examine mediators of the intervention effects found. As cogently argued by Sandler and colleagues (Sandler et al., 2011; Sandler et al., 2014), mediation analyses are required to identify the processes by which interventions have their effects, and the key components that must be preserved when interventions are disseminated (Teubert & Pinquart, 2011). Like many other

meta-analyses to date (Sandler et al., 2014), we could not adequately assess the quality of all included trials because of poor reporting, especially of allocation concealment and selective reporting of outcome measures. Overall, there were few studies judged to be at low risk of bias across the domains that were assessed, and therefore results should be interpreted cautiously. We also could not assess for moderation by intensity or duration of intervention due to inadequate descriptions of this aspect of intervention programs in about one-third of included trials. Notably, programs varied widely from a few group sessions scheduled within 1-3 months, to multiple weekly home visits tapering off into less-frequent but ongoing interventions over a few years. The number of sessions actually delivered was even more poorly reported. We believe that it is at least partly due to such variability in program design, delivery and reporting that past meta-analyses have not found consistent associations between intensity of programs and effect sizes (Sandler et al., 2014; van Zoonen et al., 2014). We attempted to estimate intervention intensity by multiplying the number of intervention sessions by the duration of each session, because sessions varied significantly between programs (e.g. 30 minutes to 3 hours), but one or both variables were inadequately reported in some trials. Clearly, such information is crucial for determining the costs and cost-effectiveness of preventive programs, and improved reporting is required in future studies. There also remains a need to clarify the dimensions along which implementation should be measured as predictors of outcome; e.g. dosage, fidelity, and quality of implementation (including training and supervision of those administering interventions). Moreover, while 44% of included studies involved group sessions, many of these made the assumption that individual members of the group programs could be regarded as independent observations, without adequately controlling for or considering potential clustering effects. Furthermore, even in interventions involving individual sessions with an interventionist, many studies involved only one or very few interventionists, and fail to consider the potential interventionist clustering effects. Hence it is possible that clustering effects may have over-estimated the precision of the effect size estimates (by affecting the confidence intervals). This review examined a large number of potential moderators of intervention effects relative to the small

number of studies included, especially those examining depressive and anxiety outcomes; hence findings from the supplementary analyses should be regarded as primarily observational and hypothesis generating in nature. This review also could not draw firm conclusions about the long-term effects of parenting interventions in preventing incidence of anxiety or depression disorders, because too few studies assessed diagnostic outcomes. Finally, most included trials were conducted in English-speaking developed countries; hence our findings may not generalize to ethnic minorities or developing countries.

## Summary and conclusions

This review of parenting interventions found evidence for very small to small mean change based on measures of internalizing, depressive, and anxiety symptoms but potentially significant long-term effects on clinical presentations of internalizing disorders, with more substantial effects based on measures of anxiety than depression. Although the size of effects found seem small in absolute terms, they are comparable to the effects of other preventive interventions, including those directed at young people themselves (Merry et al., 2011) or later in life (van Zoonen et al., 2014), and could have an important public health impact (Rose, 1992; Sandler et al., 2014). Importantly, the persistence of intervention effects suggests that these are real and not placebo effects. Most noteworthy are the findings involving measures of anxiety symptoms and diagnoses, which compare favourably to interventions targeted directly at young people themselves (Fisak et al., 2011; Teubert & Pinquart, 2011). Given the central role and involvement that parents have throughout most of young people's development, our findings underscore the likely benefits of increasing parental involvement in preventing and reducing internalizing problems in young people.



## Figure Captions

Figure 1 PRISMA flow chart showing the flow of selection of eligible papers.

Figure 2 The effects of preventive parenting interventions on measures of child internalizing symptoms. Lines represent standardized difference in means (Cohen's *d*) and 95% confidence intervals (CI); the size of the box represents the weight of each study. Studies are ordered by the duration of the follow-up interval (shortest to longest).

Figure 3 The effects of preventive parenting interventions on measures of child depressive symptoms. Lines represent standardized difference in means (Cohen's *d*) and 95% confidence intervals (CI); the size of the box represents the weight of each study. Studies are ordered by the duration of the follow-up interval (shortest to longest).

Figure 4 The effects of preventive parenting interventions on measures of child depression diagnoses. Lines represent risk difference and 95% confidence intervals (CI); the size of the box represents the weight of each study. Studies are ordered by the duration of the follow-up interval (shortest to longest).

Figure 5 The effects of preventive parenting interventions on measures of child anxiety symptoms. Lines represent standardized difference in means (Cohen's *d*) and 95% confidence intervals (CI); the size of the box represents the weight of each study. Studies are ordered by the duration of the follow-up interval (shortest to longest).

Figure 6 The effects of preventive parenting interventions on measures of child anxiety diagnoses. Lines represent risk difference and 95% confidence intervals (CI); the size of the box represents the weight of each study. Studies are ordered by the duration of the follow-up interval (shortest to longest).

Figure 7 The effects of preventive parenting interventions on the broad cluster of child internalizing problems. Lines represent standardized difference in means (Cohen's *d*) and 95%

confidence intervals (CI); the size of the box represents the weight of each study. Studies are ordered by the duration of the follow-up interval (shortest to longest).

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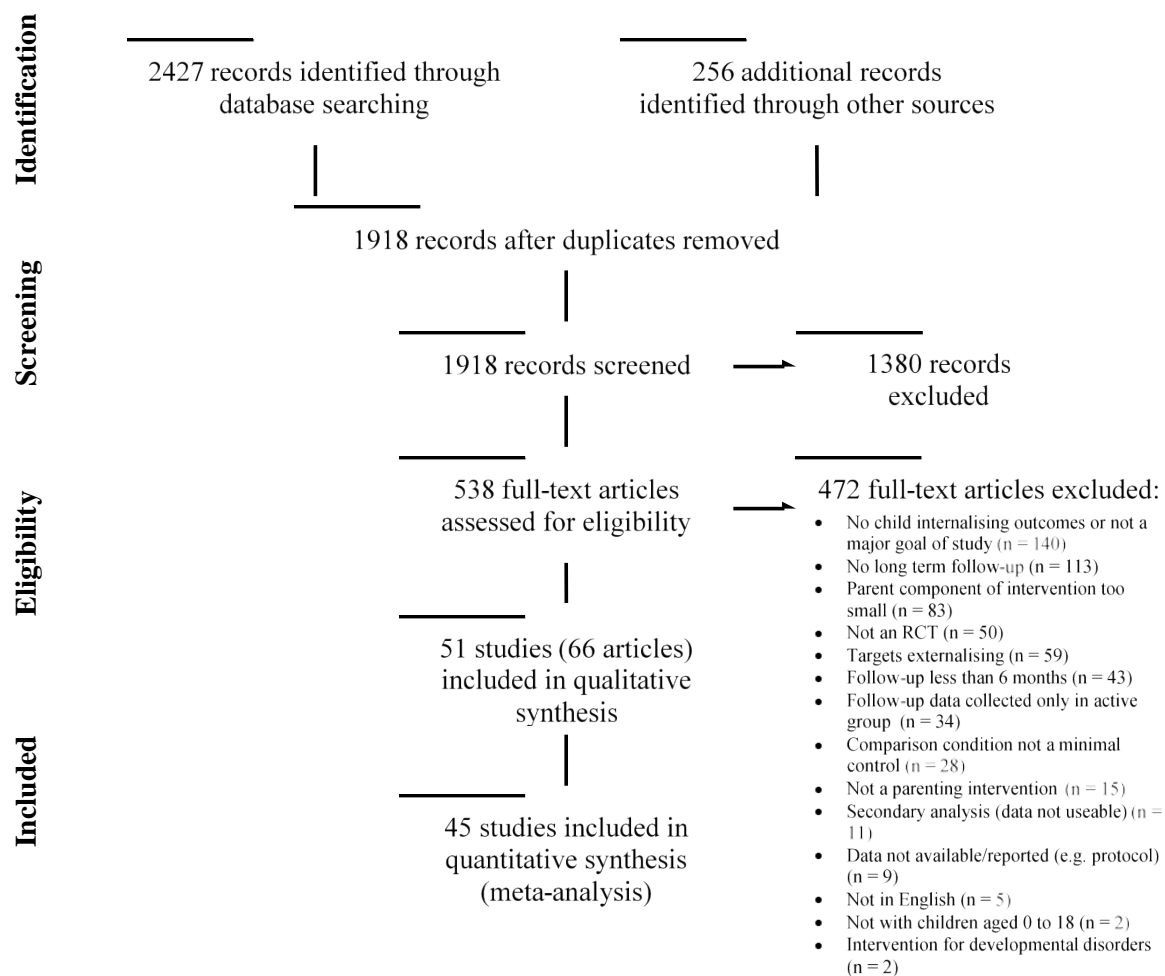


Figure 1 PRISMA flow chart showing the flow of selection of eligible papers.

Study nameStatistics for each studyStd difference in means and 95% CI

|                             | Std diff<br>in means | Lower<br>limit | Upper<br>limit | p-Value |
|-----------------------------|----------------------|----------------|----------------|---------|
| Carta 2013                  | -0.089               | -0.328         | 0.190          | 0.602   |
| Hoff 2005                   | -0.783               | -1.615         | 0.050          | 0.066   |
| Lowell 2011                 | -0.232               | -0.595         | 0.132          | 0.212   |
| Oswalt 2013_olderMo         | 0.253                | -0.080         | 0.586          | 0.113   |
| Oswalt 2013_youngerMo       | -0.585               | -1.237         | 0.066          | 0.078   |
| van Doesum 2008             | 0.304                | -0.164         | 0.772          | 0.203   |
| Walkup 2009                 | -0.358               | -0.850         | 0.133          | 0.153   |
| Williamson 2014             | -0.240               | -0.558         | 0.078          | 0.139   |
| Dadds 2008_T                | -0.156               | -0.336         | 0.023          | 0.088   |
| Ruffolo 2005                | -0.842               | -1.479         | -0.205         | 0.010   |
| Cartwright-Hatton 2011      | -0.616               | -1.096         | -0.137         | 0.012   |
| Cohen 1997 (12mth)          | -0.406               | -1.039         | 0.227          | 0.209   |
| Connell 2008                | -0.210               | -0.563         | 0.143          | 0.243   |
| Lam 2008 (12mth)            | -0.650               | -1.550         | 0.249          | 0.156   |
| Lewis 2015                  | 0.040                | -0.314         | 0.393          | 0.826   |
| Strayhorn 1991              | -0.510               | -1.045         | 0.025          | 0.062   |
| Wu 2014                     | -0.355               | -0.760         | 0.051          | 0.087   |
| Cheng 2007_Mo               | 0.096                | -0.331         | 0.523          | 0.660   |
| Wake 2011                   | 0.058                | -0.183         | 0.298          | 0.638   |
| Butz 2001                   | -0.282               | -0.676         | 0.112          | 0.161   |
| Etter 2013                  | -0.320               | -0.751         | 0.111          | 0.146   |
| Solantaus 2010 (18mth)      | -0.133               | -0.562         | 0.296          | 0.543   |
| Hahlweg 2007_1P (23mth)     | 0.477                | -0.042         | 0.995          | 0.071   |
| Hahlweg 2007_2P (23mth)     | 0.103                | -0.193         | 0.400          | 0.495   |
| Beardslee 2003              | -0.103               | -0.566         | 0.359          | 0.661   |
| Cowan 2005 (24mth)          | 0.760                | 0.202          | 1.317          | 0.008   |
| McDonald 2006_T             | -0.009               | -0.363         | 0.344          | 0.958   |
| Ordway 2014_Mo              | -0.352               | -0.911         | 0.207          | 0.217   |
| Velderman 2006              | 0.090                | -0.449         | 0.629          | 0.743   |
| Spencer-Smith 2012          | -0.505               | -0.930         | -0.080         | 0.020   |
| Verkerk 2012                | -0.144               | -0.465         | 0.176          | 0.378   |
| Nordhov 2012                | -0.267               | -0.616         | 0.083          | 0.135   |
| Feinberg 2014_P             | -0.021               | -0.466         | 0.423          | 0.925   |
| Rotheram-Borus 2003 (69mth) | 0.058                | -0.162         | 0.278          | 0.606   |
| Fergusson 2013 (70mth)      | -0.150               | -0.355         | 0.055          | 0.151   |
| Black 2007                  | -0.212               | -0.613         | 0.189          | 0.301   |
| Wolchik 2013                | -0.016               | -0.348         | 0.315          | 0.923   |
|                             | -0.123               | -0.205         | -0.042         | 0.003   |

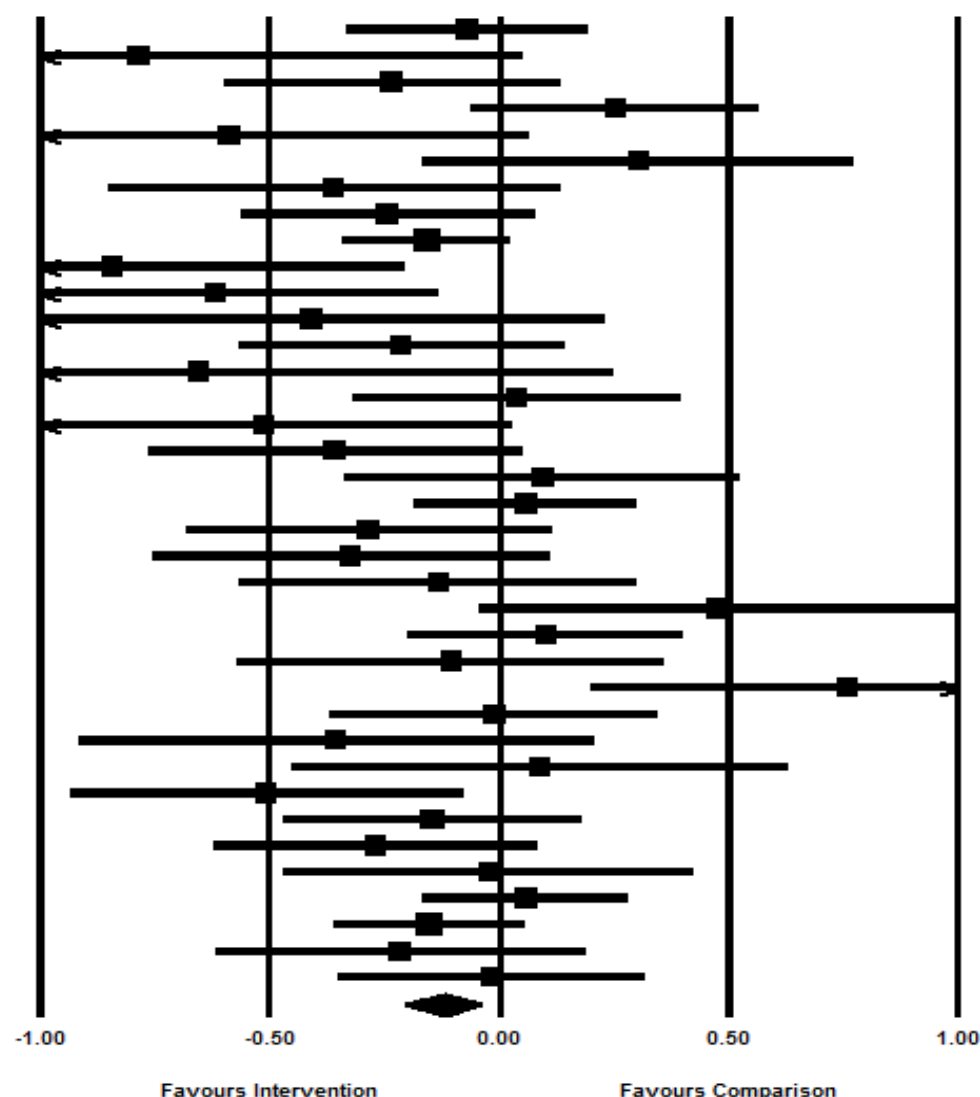


Figure 2        The effects of preventive parenting interventions on measures of child internalizing symptoms. Lines represent standardized difference in means (Cohen's *d*) and 95% confidence intervals (CI); the size of the box represents the weight of each study. Studies are ordered by the duration of the follow-up interval (shortest to longest).

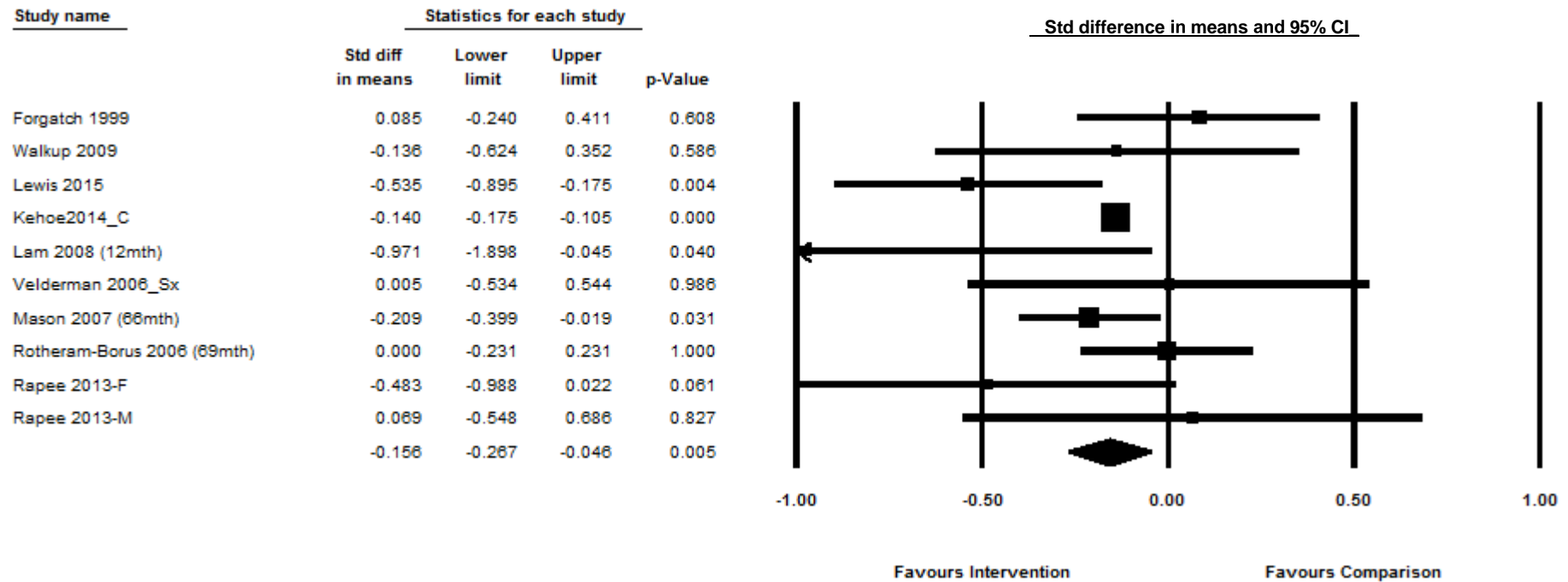


Figure 3 The effects of preventive parenting interventions on measures of child depressive symptoms. Lines represent standardized difference in means (Cohen's *d*) and 95% confidence intervals (CI); the size of the box represents the weight of each study. Studies are ordered by the duration of the follow-up interval (shortest to longest).

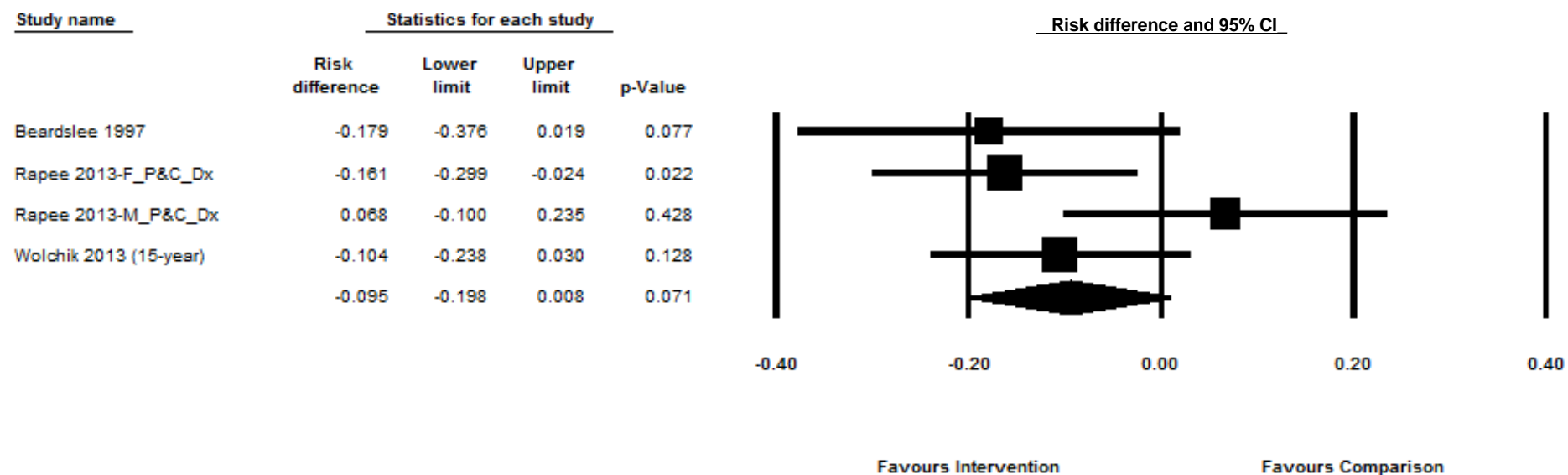


Figure 4 The effects of preventive parenting interventions on measures of child depression diagnoses. Lines represent risk difference and 95% confidence intervals (CI); the size of the box represents the weight of each study. Studies are ordered by the duration of the follow-up interval (shortest to longest).

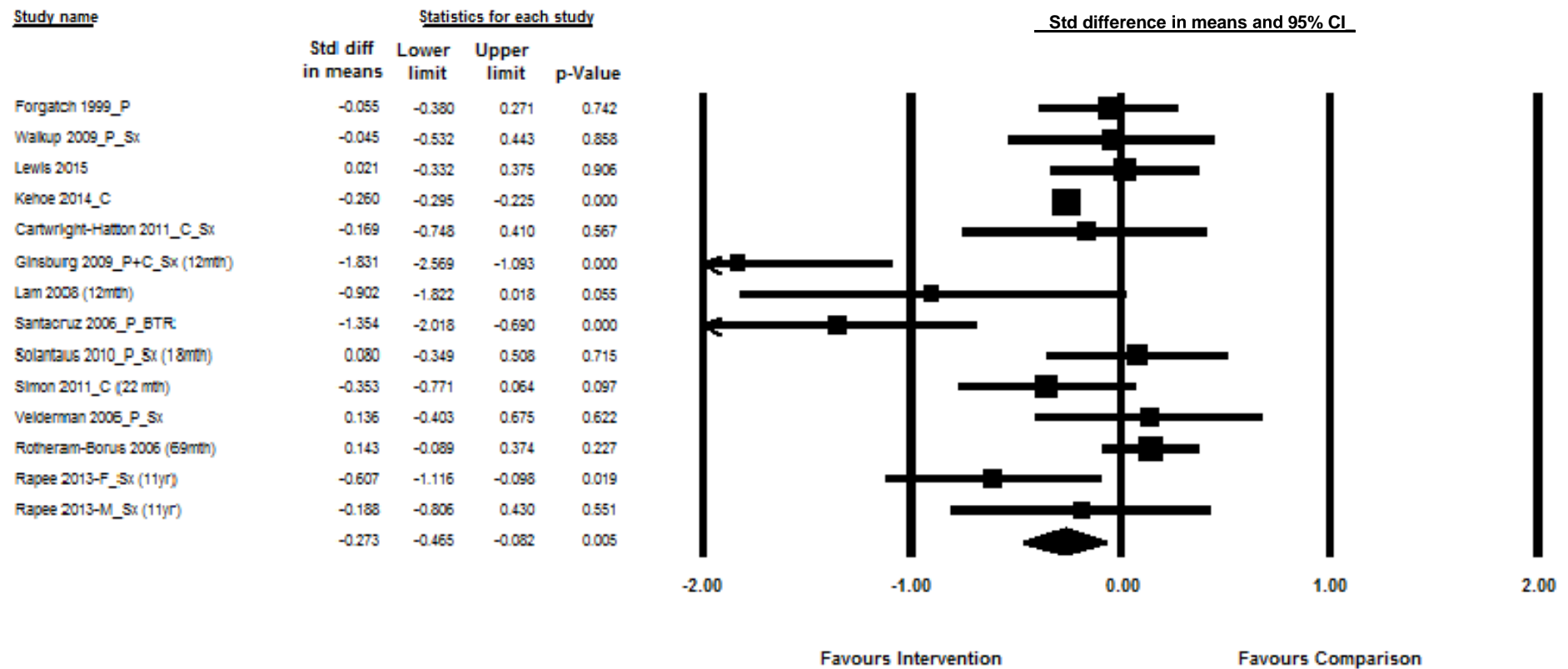


Figure 5 The effects of preventive parenting interventions on measures of child anxiety symptoms. Lines represent standardized difference in means (Cohen's *d*) and 95% confidence intervals (CI); the size of the box represents the weight of each study. Studies are ordered by the duration of the follow-up interval (shortest to longest).

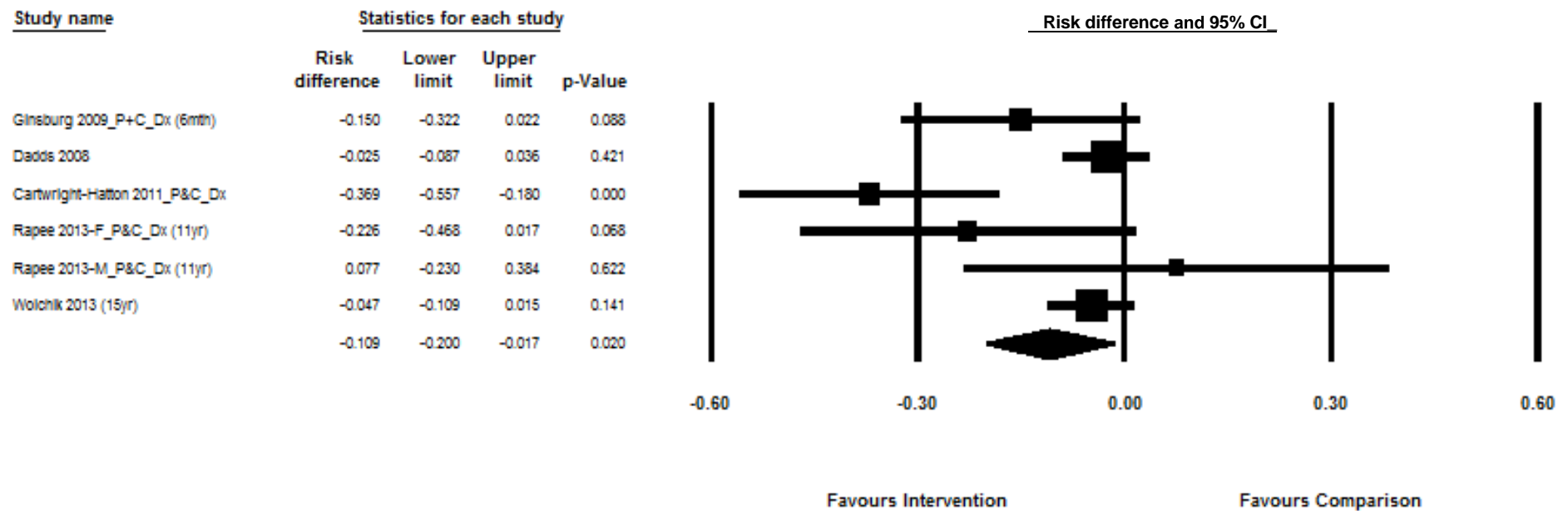


Figure 6 The effects of preventive parenting interventions on measures of child anxiety diagnoses. Lines represent risk difference and 95% confidence intervals (CI); the size of the box represents the weight of each study. Studies are ordered by the duration of the follow-up interval (shortest to longest).



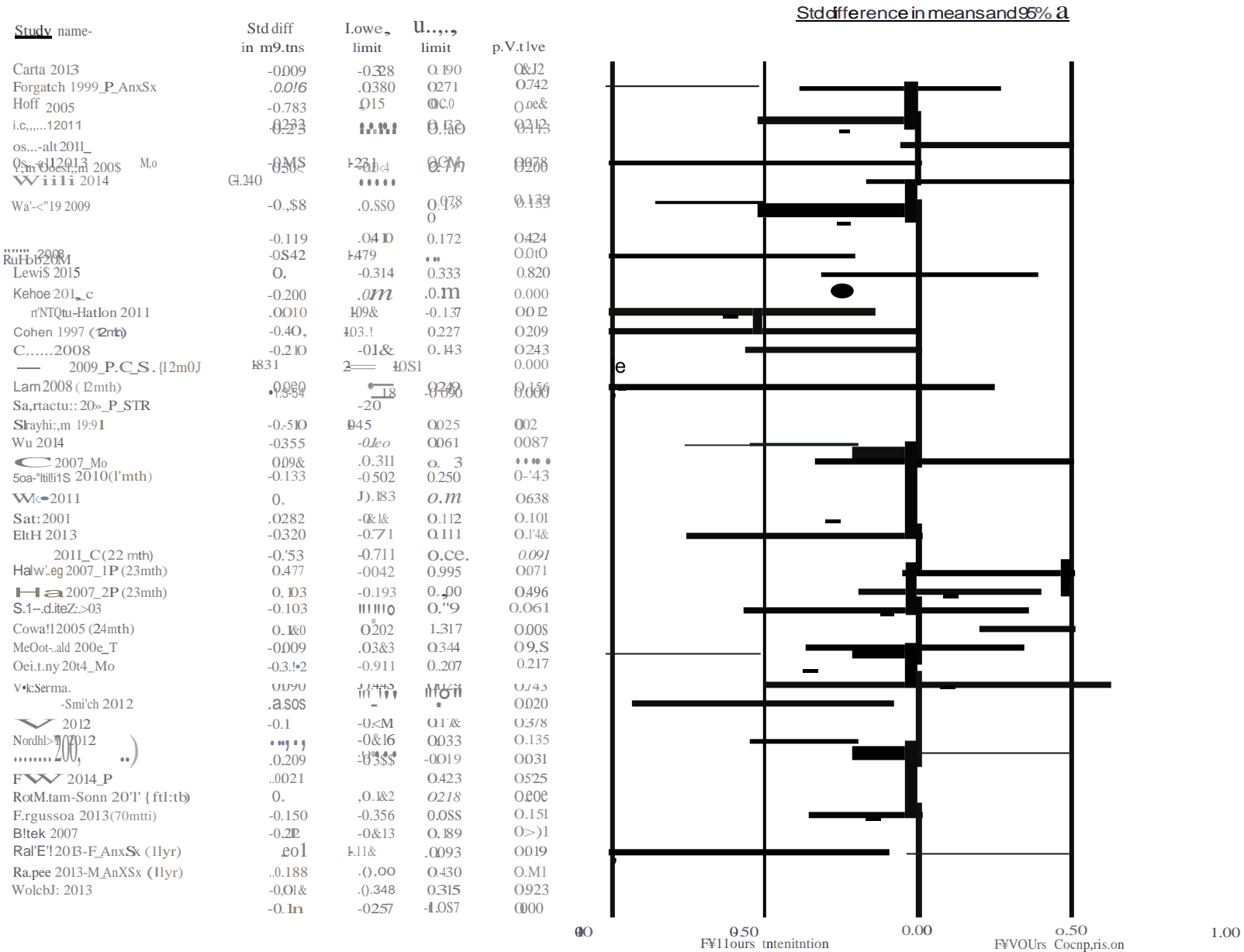


Figure 7        The effects of preventive parenting interventions on the broad cluster of child internalizing problems. Lines represent standardized difference in means (Cohen's *d*) and 95% confidence intervals (CI); the size of the box represents the weight of each study. Studies are ordered by the duration of the follow-up interval (shortest to longest).

Table 1

Summary of study characteristics

| <i>Participant characteristics</i>   | <i>Number of comparisons (k)</i> | <i>%</i> | <i>% after excluding missing data</i> |
|--------------------------------------|----------------------------------|----------|---------------------------------------|
| Type of prevention population        |                                  |          |                                       |
| Universal                            | 9                                | 17.6     |                                       |
| Selective                            | 36                               | 70.6     |                                       |
| Indicated                            | 2                                | 3.9      |                                       |
| Selective + Indicated                | 1                                | 2.0      |                                       |
| Secondary                            | 3                                | 5.9      |                                       |
| Country                              |                                  |          |                                       |
| USA                                  | 32                               | 62.7     |                                       |
| Australia/New Zealand                | 7                                | 13.7     |                                       |
| Europe                               | 10                               | 19.6     |                                       |
| Asia                                 | 2                                | 3.9      |                                       |
| Age of children at recruitment       |                                  |          |                                       |
| Pre-birth/birth (0-2.99 months)      | 13                               | 25.5     |                                       |
| Infancy/preschool (3 months-5 years) | 16                               | 31.4     |                                       |
| Primary school (>5-12 years)         | 18                               | 35.3     |                                       |
| Adolescence (>12-18 years)           | 3                                | 5.9      |                                       |
| Not reported                         | 1                                | 2.0      |                                       |
| Gender mix                           |                                  |          |                                       |
| Approx. even (40-60% female)         | 37                               | 72.5     | 86.0                                  |
| >60% female                          | 1                                | 2.0      | 2.3                                   |
| >60% male                            | 5                                | 9.8      | 11.6                                  |
| Not reported                         | 8                                | 15.7     |                                       |
| <i>Program characteristics</i>       |                                  |          |                                       |
| Focus of intervention <sup>a</sup>   |                                  |          |                                       |
| Parenting skills                     | 37                               | 72.5     |                                       |
| Parent-child relationship            | 31                               | 60.8     |                                       |

| <i>Participant characteristics</i>              | <i>Number of comparisons (k)</i> | <i>%</i> | <i>% after excluding missing data</i> |
|---|----------------------------------|----------|---------------------------------------|
| Parental mental health                          | 13                               | 25.5     |                                       |
| Parent as coach                                 | 9                                | 17.6     |                                       |
| Other   | 2                                | 3.9      |                                       |
| Delivery format                                 |                                  |          |                                       |
| Group sessions (parent/family)                  | 20                               | 39.2     |                                       |
| Individual sessions (parent/family)             | 13                               | 25.5     |                                       |
| Mix of group and individual sessions            | 2                                | 3.9      |                                       |
| Home visits                                     | 11                               | 21.6     |                                       |
| Individual sessions and home visits             | 3                                | 5.9      |                                       |
| Other   | 2                                | 3.9      |                                       |
| Total number of intervention hours <sup>b</sup> |                                  |          |                                       |
| 1 to 10   | 16                               | 31.4     | 47.1                                  |
| 11 to 20  | 10                               | 19.6     | 29.4                                  |
| >20   | 8                                | 15.7     | 23.5                                  |
| Not reported/Unclear                            | 17                               | 33.3     |                                       |
| Length of intervention                          |                                  |          |                                       |
| 0-3 months                                      | 25                               | 49.0     | 58.1                                  |
| >3-6 months                                     | 6                                | 11.8     | 14.0                                  |
| >6-12 months                                    | 7                                | 13.7     | 16.3                                  |
| >12 months                                      | 5                                | 9.8      | 11.6                                  |
| Not reported                                    | 8                                | 15.7     |                                       |
| Direct intervention with child                  |                                  |          |                                       |
| Yes   | 10                               | 19.6     |                                       |
| No  | 41                               | 80.4     |                                       |
| <i>Method characteristics</i>                   |                                  |          |                                       |
| Length of follow-up <sup>a</sup>                |                                  |          |                                       |
| 6-10 months                                     | 25                               | 49.0     |                                       |
| >10-12 months                                   | 16                               | 31.4     |                                       |
| >12-24 months                                   | 18                               | 35.3     |                                       |

| <i>Participant characteristics</i> | <i>Number of comparisons (k)</i> | <i>%</i> | <i>% after excluding missing data</i> |
|------------------------------------|----------------------------------|----------|---------------------------------------|
| >24-48 months                      | 10                               | 19.6     |                                       |
| >48 months                         | 10                               | 19.6     |                                       |
| Comparison condition               |                                  |          |                                       |
| Usual care                         | 19                               | 37.3     |                                       |
| No treatment                       | 14                               | 27.5     |                                       |
| Minimal intervention               | 9                                | 17.6     |                                       |
| Attention control                  | 6                                | 11.8     |                                       |
| Extended waitlist                  | 3                                | 5.9      |                                       |

<sup>a</sup>Percentage does not add to 100 because studies could fall into multiple categories.

<sup>b</sup>Calculated from the number of sessions scheduled multiplied by the length of each session.

Table 2

Meta-analysis and supplementary analyses for internalizing symptoms

| Analysis and Variable                                | Number of Comparisons (k) | Analysis of Standardised Difference in Means (Cohen's d) |                       |               |              |               |                           | Analysis of Group Difference (Subgroup analyses) |        |                      |
|--|---------------------------|--|-----------------------|---------------|--------------|---------------|---------------------------|--|--------|----------------------|
|  |                           | <i>d</i>   | 95% CI                | <i>z</i>      | <i>p</i>     | Q-value       | <i>I</i> <sup>2</sup> (%) | Q-value  | df (Q) | <i>p</i> for Q-value |
|  |                           |  |                       |               |              |               |                           |  |        |                      |
| <b>Overall Analysis</b>                              |                           |  |                       |               |              |               |                           |  |        |                      |
| Internalizing symptoms                               | <b>37</b>                 | <b>-0.123</b>  | <b>-0.205, -0.042</b> | <b>-2.960</b> | <b>0.003</b> | <b>60.702</b> | <b>40.69</b>              |  |        |                      |
| <b>Supplementary Analyses</b>                        |                           |  |                       |               |              |               |                           |  |        |                      |
| <b><i>Follow-up Interval<sup>a</sup></i></b>         |                           |  |                       |               |              |               |                           |  |        |                      |
| 6-10 months post-intervention                        | <b>16</b>                 | <b>-0.148</b>  | <b>-0.272, -0.023</b> | <b>-2.330</b> | <b>0.020</b> | <b>22.912</b> | <b>34.53</b>              |  |        |                      |
| >10-12 months post-intervention                      | 10                        | -0.185   | -0.400, 0.030         | -1.689        | 0.091        | 24.179        | 62.78                     |  |        |                      |
| >12-24 months post-intervention                      | 15                        | -0.050   | -0.160, 0.061         | -0.877        | 0.380        | 21.249        | 34.11                     |  |        |                      |
| <b>&gt;24-48 months post-intervention</b>            | <b>6</b>                  | <b>-0.124</b>  | <b>-0.239, -0.009</b> | <b>-2.121</b> | <b>0.034</b> | <b>4.420</b>  | <b>0.00</b>               |  |        |                      |
| >48 months post-intervention                         | 6                         | -0.084   | -0.201, 0.033         | -1.409        | 0.159        | 3.669         | 0.00                      |  |        |                      |
| <b><i>Informant of child outcome<sup>a</sup></i></b> |                           |  |                       |               |              |               |                           |  |        |                      |
| Child  | 2                         | 0.028  | -0.171, 0.227         | 0.277         | 0.782        | 0.381         | 0.00                      |  |        |                      |
| Father   | 3                         | -0.260   | -0.742, 0.222         | -1.057        | 0.290        | 3.158         | 36.66                     |  |        |                      |
| <b>Mother</b>  | <b>17</b>                 | <b>-0.139</b>  | <b>-0.260, -0.018</b> | <b>-2.258</b> | <b>0.024</b> | <b>25.110</b> | <b>36.28</b>              |  |        |                      |
| <b>Parent or Primary Carer</b>                       | <b>13</b>                 | <b>-0.170</b>  | <b>-0.317, -0.023</b> | <b>-2.265</b> | <b>0.024</b> | <b>20.576</b> | <b>41.68</b>              |  |        |                      |
| Parent and child combined                            | 1                         | -0.016   | -0.348, 0.315         | -0.097        | 0.923        | 0.000         | 0.00                      |  |        |                      |
| Teacher  | 9                         | -0.086   | -0.289, 0.116         | -0.838        | 0.402        | 17.671        | 54.73                     |  |        |                      |

| Analysis and Variable               | Number of Comparisons (k)          | Analysis of Standardised Difference in Means (Cohen's d) |        |                |        |         |                    | Analysis of Group Difference (Subgroup analyses) |        |               |
|-------------------------------------|------------------------------------|--|--------|----------------|--------|---------|--------------------|--|--------|---------------|
|                                     |                                    | d  | 95% CI | z              | p      | Q-value | I <sup>2</sup> (%) | Q-value  | df (Q) | p for Q-value |
| Subgroup Analyses                   |                                    |  |        |                |        |         |                    |  |        |               |
| Type of prevention                  |                                    |  |        |                |        |         |                    | 4.539  | 1      | 0.033         |
|                                     | Universal                          | 7  | 0.110  | -0.099, 0.318  | 1.029  | 0.303   | 13.923             | 56.91  |        |               |
|                                     | Selective                          | 26   | -0.134 | -0.217, -0.052 | -3.179 | 0.001   | 32.147             | 22.23  |        |               |
|                                     | Indicated <sup>b</sup>             | 1  | -0.842 | -1.479, -0.205 | -2.592 | 0.010   | 0.000              | 0.00   |        |               |
|                                     | Secondary <sup>b</sup>             | 2  | -0.539 | -0.922, -0.157 | -2.765 | 0.006   | 0.270              | 0.00   |        |               |
|                                     | Selective & Indicated <sup>b</sup> | 1  | -0.232 | -0.595, 0.132  | -1.248 | 0.212   | 0.000              | 0.00   |        |               |
| Focus of intervention               |                                    |  |        |                |        |         |                    |  |        |               |
| Parenting skills                    |                                    |  |        |                |        |         |                    | 0.445  | 1      | 0.505         |
|                                     | Not included                       | 7  | -0.046 | -0.295, 0.203  | -0.361 | 0.718   | 12.289             | 51.18  |        |               |
|                                     | Included                           | 30   | -0.136 | -0.222, -0.049 | -3.073 | 0.002   | 47.930             | 39.50  |        |               |
| Parent-child relationship           |                                    |  |        |                |        |         |                    | 0.183  | 1      | 0.669         |
|                                     | Not included                       | 12   | -0.155 | -0.320, 0.010  | -1.847 | 0.065   | 23.715             | 53.62  |        |               |
|                                     | Included                           | 25   | -0.114 | -0.209, -0.019 | -2.349 | 0.019   | 36.986             | 35.11  |        |               |
| Parent mental health                |                                    |  |        |                |        |         |                    | 2.159  | 1      | 0.142         |
|                                     | Not included                       | 26   | -0.089 | -0.183, 0.006  | -1.844 | 0.065   | 44.187             | 43.42  |        |               |
|                                     | Included                           | 11   | -0.233 | -0.401, -0.065 | -2.717 | 0.007   | 15.311             | 34.69  |        |               |
| Parent as coach                     |                                    |  |        |                |        |         |                    | 0.430  | 1      | 0.512         |
|                                     | Not included                       | 34   | -0.116 | -0.200, 0.033  | -2.724 | 0.006   | 53.714             | 0.013  |        |               |
|                                     | Included                           | 3  | -0.276 | -0.748, 0.195  | -1.149 | 0.251   | 6.987              | 71.38  |        |               |
| Timing of intervention <sup>c</sup> |                                    |  |        |                |        |         |                    | 3.914  | 2      | 0.141         |
|                                     | Pre-birth/birth                    | 12   | -0.178 | -0.309, -0.048 | -2.680 | 0.007   | 15.322             | 28.21  |        |               |
|                                     | Preschool age                      | 13   | -0.021 | -0.164, 0.122  | -0.292 | 0.770   | 24.102             | 50.21  |        |               |
|                                     | Primary-school age                 | 9  | -0.240 | -0.439, -0.041 | -2.363 | 0.018   | 13.920             | 42.53  |        |               |

| Analysis and Variable                 | Number of Comparisons (k) | Analysis of Standardised Difference in Means (Cohen's d) |                       |               |              |               |                    | Analysis of Group Difference (Subgroup analyses) |        |               |
|---------------------------------------|---------------------------|--|-----------------------|---------------|--------------|---------------|--------------------|--|--------|---------------|
|                                       |                           | d  | 95% CI                | z             | p            | Q-value       | I <sup>2</sup> (%) | Q-value  | df (Q) | p for Q-value |
| Adolescence <sup>b</sup>              | 2                         | 0.018  | -0.178, 0.214         | 0.180         | 0.857        | 0.603         | 0.00               |  |        |               |
| <b>Type of comparison</b>             |                           |  |                       |               |              |               |                    | 5.328  | 3      | 0.149         |
| No treatment                          | 8                         | -0.079   | -0.208, 0.049         | -1.212        | 0.226        | 9.133         | 23.35              |  |        |               |
| Extended waitlist <sup>b</sup>        | 2                         | -0.137   | -0.338, 0.064         | -1.338        | 0.181        | 0.667         | 0.00               |  |        |               |
| Minimal intervention                  | 8                         | 0.028  | -0.175, 0.230         | 0.267         | 0.789        | 12.784        | 45.25              |  |        |               |
| Attention control                     | 5                         | -0.271   | -0.670, 0.129         | -1.329        | 0.184        | 10.426        | 61.64              |  |        |               |
| Usual care                            | <b>14</b>                 | <b>-0.228</b>  | <b>-0.367, -0.090</b> | <b>-3.237</b> | <b>0.001</b> | <b>9.133</b>  | <b>43.74</b>       |  |        |               |
| <b>Direct intervention with child</b> |                           |  |                       |               |              |               |                    | 0.386  | 1      | 0.535         |
| No                                    | <b>31</b>                 | <b>-0.127</b>  | <b>-0.220, -0.034</b> | <b>-2.680</b> | <b>0.007</b> | <b>55.144</b> | <b>45.60</b>       |  |        |               |
| Yes                                   | 6                         | -0.070   | -0.224, 0.085         | -0.885        | 0.376        | 5.183         | 3.53               |  |        |               |

<sup>a</sup>Total number of comparisons exceeds 30 because studies could fall into multiple categories.

<sup>b</sup>Excluded from subgroup analysis because less than 3 comparisons available.

<sup>c</sup>One study (Etter 2013) was excluded from this subgroup analysis because information about child age at intervention was not reported.

Findings significant at  $p < 0.05$  are presented in bold.



Table 3

Meta-analysis and supplementary analyses for depressive symptoms and disorders

| Analysis and Variable                             | Number of Comparisons (k) | Analysis of Standardised Difference in Means (Cohen's <i>d</i> ) |                |          |          |         |                    | Analysis of Group Difference (Subgroup analyses) |        |                      |
|---|---------------------------|--|----------------|----------|----------|---------|--------------------|--|--------|----------------------|
|   |                           | <i>d</i>   | 95% CI         | <i>z</i> | <i>p</i> | Q-value | I <sup>2</sup> (%) | Q-value  | df (Q) | <i>p</i> for Q-value |
| Overall Analyses                                  |                           |  |                |          |          |         |                    |  |        |                      |
| Depressive Symptoms                               | 10                        | -0.156   | -0.267, -0.046 | -2.779   | 0.005    | 13.960  | 35.53              |  |        |                      |
| Depressive Diagnoses <sup>a</sup>                 | 4                         | -0.095   | -0.198, 0.008  | -1.803   | 0.071    | 5.218   | 42.51              |  |        |                      |
| Supplementary Analyses (Depressive Symptoms only) |                           |  |                |          |          |         |                    |  |        |                      |
| Informant of child outcome <sup>b</sup>           |                           |  |                |          |          |         |                    |  |        |                      |
| Child   | 8                         | -0.169   | -0.298, -0.040 | -2.572   | 0.010    | 13.674  | 48.81              |  |        |                      |
| Mother  | 3                         | 0.014  | -0.228, 0.256  | 0.115    | 0.908    | 0.541   | 0.00               |  |        |                      |
| Parent  | 3                         | -0.459   | -0.493, -0.424 | -25.917  | 0.000    | 1.752   | 0.00               |  |        |                      |
| Follow-up Interval <sup>b</sup>                   |                           |  |                |          |          |         |                    |  |        |                      |
| 6-10 months post-intervention                     | 4                         | -0.292   | -0.689, 0.106  | -1.436   | 0.151    | 8.907   | 66.32              |  |        |                      |
| >10-12 months post-intervention                   | 3                         | -0.105   | -0.333, 0.122  | -0.907   | 0.364    | 7.266   | 72.47              |  |        |                      |
| >12-24 months post-intervention                   | 1                         | -0.139   | -0.329, 0.051  | -1.437   | 0.151    | 0.000   | 0.00               |  |        |                      |
| >24-48 months post-intervention                   | 3                         | -0.035   | -0.176, 0.106  | -0.487   | 0.626    | 0.104   | 0.00               |  |        |                      |
| >48 months post-intervention                      | 4                         | -0.142   | -0.322, 0.038  | -1.551   | 0.121    | 4.128   | 27.33              |  |        |                      |

| Analysis and Variable                       | Number of Comparisons (k) | Analysis of Standardised Difference in Means (Cohen's <i>d</i> ) |        |                |          |         |                    |         | Analysis of Group Difference (Subgroup analyses) |                      |       |
|---|---------------------------|--|--------|----------------|----------|---------|--------------------|---------|--|----------------------|-------|
|   |                           | <i>d</i>   | 95% CI | <i>z</i>       | <i>p</i> | Q-value | I <sup>2</sup> (%) | Q-value | df (Q)   | <i>p</i> for Q-value |       |
| Subgroup Analyses (DepressiveSymptoms only) |                           |  |        |                |          |         |                    |         |  |                      |       |
| Type of prevention                          |                           |  |        |                |          |         |                    |         |  | n/a                  |       |
|   | Universal                 | 2  | -0.142 | -0.176, -0.108 | -8.145   | 0.000   | 0.491              | 0.00    |  |                      |       |
|   | Selective                 | 8  | -0.176 | -0.389, 0.038  | -1.613   | 0.107   | 13.446             | 47.94   |  |                      |       |
|   | Indicated                 | 0  | n/a    | n/a            | n/a      | n/a     | n/a                | n/a     |  |                      |       |
|   | Secondary                 | 0  | n/a    | n/a            | n/a      | n/a     | n/a                | n/a     |  |                      |       |
| Focus of intervention                       |                           |  |        |                |          |         |                    |         |  |                      |       |
| Parenting skills                            |                           |  |        |                |          |         |                    |         |  | n/a                  |       |
|   | Not included              | 0  | n/a    | n/a            | n/a      | n/a     | n/a                | n/a     |  |                      |       |
|   | Included                  | 10   | -0.156 | -0.267, -0.046 | -2.779   | 0.005   | 13.960             | 35.53   |  |                      |       |
| Parent-child relationship                   |                           |  |        |                |          |         |                    |         | 0.019  | 1                    | 0.890 |
|   | Not included              | 5  | -0.182 | -0.494, 0.129  | -1.147   | 0.251   | 7.115              | 43.78   |  |                      |       |
|   | Included                  | 5  | -0.159 | -0.274, -0.044 | -2.714   | 0.007   | 6.813              | 41.29   |  |                      |       |
| Parent mental health                        |                           |  |        |                |          |         |                    |         | 0.727  | 1                    | 0.394 |
|   | Not included              | 6  | -0.140 | -0.174, -0.106 | -8.095   | 0.000   | 4.295              | 0.00    |  |                      |       |
|   | Included                  | 4  | -0.300 | -0.665, 0.065  | -1.609   | 0.108   | 8.903              | 66.30   |  |                      |       |
| Parent as coach                             |                           |  |        |                |          |         |                    |         |  | n/a                  |       |
|   | Not included              | 8  | -0.149 | -0.265, -0.033 | -2.519   | 0.012   | 11.756             | 40.46   |  |                      |       |
|   | Included                  | 2  | -0.237 | -0.774, 0.301  | -0.863   | 0.388   | 1.840              | 45.64   |  |                      |       |
| Timing of intervention                      |                           |  |        |                |          |         |                    |         | 0.139  | 1                    | 0.709 |
|   | Pre-birth/birth           | 0  | n/a    | n/a            | n/a      | n/a     | n/a                | n/a     |  |                      |       |
|   | Preschool age             | 3  | -0.163 | -0.515, 0.188  | -0.911   | 0.362   | 2.456              | 18.56   |  |                      |       |
|   | Primary-school age        | 5  | -0.246 | -0.496, 0.005  | -1.924   | 0.054   | 8.971              | 55.41   |  |                      |       |
|   | Adolescence <sup>c</sup>  | 2  | -0.119 | -0.217, -0.020 | -2.349   | 0.019   | 1.379              | 27.48   |  |                      |       |

| Analysis and Variable                 | Number of Comparisons (k) | Analysis of Standardised Difference in Means (Cohen's <i>d</i> ) |                |          |          |         |                    | Analysis of Group Difference (Subgroup analyses) |        |                      |
|---------------------------------------|---------------------------|--|----------------|----------|----------|---------|--------------------|--|--------|----------------------|
|                                       |                           | <i>d</i>   | 95% CI         | <i>z</i> | <i>p</i> | Q-value | I <sup>2</sup> (%) | Q-value  | df (Q) | <i>p</i> for Q-value |
| <i>Type of comparison</i>             |                           |  |                |          |          |         |                    | n/a  |        |                      |
| No treatment                          | 5                         | -0.126   | -0.216, -0.037 | -2.769   | 0.006    | 4.313   | 7.27               |  |        |                      |
| Extended waitlist                     | 0                         | n/a  | n/a            | n/a      | n/a      | n/a     | n/a                |  |        |                      |
| Minimal intervention                  | 2                         | -0.335   | -0.646, -0.024 | -2.110   | 0.035    | 2.467   | 59.47              |  |        |                      |
| Attention control                     | 2                         | -0.457   | -1.253, 0.340  | -1.124   | 0.261    | 2.444   | 59.09              |  |        |                      |
| Usual care                            | 1                         | 0.000  | -0.231, 0.231  | 0.000    | 1.000    | 0.000   | 0.00               |  |        |                      |
| <i>Direct intervention with child</i> |                           |  |                |          |          |         |                    | n/a  |        |                      |
| No                                    | 8                         | -0.190   | -0.359, -0.020 | -2.192   | 0.028    | 12.030  | 41.81              |  |        |                      |
| Yes                                   | 2                         | -0.115   | -0.319, 0.088  | -1.109   | 0.267    | 1.877   | 46.71              |  |        |                      |

<sup>a</sup>Risk difference rather than Cohen's *d* statistics are shown in this row.

<sup>b</sup>Total number of comparisons exceeds 10 because studies could fall into multiple categories.

<sup>c</sup>Excluded from subgroup analysis because less than 3 comparisons available.

Findings significant at  $p < 0.05$  are presented in bold.

Table 4

Meta-analysis and supplementary analyses for anxiety symptoms and disorders

| Analysis and Variable                          | Number of Comparisons (k) | Analysis of Standardised Difference in Means (Cohen's <i>d</i> ) |                |          |          |         |                    | Analysis of Group Difference (Subgroup analyses) |        |                      |
|--|---------------------------|--|----------------|----------|----------|---------|--------------------|--|--------|----------------------|
|  |                           | <i>d</i>   | 95% CI         | <i>z</i> | <i>p</i> | Q-value | I <sup>2</sup> (%) | Q-value  | df (Q) | <i>p</i> for Q-value |
| Overall Analyses                               |                           |  |                |          |          |         |                    |  |        |                      |
| Anxiety Symptoms                               | 14                        | -0.273   | -0.465, -0.082 | -2.795   | 0.005    | 52.348  | 75.17              |  |        |                      |
| Anxiety Diagnosis <sup>a</sup>                 | 6                         | -0.109   | -0.200, -0.017 | -2.322   | 0.020    | 15.349  | 67.42              |  |        |                      |
| Supplementary analyses (Anxiety symptoms only) |                           |  |                |          |          |         |                    |  |        |                      |
| Informant of child outcome <sup>b</sup>        |                           |  |                |          |          |         |                    |  |        |                      |
| Child  | 9                         | -0.192   | -0.367, -0.017 | -2.152   | 0.031    | 17.866  | 55.22              |  |        |                      |
| Mother   | 5                         | -0.179   | -0.487, 0.129  | -1.138   | 0.255    | 8.132   | 50.81              |  |        |                      |
| Parent   | 5                         | -0.535   | -0.877, -0.193 | -3.069   | 0.002    | 14.653  | 72.70              |  |        |                      |
| Parent or Child                                | 1                         | -0.118   | -0.532, 0.297  | -0.558   | 0.577    | 0.000   | 0.00               |  |        |                      |
| Parent and child combined                      | 1                         | -1.831   | -2.569, -1.093 | -4.860   | 0.000    | 0.000   | 0.00               |  |        |                      |
| Follow-up Interval <sup>b</sup>                |                           |  |                |          |          |         |                    |  |        |                      |
| 6-10 months post-intervention                  | 8                         | -0.103   | -0.314, 0.108  | -0.959   | 0.338    | 12.537  | 44.16              |  |        |                      |
| >10-12 months post-intervention                | 5                         | -0.851   | -1.476, 0.226  | -2.668   | 0.008    | 29.618  | 86.50              |  |        |                      |
| >12-24 months post-intervention                | 3                         | -0.151   | -0.398, 0.097  | -1.196   | 0.232    | 2.025   | 1.24               |  |        |                      |
| >24-48 months post-intervention                | 2                         | -0.196   | -0.811, 0.420  | -0.623   | 0.533    | 3.043   | 67.14              |  |        |                      |
| >48 months post-intervention                   | 3                         | -0.178   | -0.664, 0.309  | -0.715   | 0.474    | 7.272   | 72.50              |  |        |                      |

| Analysis and Variable                     | Number of Comparisons (k)    | Analysis of Standardised Difference in Means (Cohen's d) |        |                |         |         |                    |         | Analysis of Group Difference (Subgroup analyses) |               |       |
|---|------------------------------|--|--------|----------------|---------|---------|--------------------|---------|--|---------------|-------|
|   |                              | d  | 95% CI | z              | p       | Q-value | I <sup>2</sup> (%) | Q-value | df (Q)   | p for Q-value |       |
| Subgroup analyses (Anxiety symptoms only) |                              |  |        |                |         |         |                    |         |  |               |       |
| Type of prevention                        |                              |  |        |                |         |         |                    |         | n/a  |               |       |
|   | Universal                    | 1  | -0.260 | -0.295, -0.225 | -14.644 | 0.000   | 0.000              | 0.00    |  |               |       |
|   | Selective                    | 10   | -0.227 | -0.504, 0.049  | -1.611  | 0.107   | 33.954             | 73.49   |  |               |       |
|   | Indicated                    | 1  | -0.353 | -0.771, 0.064  | -1.659  | 0.097   | 0.000              | 0.00    |  |               |       |
|   | Secondary                    | 2  | -0.750 | -1.911, 0.411  | -1.266  | 0.205   | 6.946              | 85.60   |  |               |       |
| Focus of intervention                     |                              |  |        |                |         |         |                    |         |  |               |       |
| Parenting skills                          |                              |  |        |                |         |         |                    |         | n/a  |               |       |
|   | Not included                 | 2  | -0.614 | -2.018, 0.791  | -0.856  | 0.392   | 12.643             | 92.09   |  |               |       |
|   | Included                     | 12   | -0.234 | -0.426, -0.042 | -2.393  | 0.017   | 39.459             | 72.12   |  |               |       |
| Parent-child relationship                 |                              |  |        |                |         |         |                    |         | 0.988  | 1             | 0.320 |
|   | Not included                 | 8  | -0.391 | -0.674, -0.107 | -2.699  | 0.007   | 16.306             | 57.07   |  |               |       |
|   | Included                     | 6  | -0.178 | -0.487, 0.132  | -1.124  | 0.261   | 35.495             | 85.91   |  |               |       |
| Parent mental health                      |                              |  |        |                |         |         |                    |         | 4.640  | 1             | 0.031 |
|   | Not included                 | 8  | -0.458 | -0.767, -0.150 | -2.909  | 0.004   | 33.304             | 78.98   |  |               |       |
|   | Included                     | 6  | -0.047 | -0.258, 0.164  | -0.440  | 0.660   | 8.085              | 38.157  |  |               |       |
| Parent as coach                           |                              |  |        |                |         |         |                    |         | 2.260  | 1             | 0.133 |
|   | Not included                 | 9  | -0.173 | -0.408, 0.062  | -1.441  | 0.150   | 39.449             | 79.72   |  |               |       |
|   | Included                     | 5  | -0.510 | -0.881, -0.138 | -2.690  | 0.007   | 9.208              | 56.56   |  |               |       |
| Timing of intervention                    |                              |  |        |                |         |         |                    |         | 3.749  | 2             | 0.153 |
|   | Pre-birth/birth <sup>c</sup> | 1  | -0.045 | -0.532, 0.443  | -0.179  | 0.858   | 0.000              | 0.00    |  |               |       |
|   | Preschool age                | 3  | -0.229 | -0.674, 0.217  | -1.007  | 0.314   | 3.887              | 48.55   |  |               |       |
|   | Primary-school age           | 7  | -0.587 | -1.039, -0.136 | -2.551  | 0.011   | 33.344             | 82.01   |  |               |       |
|   | Adolescence                  | 3  | -0.040 | -0.362, 0.282  | -0.243  | 0.808   | 13.660             | 85.36   |  |               |       |
| Type of comparison                        |                              |  |        |                |         |         |                    |         | n/a  |               |       |

| Analysis and Variable                 | Number of Comparisons (k) | Analysis of Standardised Difference in Means (Cohen's <i>d</i> ) |                       |               |              |               |                    | Analysis of Group Difference (Subgroup analyses) |        |                      |
|---------------------------------------|---------------------------|--|-----------------------|---------------|--------------|---------------|--------------------|--|--------|----------------------|
|                                       |                           | <i>d</i>   | 95% CI                | z             | <i>p</i>     | Q-value       | I <sup>2</sup> (%) | Q-value  | df (Q) | <i>p</i> for Q-value |
| No treatment                          | <b>7</b>                  | <b>-0.318</b>  | <b>-0.547, -0.090</b> | <b>-2.733</b> | <b>0.006</b> | <b>16.047</b> | <b>62.61</b>       |  |        |                      |
| Extended waitlist                     | <b>1</b>                  | <b>-1.831</b>  | <b>-2.569, -1.093</b> | <b>-4.860</b> | <b>0.000</b> | <b>0.000</b>  | <b>0.00</b>        |  |        |                      |
| Minimal intervention                  | 2                         | 0.045  | -0.228, 0.318         | 0.323         | 0.746        | 0.043         | 0.00               |  |        |                      |
| Attention control                     | 2                         | -0.381   | -1.201, 0.440         | -0.910        | 0.363        | 2.603         | 61.58              |  |        |                      |
| Usual care                            | 2                         | 0.100  | -0.115, 0.315         | 0.910         | 0.363        | 0.961         | 0.00               |  |        |                      |
| <b>Direct intervention with child</b> |                           |  |                       |               |              |               |                    | 0.197  | 1      | 0.657                |
| No                                    | <b>11</b>                 | <b>-0.258</b>  | <b>-0.431, -0.085</b> | <b>-2.926</b> | <b>0.003</b> | <b>21.181</b> | <b>52.79</b>       |  |        |                      |
| Yes                                   | 3                         | -0.460   | -1.337, 0.416         | -1.029        | 0.303        | 25.209        | 92.07              |  |        |                      |

<sup>a</sup>Risk difference rather than Cohen's *d* statistics are shown in this row.

<sup>b</sup>Total number of comparisons exceeds 14 because studies could fall into multiple categories.

<sup>c</sup>Excluded from subgroup analysis because less than 3 comparisons available.

Findings significant at  $p < 0.05$  are presented in bold.

Table 5

Meta-analysis and supplementary analyses for measures of internalizing, anxiety or depressive symptoms

| Analysis and Variable                     | Number of Comparisons (k) | Analysis of Standardised Difference in Means (Cohen's d) |                |          |          |         |                    | Analysis of Group Difference (Subgroup analyses) |        |                      |
|---|---------------------------|--|----------------|----------|----------|---------|--------------------|--|--------|----------------------|
|   |                           | <i>d</i>   | 95% CI         | <i>z</i> | <i>p</i> | Q-value | I <sup>2</sup> (%) | Q-value  | df (Q) | <i>p</i> for Q-value |
| Overall Analysis                          |                           |  |                |          |          |         |                    |  |        |                      |
| Internalizing/anxiety/depressive symptoms | 45                        | -0.177   | -0.257, -0.097 | -4.350   | 0.000    | 112.746 | 60.97              |  |        |                      |
| Supplementary Analyses                    |                           |  |                |          |          |         |                    |  |        |                      |
| Follow-up Interval <sup>a</sup>           |                           |  |                |          |          |         |                    |  |        |                      |
| 6-10 months post-intervention             | 20                        | -0.151   | -0.266, -0.035 | -2.549   | 0.011    | 28.962  | 34.40              |  |        |                      |
| >10-12 months post-intervention           | 14                        | -0.288   | -0.469, -0.107 | -3.120   | 0.002    | 65.309  | 80.10              |  |        |                      |
| >12-24 months post-intervention           | 18                        | -0.078   | -0.172, 0.016  | -1.635   | 0.102    | 23.676  | 28.20              |  |        |                      |
| >24-48 months post-intervention           | 7                         | -0.138   | -0.253, -0.023 | -2.347   | 0.019    | 7.247   | 17.20              |  |        |                      |
| >48 months post-intervention              | 9                         | -0.138   | -0.238, -0.039 | -2.722   | 0.006    | 8.305   | 3.68               |  |        |                      |
| Informant of child outcome <sup>a</sup>   |                           |  |                |          |          |         |                    |  |        |                      |
| Child                                     | 9                         | -0.175   | -0.297, -0.053 | -2.817   | 0.005    | 14.675  | 45.49              |  |        |                      |
| Father                                    | 3                         | -0.260   | -0.742, 0.222  | -1.057   | 0.290    | 3.158   | 36.66              |  |        |                      |
| Mother                                    | 22                        | -0.139   | -0.253, -0.026 | -2.409   | 0.016    | 34.737  | 39.55              |  |        |                      |
| Parent or Primary Carer                   | 18                        | -0.254   | -0.409, -0.098 | -3.200   | 0.001    | 69.644  | 75.59              |  |        |                      |
| Parent and child combined                 | 2                         | -0.892   | -2.670, 0.885  | -0.984   | 0.325    | 19.308  | 94.82              |  |        |                      |
| Teacher                                   | 9                         | -0.086   | -0.289, 0.116  | -0.838   | 0.402    | 17.671  | 54.73              |  |        |                      |
| Subgroup Analyses                         |                           |  |                |          |          |         |                    |  |        |                      |
| Type of prevention                        |                           |  |                |          |          |         |                    | 9.087  | 2      | 0.011                |
| Universal                                 | 9                         | 0.006  | -0.169, 0.181  | 0.069    | 0.945    | 31.822  | 74.86              |  |        |                      |

| Analysis and Variable                            |                                    | Number of Comparisons (k) | Analysis of Standardised Difference in Means (Cohen's d) |                |          |          |         |                    | Analysis of Group Difference (Subgroup analyses) |        |                      |
|--|------------------------------------|---------------------------|--|----------------|----------|----------|---------|--------------------|--|--------|----------------------|
|  |                                    |                           | <i>d</i>   | 95% CI         | <i>z</i> | <i>p</i> | Q-value | I <sup>2</sup> (%) | Q-value  | df (Q) | <i>p</i> for Q-value |
|  | Selective                          | 30                        | -0.186   | -0.285, -0.086 | -3.654   | 0.000    | 56.143  | 48.35              |  |        |                      |
|  | Indicated <sup>b</sup>             | 2                         | -0.536   | -1.000, -0.073 | -2.267   | 0.023    | 1.584   | 36.86              |  |        |                      |
|  | Secondary                          | 3                         | -0.770   | -1.286, -0.255 | -2.929   | 0.003    | 4.608   | 56.60              |  |        |                      |
|  | Selective & Indicated <sup>b</sup> | 1                         | -0.232   | -0.595, 0.132  | -1.248   | 0.212    | 0.000   | 0.00               |  |        |                      |
| <b><i>Focus of intervention</i></b>              |                                    |                           |  |                |          |          |         |                    |  |        |                      |
| Parenting skills                                 |                                    |                           |  |                |          |          |         |                    | 0.002  | 1      | 0.968                |
|  | Not included                       | 8                         | -0.185   | -0.512, 0.143  | -1.106   | 0.269    | 26.172  | 73.25              |  |        |                      |
|  | Included                           | 37                        | -0.178   | -0.259, -0.096 | -4.283   | 0.000    | 85.188  | 57.74              |  |        |                      |
| Parent-child relationship                        |                                    |                           |  |                |          |          |         |                    | 0.790  | 1      | 0.374                |
|  | Not included                       | 17                        | -0.240   | -0.400, -0.081 | -2.948   | 0.003    | 41.317  | 61.28              |  |        |                      |
|  | Included                           | 29                        | -0.155   | -0.253, -0.058 | -3.136   | 0.002    | 68.883  | 60.80              |  |        |                      |
| Parent mental health                             |                                    |                           |  |                |          |          |         |                    | 0.616  | 1      | 0.432                |
|  | Not included                       | 34                        | -0.161   | -0.253, -0.069 | -3.417   | 0.001    | 96.443  | 65.78              |  |        |                      |
|  | Included                           | 11                        | -0.238   | -0.408, -0.069 | -2.670   | 0.006    | 15.584  | 35.83              |  |        |                      |
| Parent as coach                                  |                                    |                           |  |                |          |          |         |                    | 2.999  | 1      | 0.083                |
|  | Not included                       | 38                        | -0.145   | -0.228, -0.063 | -3.449   | 0.001    | 90.929  | 59.31              |  |        |                      |
|  | Included                           | 7                         | -0.452   | -0.789, -0.115 | -2.628   | 0.009    | 21.454  | 72.03              |  |        |                      |
| <b><i>Timing of intervention<sup>c</sup></i></b> |                                    |                           |  |                |          |          |         |                    | 6.845  | 3      | 0.077                |
|  | Pre-birth/birth                    | 12                        | -0.178   | -0.309, -0.048 | -2.680   | 0.007    | 15.322  | 28.21              |  |        |                      |
|  | Preschool age                      | 15                        | -0.050   | -0.196, 0.096  | -0.670   | 0.503    | 27.754  | 49.56              |  |        |                      |
|  | Primary-school age                 | 14                        | -0.386   | -0.594, -0.178 | -3.630   | 0.000    | 44.576  | 70.84              |  |        |                      |
|  | Adolescence                        | 3                         | -0.128   | -0.367, 0.111  | -1.049   | 0.294    | 8.104   | 75.32              |  |        |                      |



| Analysis and Variable                        | Number of Comparisons (k) | Analysis of Standardised Difference in Means (Cohen's d) |                       |               |              |               |                    | Analysis of Group Difference (Subgroup analyses) |        |                      |
|--|---------------------------|--|-----------------------|---------------|--------------|---------------|--------------------|--|--------|----------------------|
|  |                           | <i>d</i>   | 95% CI                | <i>z</i>      | <i>p</i>     | Q-value       | I <sup>2</sup> (%) | Q-value  | df (Q) | <i>p</i> for Q-value |
| <b><i>Type of comparison</i></b>             |                           |  |                       |               |              |               |                    | 5.238  | 4      | 0.264                |
| No treatment                                 | <b>14</b>                 | <b>-0.176</b>  | <b>-0.307, -0.045</b> | <b>-2.634</b> | <b>0.008</b> | <b>31.863</b> | <b>59.20</b>       |  |        |                      |
| Extended waitlist                            | 3                         | -0.605   | -1.292, 0.082         | -1.726        | 0.084        | 19.491        | 89.74              |  |        |                      |
| Minimal intervention                         | 9                         | -0.017   | -0.197, 0.164         | -0.182        | 0.856        | 16.289        | 50.89              |  |        |                      |
| Attention control                            | 5                         | -0.271   | -0.670, 0.129         | -1.329        | 0.184        | 10.426        | 61.64              |  |        |                      |
| Usual care                                   | <b>14</b>                 | <b>-0.228</b>  | <b>-0.367, -0.090</b> | <b>-3.237</b> | <b>0.001</b> | <b>23.105</b> | <b>43.74</b>       |  |        |                      |
| <b><i>Direct intervention with child</i></b> |                           |  |                       |               |              |               |                    | 0.751  | 1      | 0.386                |
| No   | <b>37</b>                 | <b>-0.164</b>  | <b>-0.250, -0.078</b> | <b>-3.753</b> | <b>0.000</b> | <b>84.805</b> | <b>57.55</b>       |  |        |                      |
| Yes  | <b>8</b>                  | <b>-0.285</b>  | <b>-0.544, -0.026</b> | <b>-2.154</b> | <b>0.031</b> | <b>26.682</b> | <b>73.77</b>       |  |        |                      |

<sup>a</sup>Total number of comparisons exceeds 45 because studies could fall into multiple categories.

<sup>b</sup>Excluded from subgroup analysis because less than 3 comparisons available.

<sup>c</sup>One study (Etter 2013) was excluded from this subgroup analysis because information about child age at intervention could not be obtained.  
Findings significant at  $p < 0.05$  are presented in bold.

## **Appendix A. Search terms**

**Searches performed in April 2011 and updated in November 2012 used the following terms:**

### **PubMed**

(depressive disorder[mh] OR depressi\*[tw] OR anxiety[tw] OR anxiety disorders[mh] OR internalizing[tw] OR externalising[tw] OR externalizing[tw]) AND (program[tw] OR training[tw] OR education[tw] OR "Early Intervention (Education)"[mh]) AND ("clinical trial"[tw] OR randomized controlled trial[pt] OR controlled clinical trial[pt]) AND parent\*[tw]

### **PsycINFO (CSA Illumina)**

((kw=internali?ing OR kw=externali?ing) or DE=(major depression or seasonal affective disorder or Dysthymic Disorder or Anxiety disorders or "acute stress disorder" or "generalized anxiety disorder" or "obsessive compulsive disorder" or "panic disorder" or "phobias" or "agoraphobia" or "claustrophobia" or "school phobia" or "social phobia" or "posttraumatic stress disorder" or adolescent psychopathology or child psychopathology or Adolescent psychology or adolescent psychiatry or Child psychology or child psychiatry or Psychiatric symptoms or Abnormal psychology)) and (parent\* within 5 (training or program or education or intervention)) AND ("clinical trial" OR "controlled trial" OR random\*) AND (ME=(empirical study) or ME=(followup study) or ME=(longitudinal study) or ME=(prospective study) or ME=(quantitative study) or ME=(treatment outcome/clinical trial))

### **CENTRAL**

(parent\* near/5 training or parent\* near/5 program\* or parent\* near/5 education or parent\* near/5 intervention) AND (depressi\* OR anxi\* OR internali?ing OR externali?ing OR emotional OR mental health)  
(in Clinical Trials)

### **Embase (Elsevier)**

'depression'/exp OR 'depression' OR 'anxiety disorder'/exp OR 'anxiety disorder' OR 'anxiety'/exp OR 'anxiety' OR internali?ing OR externali?ing OR 'emotional disorder'/exp OR 'emotional disorder' AND parent\* NEAR/5 (training OR program OR education OR intervention) AND ([controlled clinical trial]/lim OR [randomized controlled trial]/lim OR 'clinical trial' OR 'controlled trial')  
207 hits

**An updated search was conducted in April 2014, with slight modification of some search terms for the Embase and PsycINFO databases, due to a change in database providers:**

### **Embase (Ovid)**

(exp depression/ or exp 'anxiety disorder'/ or exp 'emotional disorder'/ or exp 'anxiety'/ or 'emotional disorder'.mp. or depression.mp. or anxiety.mp. or 'anxiety disorder'.mp. or internali#ing.mp. or externali#ing.mp.) AND (parent\* adj5 (training or program or education or intervention)).mp AND (clinical trial' or 'controlled trial).mp.

Limits applied

Clinical trial or randomized controlled trial or controlled clinical trial or multicenter study or phase 1 clinical trial or phase 2 clinical trial or phase 3 clinical trial or phase 4 clinical trial; Publication date from 2012-2014

### **PsycINFO (EBSCOhost)**

( ((KW internali?ing OR KW externali?ing) OR (DE "major depression" or DE "seasonal affective disorder" or DE "Dysthymic Disorder" or DE "Anxiety disorders" or DE "acute stress disorder" or DE "generalized anxiety disorder" or DE "obsessive compulsive disorder" or DE "panic disorder" or DE "phobias" or De "agoraphobia" or DE "claustrophobia" or DE "school phobia" or DE "social phobia" or DE "posttraumatic stress disorder" or DE "adolescent psychopathology" or DE "child psychopathology" or DE "Adolescent psychology" or DE "adolescent psychiatry" or DE "Child psychology" or DE "child psychiatry" or DE "Psychiatric symptoms" or DE "Abnormal psychology"))) ) AND ( (parent\* W5 (training OR program OR education OR intervention)) ) AND ( ("controlled trial" OR "clinical trial" OR random\*) )

Limits applied

Publication Year: 2012-2014; Methodology: EMPIRICAL STUDY, -Followup Study, -Longitudinal Study, ---Prospective Study, -Quantitative Study, TREATMENT OUTCOME/CLINICAL TRIAL

**A further updated search was conducted in July 2015 and used the terms from the 2011 search above, due to database providers changing back.**

## Appendix B: List of excluded papers and reason(s) for exclusion

| Citation   | Reason for exclusion                                |
|--|---|
| 1. Abedi MR and Vostanis P. 2010. Evaluation of quality of life therapy for parents of children with obsessive-compulsive disorders in Iran. <i>European child &amp; adolescent psychiatry</i> , 19(7), 605-613.   | No long term follow-up                              |
| 2. Abendroth D, Moser DK, Dracup K and Doering LV. 1999. Do apnea monitors decrease emotional distress in parents of infants at high risk for cardiopulmonary arrest? <i>J Pediatr Health Care</i> . 13(2):50-7.   | No child internalising outcomes or not a major goal |
| 3. Abikoff, H., Hechtman, L., Klein, R. G., Weiss, G., Fleiss, K., Etcovitch, J., et al. (2004). Symptomatic improvement in children with ADHD treated with long-term methylphenidate and multimodal psychosocial treatment. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , (7), 802-811. | No child internalising outcomes or not a major goal |
| 4. Aboud, F. E., Singla, D. R., Nahil, M. I., & Borisova, I. (2013). Effectiveness of a parenting program in Bangladesh to address early childhood health, growth and development. <i>Soc Sci Med</i> , 97, 250-258. doi: 10.1016/j.socscimed.2013.06.020  | No child internalising outcomes or not a major goal |
| 5. Achenbach, T. M., et al. (1990). Seven-year outcome of the Vermont Intervention Program for Low-Birthweight Infants. <i>Child Development</i> 61(6): 1672-1681.   | No child internalising outcomes or not a major goal |
| 6. Adams, S., Morris, D., Gilmore, G., & Frampton, I. (2010). A novel parent-supported emotional literacy programme for children. <i>Community practitioner : the journal of the Community Practitioners' &amp; Health Visitors' Association</i> , (8), 27-30.   | No long term follow-up                              |
| 7. Adams, W. G., Phillips, B. D., Bacic, J. D., Walsh, K. E., Shanahan, C. W., & Paasche-Orlow, M. K. (2014). Automated Conversation System Before Pediatric Primary Care Visits: A Randomized Trial. <i>Pediatrics</i> , 134(3), e691-e699.   | Not a parenting intervention                        |
| 8. Adesso VJ and Lipson JW. 1981. Group training of parents as therapists for the children. <i>Behavior Therapy</i> , 12(5), 625-633.  | Follow-up less than 6 months                        |
| 9. Afshar, H., Nakhjavani, Y. B., Mahmoudi-Gharaei, J., Paryab, M., & Zadhoosh, S. (2011). The effect of parental presence on the 5 year-old children's anxiety and cooperative behavior in the first and second dental visit. <i>Iranian Journal of Pediatrics</i> , 21, 193-200.                                     | Not a parenting intervention                        |
| 10. Albano, A. M., Marten, P. A., Holt, C. S., Heimberg, R. G., & Barlow, D. H. (1995). Cognitive-behavioral group treatment for social phobia in adolescents. A preliminary study. <i>Journal of Nervous and Mental Disease</i> , 183(10), 649-656.   | Not an RCT; Parent component too small              |
| 11. Alcázar, A. I. R., Olivares-Olivares, P. J., & Rodríguez, J. O. (2009). The role of non-specific effects in the psychological treatment of adolescents with social phobia. <i>Anuario de Psicología/The UB Journal of Psychology</i> , 40(1), 43-61.   | Not a parenting intervention                        |

## Appendix B: List of excluded papers and reason(s) for exclusion

|   |   |
|---|---|
| 12. Alcock DS, Feldman W, Goodman JT, McGrath PJ and Park JM. 1985. Evaluation of child life intervention in emergency department suturing. <i>Pediatr Emerg Care</i> . 1(3):111-5.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 13. Ale, C. M., & Krackow, E. (2011). Concurrent treatment of early childhood OCD and ODD: A case illustration. <i>Clinical Case Studies</i> , 10, 312-323.   | Not an RCT  |
| 14. Alexander JF, Robbins MS, Sexton TL. Family-based interventions with older, at-risk youth: from promise to proof to practice. <i>J Prim Prev</i> . 2000;21:185–205  | Review  |
| 15. Alfano CA, Pina AA, Villalta IK, Beidel DC, Ammerman RT and Crosby LE. 2009. Mediators and moderators of outcome in the behavioral treatment of childhood social phobia. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 48(9):945-53.  | Not a parenting intervention  |
| 16. Alink LRA, Mesman J, van Zeijl J, Stolk MN, Juffer F, Bakermans-Kranenburg MJ, van Ijzendoorn MH and Koot HM. 2009. Maternal sensitivity moderates the relation between negative discipline and aggression in early childhood. <i>Social Development</i> . 18(1):99-120.  | Not an RCT  |
| 17. Al-Mutairi H. 2000. Conduct disorders among Kuwaiti children living in low-income families. <i>Journal of the Social Sciences</i> . 28(3):65-88.  | Not an RCT  |
| 18. Als, L. C., Vickers, B., Nadel, S., Cooper, M., & Garralda, M. E. (2014). A Brief Intervention To Improve Parent Post-traumatic Stress Symptoms Following Paediatric Critical Illness: A Pilot Randomised Controlled Trial. <i>Archives of Disease in Childhood</i> , 99(Suppl 2), A159-A160.   | No child internalising outcomes or not a major goal   |
| 19. Al-Turkait FA and Ohaeri JU. 2008. Psychopathological status, behavior problems, and family adjustment of Kuwaiti children whose fathers were involved in the first Gulf War. <i>Child and Adolescent Psychiatry and Mental Health</i> . 2(12).   | Not an RCT  |
| 20. Aman, M. G., McDougle, C. J., Scahill, L., Handen, B., Arnold, L. E., Johnson, C., et al. (2009). Medication and Parent Training in Children With Pervasive Developmental Disorders and Serious Behavior Problems: Results From a Randomized Clinical Trial. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 48(12), 1143-1154. | Follow-up less than 6 months  |
| 21. Ambrosino JM, Fennie K, Whittemore R, Jaser S, Dowd MF and Grey M. 2008. Short-term effects of coping skills training in school-age children with type 1 diabetes. <i>Pediatr Diabetes</i> . 9(3 Pt 2):74-82.   | Follow-up less than 6 months  |
| 22. Aminabadi, N. A., Vafaei, A., Erfanparast, L., Oskouei, S. G., & Jamali, Z. (2011). Impact of pictorial story on pain perception, situational anxiety and behavior in children: a cognitive-behavioral schema. <i>J Clin Pediatr Dent</i> , 36, 127-132.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

|   |   |
|---|---|
| 23. Ammerman RT, Putnam FW, Altaye M, Chen L, Holleb LJ, Stevens J, Short JA and Van Ginkel JB. 2009. Changes in depressive symptoms in first time mothers in home visitation. <i>Child Abuse &amp; Neglect</i> . 33(3):127-38.   | No child internalising outcomes or not a major goal   |
| 24. Amorós, M. O., Carrillo, F. J. M., & Sanchez, J. P. E. (2005). Contribución de la Economía de Fichas a la Eficacia de las Escenificaciones Emotivas en el Tratamiento de la Fobia a la Oscuridad / Contribution of the token economy to the efficacy of emotive performances for treating phobia of the dark. <i>Ansiedad y estrés</i> , 11(1), 7-16. | Not in English  |
| 25. Anastopoulos, A. D., Shelton, T. L., DuPaul, G. J., & Guevremont, D. C. (1993). Parent training for attention-deficit hyperactivity disorder: Its impact on parent functioning. <i>Journal of Abnormal Child Psychology</i> , 21(5), 581-596. doi: 10.1007/bf00916320   | Follow-up less than 6 months  |
| 26. Anderson, B., Katz, L. L., McKay, S., Nadeau, K., Casey, T., Higgins, L., Hirst, K., Izquierdo, R., Lauer, A., Wauters, A. (2014). Study medication adherence and outcomes in the TODAY cohort of youth with type 2 diabetes (T2D). <i>Pediatric Diabetes</i> , 15 22.  | Not a parenting intervention  |
| 27. Anderson, K. M., Danis, F. S., & Havig, K. (2011). Adult daughters of battered women: Recovery and posttraumatic growth following childhood adversity. <i>Families in Society</i> , 92, 154-160.  | Not a parenting intervention  |
| 28. Angold, A., Erkanli, A., Copeland, W., Goodman, R., Fisher, P. W., & Costello, E. J. (2012). Psychiatric diagnostic interviews for children and adolescents: a comparative study. <i>J Am Acad Child Adolesc Psychiatry</i> , 51, 506-517.  | Not a parenting intervention  |
| 29. Annett RD, Bender BG, Skipper B and Allen C. 2010. Predicting moderate improvement and decline in pediatric asthma quality of life over 24 months. <i>Qual Life Res</i> . 19(10):1517-27.   | Not an RCT  |
| 30. Antshel KM and Remer R. 2003. Social skills training in children with attention deficit hyperactivity disorder: a randomized-controlled clinical trial. <i>J Clin Child Adolesc Psychol</i> . 32(1):153-65.   | Not a parenting intervention  |
| 31. Arch LM, Humphris GM and Lee GT. 2001. Children choosing between general anaesthesia or inhalation sedation for dental extractions: the effect on dental anxiety. <i>International Journal of Paediatric Dentistry</i> , 11(1), 41-48.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 32. Armstrong KL, Fraser JA, Dadds MR and Morris J. 2000. Promoting secure attachment, maternal mood and child health in a vulnerable population: a randomized controlled trial. <i>Journal of paediatrics and child health</i> , 36(6), 555-562.   | Follow-up less than 6 months  |

## Appendix B: List of excluded papers and reason(s) for exclusion

|   |   |
|---|---|
| 33. Armstrong, K. L., Fraser, J. A., Dadds, M. R., & Morris, J. (1999). A randomized, controlled trial of nurse home visiting to vulnerable families with newborns. <i>Journal of Paediatrics and Child Health</i> , 35(3), 237-244.  | No long term follow-up                                    |
| 34. Arnold DH, Brown SA, Meagher S, Baker CN, Dobbs J and Doctoroff GL. 2006. Preschool-Based Programs for Externalizing Problems. <i>Education &amp; Treatment of Children</i> . 29(2):311-39.   | Not a parenting intervention                              |
| 35. Arnold LE, Farmer C, Kraemer HC, Davies M, Witwer A, Chuang S, Disilvestro R, McDougle CJ, McCracken J, Vitiello B, Aman MG, Scahill L, Posey DJ and Swiezy NB. 2010. Moderators, mediators, and other predictors of risperidone response in children with autistic disorder and irritability. <i>Journal of Child and Adolescent Psychopharmacology</i> . 20(2):83-93.                       | Not a parenting intervention                              |
| 36. Arnold, L. E., Gadow, K. D., Farmer, C. A., Findling, R. L., Bukstein, O., Molina, B. S., ... & Aman, M. G. (2015). Comorbid anxiety and social avoidance in treatment of severe childhood aggression: response to adding risperidone to stimulant and parent training; mediation of disruptive symptom response. <i>Journal of child and adolescent psychopharmacology</i> , 25(3), 203-212. | Targets externalising                                     |
| 37. Aronen ET, Arajärvi T. Effects of early intervention on psychiatric symptoms of young adults in low-risk and high-risk families. <i>American Journal of Orthopsychiatry</i> . 2000 Apr;70(2):223-32.  | Not an RCT  |
| 38. Aronen ET, Kurkela SA. Long-term effects of an early home-based intervention. <i>J Am Acad Child Adolesc Psychiatry</i> . 1996 Dec;35(12):1665-72.  | Not an RCT  |
| 39. Aronen, E., Kuosa, M., Tallila, M., & Arajärvi, T. (1995). Kotikäynteihin perustuvan perheneuvonnan vaikutus nuoren psyykkiseen terveyteen--15 vuoden seurantatutkimus. [Effect of home-based family counseling on the mental health of youths--15-year follow-up study]. <i>Duodecim</i> , 111(6), 505-509.  | Not in English, duplicate publication in foreign language |
| 40. Asarnow, J. R., Scott, C. V., & Mintz, J. (2002). A combined cognitive-behavioral family education intervention for depression in children: A treatment development study. <i>Cognitive Therapy and Research</i> , 26(2), 221-229. doi: 10.1023/a:1014573803928   | No long term follow-up                                    |
| 41. Asgeirsdottir, B. B., Sigfusdottir, I. D., Gudjonsson, G. H., & Sigurdsson, J. F. (2011). Associations between sexual abuse and family conflict/violence, self-injurious behavior, and substance use: The mediating role of depressed mood and anger. <i>Child Abuse &amp; Neglect</i> , 35, 210-219.   | Not a parenting intervention                              |
| 42. Atwine B, Cantor-Graae E and Bajunirwe F. 2005. Psychological distress among AIDS orphans in rural Uganda. <i>Social Science &amp; Medicine</i> . 61(3):555-64.   | Not a parenting intervention                              |
| 43. Auerbach, V., Nixon, R., Forrest, K., Gooley, S., & Gemke, G. (1999). Group intervention program for oppositional, noncompliant and aggressive preschoolers. <i>Clinical Psychologist</i> , 3, 30–34.   | Not an RCT  |
| 44. August GJ, Lee SS, Bloomquist ML, Realmuto GM and Hektner JM. 2004. Maintenance Effects of an Evidence-Based Prevention Innovation for Aggressive Children Living in Culturally Diverse Urban Neighborhoods: The Early Risers Effectiveness Study. <i>Journal of Emotional and Behavioral Disorders</i> . 12(4):194-205.  | Not a parenting intervention                              |

## Appendix B: List of excluded papers and reason(s) for exclusion

|  |   |
|--|---|
| 45. Aune, T., & Stiles, T. C. (2009). Universal-based prevention of syndromal and subsyndromal social anxiety: A randomized controlled study. <i>J Consult Clin Psychol</i> , 77(5), 867-879. doi:2009-17643-008   | Parent component too small                          |
| 46. Auslander BA, Short MB, Succop PA and Rosenthal SL. 2009. Associations between parenting behaviors and adolescent romantic relationships. <i>Journal of Adolescent Health</i> . 45(1):98-101.  | Not an RCT  |
| 47. Babinski, D. E., Pelham, W. E., Jr., Molina, B. S. G., Waschbusch, D. A., Gnagy, E. M., Yu, J., Sibley, M. H., & Biswas, A. (2011). Women with childhood ADHD: Comparisons by diagnostic group and gender. <i>Journal of Psychopathology and Behavioral Assessment</i> , 33, 420-429.  | Not a parenting intervention                        |
| 48. Baer S and Garland EJ. 2005. Pilot Study of Community-Based Cognitive Behavioral Group Therapy for Adolescents With Social Phobia. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 44(3):258-64.   | Not a parenting intervention                        |
| 49. Bagner DM and Eyberg SM. 2003. Father involvement in parent training: when does it matter? <i>J Clin Child Adolesc Psychol</i> . 32(4):599-605.  | Follow-up less than 6 months                        |
| 50. Bagner DM, Sheinkopf SJ, Miller-Loncar C, LaGasse LL, Lester BM, Liu J, Bauer CR, Shankaran S, Bada H and Das A. 2009. The effect of parenting stress on child behavior problems in high-risk children with prenatal drug exposure. <i>Child Psychiatry and Human Development</i> . 40(1):73-84.   | Not an RCT  |
| 51. Bagner DM, Sheinkopf SJ, Miller-Loncar CL, Vohr BR, Hinckley M, Eyberg SM and Lester BM. 2009. Parent-child interaction therapy for children born premature: A case study and illustration of vagal tone as a physiological measure of treatment outcome. <i>Cognitive and Behavioral Practice</i> . 16(4):468-77.   | Not an RCT  |
| 52. Bagner DM, Sheinkopf SJ, Vohr BR and Lester BM. 2010. Parenting intervention for externalizing behavior problems in children born premature: An initial examination. <i>Journal of Developmental and Behavioral Pediatrics</i> . 31(3):209-16.   | Follow-up less than 6 months                        |
| 53. Bagner, D. M., & Graziano, P. A. (2013). Barriers to success in parent training for young children with developmental delay: the role of cumulative risk. <i>Behav Modif</i> , 37(3), 356-377. doi: 10.1177/0145445512465307   | Secondary analysis (data not usable)                |
| 54. Bagner, D. M., Graziano, P. A., Jaccard, J., Sheinkopf, S. J., Vohr, B. R., & Lester, B. M. (2012). An Initial Investigation of Baseline Respiratory Sinus Arrhythmia as a Moderator of Treatment Outcome for Young Children Born Premature With Externalizing Behavior Problems. <i>Behavior Therapy</i> , 43(3), 652-665. doi: <a href="http://dx.doi.org/10.1016/j.beth.2011.12.002">http://dx.doi.org/10.1016/j.beth.2011.12.002</a> | No child internalising outcomes or not a major goal |
| 55. Bagner, D. M., Rodriguez, G. M., Blake, C. A., & Rosa-Olivares, J. (2013). Home-Based Preventive Parenting Intervention for at-Risk Infants and Their Families: An Open Trial. <i>Cognitive and Behavioral Practice</i> , 20(3), 334-348. doi: <a href="http://dx.doi.org/10.1016/j.cbpra.2012.08.001">http://dx.doi.org/10.1016/j.cbpra.2012.08.001</a>   | Follow-up less than 6 months                        |
| 56. Bailey KA, Chavira DA, Stein MT and Stein MB. 2006. Brief Measures to Screen for Social Phobia in Primary Care Pediatrics. <i>Journal of Pediatric Psychology</i> . 31(5):513-21.  | Not a parenting intervention                        |



## Appendix B: List of excluded papers and reason(s) for exclusion

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| 57. Baker, C. N. (2010). Relationships between contextual characteristics, parent implementation, and child outcome within an academic preventive intervention for preschoolers (Order No. 3427496). Available from ProQuest Dissertations & Theses Global. (814731426).  | No long term follow-up; No child internalising outcomes or not a major goal |
| 58. Baker, C. N., Arnold, D. H., & Meagher, S. (2011). Enrollment and attendance in a parent training prevention program for conduct problems. <i>Prevention Science</i> , 12, 126-138.   | Targets externalising   |
| 59. Baker-Henningham H, Walker SP, Powell C and Gardner JM. 2009. Preventing behaviour problems through a universal intervention in Jamaican basic schools: a pilot study. <i>West Indian Med J</i> . 58(5):460-4.  | Not a parenting intervention  |
| 60. Bakermans-Kranenburg MJ and van Ijzendoorn MH. 2008. Oxytocin receptor (OXTR) and serotonin transporter (5-HTT) genes associated with observed parenting. <i>Social Cognitive and Affective Neuroscience</i> . 3(2):128-34.   | Not a parenting intervention  |
| 61. Bakermans-Kranenburg MJ and van Ijzendoorn MH. 2009. The first 10,000 adult attachment interviews: Distributions of adult attachment representations in clinical and non-clinical groups. <i>Attachment &amp; Human Development</i> . 11(3):223-63.   | Not a parenting intervention  |
| 62. Bakermans-Kranenburg, M. J., Van Ijzendoorn, M. H., Mesman, J., Alink, L. R., & Juffer, F. (2008). Effects of an attachment-based intervention on daily cortisol moderated by dopamine receptor D4: a randomized control trial on 1- to 3-year-olds screened for externalizing behavior. <i>Dev Psychopathol</i> , 20(3), 805-820. doi: S0954579408000382   | No long term follow-up  |
| 63. Bakermans-Kranenburg, M. J., Van Ijzendoorn, M. H., Pijlman, F. T. A., Mesman, J., & Juffer, F. (2008). Experimental evidence for differential susceptibility: Dopamine D4 receptor polymorphism (DRD4 VNTR) moderates intervention effects on toddlers' externalizing behavior in a randomized controlled trial. <i>Developmental Psychology</i> , 44(1), 293-300. doi: 10.1037/0012-1649.44.1.293 | Targets externalising   |
| 64. Bang KS. 2009. [Effects of an early nursing intervention program for infants' development and mother's child rearing in poverty]. <i>J Korean Acad Nurs</i> . 39(6):796-804.  | No long term follow-up  |
| 65. Bank, L., Marlowe, J. H., Reid, J. B., Patterson, G. R., & Weinrott, M. R. (1991). A comparative evaluation of parent-training interventions for families of chronic delinquents. <i>Journal of abnormal child psychology</i> , (1), 15-33.   | No child internalising outcomes or not a major goal                         |
| 66. Bannon, W. M., Jr., & McKay, M. M. (2007). Addressing Urban African American Youth Externalizing and Social Problem Behavioral Difficulties in a Family Oriented Prevention Project. <i>Social Work in Mental Health</i> , 5(1-2), 221-240. doi: 10.1300/J200v05n01_11  | No long term follow-up  |
| 67. Bao X, Sun S, Wei S. Early intervention promotes intellectual development of premature infants: a preliminary report. <i>Chin Med J</i> 1999;116:520-3.   | No child internalising outcomes or not a major goal                         |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 68. Barbieri, L., Cicconetti, A., Serveli, S., Bianchi, I., D'Ulivo, B., Mezzano, P., & Da Rin Della Mora, R. (2011). Assessment of an educational-behavioral intervention program for premature infants' mothers in nicu. <i>Acta Paediatrica, International Journal of Paediatrics</i> , 100, 111.   | No child internalising outcomes or not a major goal; Follow-up less than 6 months   |
| 69. Barker ED, Vitaro F, Lacourse E, Fontaine NM, Carbonneau R, Tremblay RE. Testing the developmental distinctiveness of male proactive and reactive aggression with a nested longitudinal experimental intervention. <i>Aggressive behavior</i> [serial on the Internet]. 2010; (2): Available from: <a href="http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/616/CN-00743616/frame.html">http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/616/CN-00743616/frame.html</a> . | No child internalising outcomes or not a major goal   |
| 70. Barkley RA, Guevremont DC, Anastopoulos AD and Fletcher KE. 1992. A comparison of three family therapy programs for treating family conflicts in adolescents with attention-deficit hyperactivity disorder. <i>J Consult Clin Psychol</i> . 60(3):450-62.  | Follow-up less than 6 months  |
| 71. Barkley RA, Shelton TL, Crosswait C, Moorehouse M, Fletcher K, Barrett S, Jenkins L and Metevia L. 2002. Preschool children with disruptive behavior: three-year outcome as a function of adaptive disability. <i>Dev Psychopathol</i> . 14(1):45-67.  | Not an RCT  |
| 72. Barkley, R. A., Shelton, T. L., Crosswait, C., Moorehouse, M., Fletcher, K., Barrett, S., et al. (2000). Multi-method psycho-educational intervention for preschool children with disruptive behavior: preliminary results at post-treatment. <i>J Child Psychol Psychiatry</i> , 41(3), 319-332.  | No long term follow-up  |
| 73. Barlow A, Varipatis-Baker E, Speakman K et al. Home-visiting intervention to improve child care among American Indian adolescent mothers. <i>Arch Pediatr Adolesc Med</i> . 2006;160:1101-1107.  | No child internalising outcomes or not a major goal   |
| 74. Barlow J, Coren E and Stewart-Brown S. 2002. Meta-analysis of the effectiveness of parenting programmes in improving maternal psychosocial health. <i>British Journal of General Practice</i> . 52(476):223-33.  | Review  |
| 75. Barlow J, Davis H, McIntosh E, et al. Role of home visiting in improving parenting and health in families at risk of abuse and neglect: results of a multicentre randomised controlled trial and economic evaluation. <i>Arch Dis Child</i> 2007;92:229-33.  | No long term follow-up  |
| 76. Barlow J, Powell L and Gilchrist M. 2006. The influence of the training and support programme on the self-efficacy and psychological well-being of parents of children with disabilities: a controlled trial. <i>Complement Ther Clin Pract</i> . 12(1):55-63.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |

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| 77. Barlow JH, Powell LA, Gilchrist M and Fotiadou M. 2008. The effectiveness of the Training and Support Program for parents of children with disabilities: a randomized controlled trial. <i>J Psychosom Res.</i> 64(1):55-62.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 78. Barlow, A., Mullany, B., Neault, N., Compton, S., Carter, A., Hastings, R., ... & Walkup, J. T. (2013). Effect of a Paraprofessional Home-Visiting Intervention on American Indian Teen Mothers' and Infants' Behavioral Risks: A Randomized Controlled Trial. <i>American Journal of Psychiatry</i> , 170(1), 83-93.        | Follow-up less than 6 months  |
| 79. Barlow, A., Mullany, B., Neault, N., Goklish, N., Billy, T., Hastings, R., . . . Walkup, J. T. (2015). Paraprofessional-delivered home-visiting intervention for American Indian teen mothers and children: 3-year outcomes from a randomized controlled trial. <i>The American Journal of Psychiatry</i> , 172(2), 154-162. | No long term follow-up  |
| 80. Barlow, J., & Stewart-Brown, S. (2000). Behavior problems and group-based parent education programs. <i>Journal of Developmental and Behavioral Pediatrics</i> , 21(5), 356-370.   | Review  |
| 81. Barlow, J., N. Smailagic, et al. (2011). Individual and group based parenting programmes for improving psychosocial outcomes for teenage parents and their children. <i>Cochrane Database of Systematic Reviews</i> (3), 1-97.   | Review  |
| 82. Barlow, J., Sembi, S., Gardner, F., Macdonald, G., Petrou, S., Parsons, H., . . . Dawe, S. (2013). An evaluation of the parents under pressure programme: a study protocol for an RCT into its clinical and cost effectiveness. <i>Trials</i> , 14, 210. doi:10.1186/1745-6215-14-210  | Data not available/reported   |
| 83. Barnett B, Liu J, DeVoe M, Alperovitz-Bichell K and Duggan AK. 2007. Home visiting for adolescent mothers: effects on parenting, maternal life course, and primary care linkage. <i>Ann Fam Med.</i> 5(3):224-32.  | No child internalising outcomes or not a major goal   |
| 84. Barnett, B., Duggan, A. K., Devoe, M., & Burrell, L. (2002). The effect of volunteer home visitation for adolescent mothers on parenting and mental health outcomes: a randomized trial. <i>Archives of pediatrics &amp; adolescent medicine</i> , (12), 1216-1222.  | No child internalising outcomes or not a major goal   |
| 85. Barrera M and Schulte F. 2009. A group social skills intervention program for survivors of childhood brain tumors. <i>J Pediatr Psychol.</i> 34(10):1108-18.   | Not a parenting intervention  |
| 86. Barrera M, Chung JYY, Greenberg M and Fleming C. 2002. Preliminary investigation of a group intervention for siblings of pediatric cancer patients. <i>Children's Health Care.</i> 31(2):131-42.   | Not an RCT  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 87. Barrera, M. E. (1986). Low birth weight and home intervention strategies: preterm infants. <i>Journal of developmental and behavioral pediatrics</i> 7(6): 361.   | No child internalising outcomes or not a major goal                       |
| 88. Barrera, M. E. (1987). Stability of early home intervention effects with preterm infants: one-year follow-up. <i>Early Child Development and Care</i> 27(4): 635-649.   | No child internalising outcomes or not a major goal                       |
| 89. Barrera, M. E., et al. (1991). A 3-Year Early Home Intervention Follow-up Study with Low Birthweight Infants and Their Parents. <i>Topics in Early Childhood Special Education</i> 10(4): 14-28.  | No child internalising outcomes or not a major goal                       |
| 90. Barrera, M. E., Rosenbaum, P. L., & Cunningham, C. E. (1986). Early home intervention with low-birth-weight infants and their parents. <i>Child development</i> , (1), 20-33.   | No child internalising outcomes or not a major goal                       |
| 91. Barrera, M., Jr., Biglan, A., Taylor, T. K., Gunn, B. K., Smolkowski, K., Black, C., et al. (2002). Early elementary school intervention to reduce conduct problems: a randomized trial with Hispanic and non-Hispanic children. <i>Prev Sci</i> , 3(2), 83-94.   | Parent component too small  |
| 92. Barrera, M., Rokeach, A., Hancock, K., Cataudella, D., Schulte, F., Chung, J., ... & Atenafu, E. (2014). A randomized controlled trial to evaluate the efficacy of a group social skills intervention for children with brain tumours. <i>Neuro-oncology</i> , 16 i111.   | Not a parenting intervention  |
| 93. Barrera, M., Rokeach, A., Hancock, K., Schulte, F., Atenafu, E., & Nathan, P. (2014). Reduction of anxiety levels in parents and siblings of children with cancer after sibling participation in a psychosocial group intervention: A randomized controlled trial. <i>Pediatric blood &amp; cancer</i> , 61 S161.   | Not a parenting intervention  |
| 94. Barrett PM, Dadds MR and Rapee RM. 1996. Family treatment of childhood anxiety: A controlled trial. <i>Journal of Consulting and Clinical Psychology</i> . 64(2):333-42.  | Follow-up data collected only in active group; Parent component too small |
| 95. Barrett PM, Duffy AL, Dadds MR and Rapee RM. 2001. Cognitive-behavioral treatment of anxiety disorders in children: Long-term (6-year) follow-up. <i>Journal of Consulting and Clinical Psychology</i> . 69(1):135-41.  | Follow-up data collected only in active group; Parent component too small |
| 96. Barrett PM, Shortt AL and Wescombe K. 2001. Examining the social validity of the FRIENDS treatment program for anxious children. <i>Behaviour Change</i> . 18(2):63-77.   | Not an RCT  |
| 97. Barrett, P. M., Farrell, L. J., Ollendick, T. H., & Dadds, M. (2006). Long-term outcomes of an Australian universal prevention trial of anxiety and depression symptoms in children and youth: an evaluation of the friends program. <i>Journal Of Clinical Child And Adolescent Psychology: The Official Journal For The Society Of Clinical Child And Adolescent Psychology</i> , American Psychological Association, Division 53, 35, 403-411. | Not a parenting intervention  |

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| 98. Barrett, P. M., Lock, S., & Farrell, L. J. (2005). Developmental Differences in Universal Preventive Intervention for Child Anxiety. <i>Clinical Child Psychology and Psychiatry</i> , 10, 539-555.  | Not a parenting intervention  |
| 99. Barrett, P. M., Moore, A. F., & Sonderegger, R. (2000). The FRIENDS Program for young former-Yugoslavian refugees in Australia: A pilot study. <i>Behaviour Change. Special Issue: Adolescent health</i> , 17(3), 124-133. doi: 10.1375/bech.17.3.124                          | Not a parenting intervention; No long term follow-up; Not an RCT            |
| 100. Barrett, P. M., Sonderegger, R., & Sonderegger, N. L. (2001). Evaluation of an Anxiety-prevention and Positive-coping Program (FRIENDS) for Children and Adolescents of Non-English-speaking Background. <i>Behaviour Change</i> , 18, 78-91.                                 | Not a parenting intervention  |
| 101. Barrett, P., & Turner, C. (2001). Prevention of anxiety symptoms in primary school children: preliminary results from a universal school-based trial. <i>The British Journal Of Clinical Psychology</i> , 40, 399-410.  | Not a parenting intervention  |
| 102. Barrett, P., Healy, L., & March, J. S. (2003). Behavioral avoidance test for childhood obsessive-compulsive disorder: A home-based observation. <i>American Journal of Psychotherapy</i> , 57(1), 80-100.   | No long term follow-up  |
| 103. Barrett, P., Turner, C., Rombouts, S., & Duffy, A. (2000). Reciprocal skills training in the treatment of externalising behaviour disorders in childhood: A preliminary investigation. <i>Behaviour Change</i> , 17(4), 221-234. doi: 10.1375/bech.17.4.221                   | Not a parenting intervention; No long term follow-up                        |
| 104. Barrington J, Prior M, Richardson M and Allen K. 2005. Effectiveness of CBT Versus Standard Treatment for Childhood Anxiety Disorders in a Community Clinic Setting. <i>Behaviour Change</i> . 22(1):29-43.   | Not a parenting intervention  |
| 105. Baruch G, Vrouva I and Wells C. 2011. Outcome findings from a parent training programme for young people with conduct problems. <i>Child and Adolescent Mental Health</i> . 16(1):47-54.  | Not an RCT  |
| 106. Baskin, T. W., Rhody, M., Schoolmeesters, S., & Ellingson, C. (2011). Supporting special-needs adoptive couples: Assessing an intervention to enhance forgiveness, increase marital satisfaction, and prevent depression ?. <i>The Counseling Psychologist</i> , 39, 933-955. | Follow-up less than 6 months  |
| 107. Bastani, F., Ali Abadi, T., & Haghani, H. (2012). The effectiveness of participatory care program in neonatal intensive care unit on state anxiety of mothers of preterm newborns. <i>Journal of Babol University of Medical Sciences</i> , 14, 59-65.                        | No child internalising outcomes or not a major goal; No long term follow-up |
| 108. Bateson, K., Delaney, J., & Pybus, R. (2008). Meeting expectations: the pilot evaluation of the Solihull Approach Parenting Group. <i>Community Pract</i> , 81(5), 28-31.   | Not an RCT  |

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| 109. | Bauchner H, Vinci R, Bak S, Pearson C and Corwin MJ. 1996. Parents and procedures: a randomized controlled trial. <i>Pediatrics</i> , 98(5), 861-867.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 110. | Baum & Forehand 1981 Long term follow-up assessment of parent training by multiple outcome measures. <i>Behavior Therapy</i> .   | Not an RCT; No child internalising outcomes or not a major goal   |
| 111. | Baydar N, Reid MJ and Webster-Stratton C. 2003. The role of mental health factors and program engagement in the effectiveness of a preventive parenting program for Head Start mothers. <i>Child Dev</i> . 74(5):1433-53.  | No child internalising outcomes or not a major goal   |
| 112. | Bayer J, Hiscock H, Scalzo K, Mathers M, McDonald M, Morris A, Birdseye J and Wake M. 2009. Systematic review of preventive interventions for children's mental health: What would work in Australian contexts? <i>Australian and New Zealand Journal of Psychiatry</i> . 43(8):695-710. | Review  |
| 113. | Bayer J, Sanson AV and Hemphill SA. 2009. Early childhood aetiology of internalising difficulties: A longitudinal community study. <i>The International Journal of Mental Health Promotion</i> . 11(1):4-14.   | Not a parenting intervention  |
| 114. | Bayer JK, Hiscock H, Ukoumunne OC, Price A and Wake M. 2008. Early childhood aetiology of mental health problems: A longitudinal population-based study. <i>Journal of Child Psychology and Psychiatry</i> . 49(11):1166-74.   | Not a parenting intervention  |
| 115. | Bayer JK, Rapee RM, Hiscock H, Ukoumunne OC, Mihalopoulos C and Wake M. 2011. Translational research to prevent internalizing problems early in childhood. <i>Depression and Anxiety</i> . 28(1):50-7.   | Review  |
| 116. | Bayer JK, Rapee RM, Hiscock H, Ukoumunne OC, Mihalopoulos C, Clifford S and Wake M. 2011. The Cool Little Kids randomised controlled trial: population-level early prevention for anxiety disorders. <i>BMC Public Health</i> . 11:11.   | Data not available/reported (protocol)  |
| 117. | Bayer JK, Sanson AV and Hemphill SA. 2006. Parent influences on early childhood internalizing difficulties. <i>Journal of Applied Developmental Psychology</i> . 27(6):542-59.   | Not an RCT  |
| 118. | Bayer, J. K., Hiscock, H., Ukoumunne, O. C., Scalzo, K., & Wake, M. (2010). Three-year-old outcomes of a brief universal parenting intervention to prevent behaviour problems: randomised controlled trial. <i>Arch Dis Child</i> , 95(3), 187-192. doi:adc.2009.168302                  | Targets externalising   |
| 119. | Bayer. (2003). Preventing the Development of Emotional Mental Health Problems from Early Childhood: Recent Advances in the Field. <i>The International Journal of Mental Health Promotion</i> , 5, 4-16.   | Review  |

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| 120. | Beach S. 2003. Affective disorders. Journal of Marital and Family Therapy. 29(2):247-61.  | Review  |
| 121. | Beach SRH, Brody GH, Kogan SM, Philibert RA, Chen Y-f and Lei MK. 2009. Change in caregiver depression in response to parent training: Genetic moderation of intervention effects. Journal of Family Psychology. 23(1):112-7.   | No child internalising outcomes or not a major goal |
| 122. | Beach, S. R., Kogan, S. M., Brody, G. H., Chen, Y. F., Lei, M. K., & Murry, V. M. (2008). Change in caregiver depression as a function of the Strong African American Families Program. J Fam Psychol, 22(2), 241-252. doi: 2008-03770-007  | No child internalising outcomes or not a major goal |
| 123. | Beardslee W, Hoke L, Wheelock I, Rothberg P, Van De Velde P and Swatling S. 1992. Initial findings on preventive intervention for families with parental affective disorders. Am J Psychiatry, 149, 1335.   | No child internalising outcomes or not a major goal |
| 124. | Beardslee WR, Salt P, Porterfield K, Rothberg PC, van de Velde P, Swatling S, Hoke L, Moilanen DL and Wheelock I. 1993. Comparison of preventive interventions for families with parental affective disorder. Journal of the American Academy of Child & Adolescent Psychiatry, 32(2), 254-263. | Follow-up less than 6 months                        |
| 125. | Beardslee, W. R. (1998). Prevention and the clinical encounter. American Journal of Orthopsychiatry, 68, 521-533.   | Review  |
| 126. | Beardslee, W. R., Brent, D. A., Weersing, V. R., Clarke, G. N., Porta, G., Hollon, S. D., . . . Garber, J. (2013). Prevention of depression in at-risk adolescents: longer-term effects. JAMA Psychiatry, 70(11), 1161-1170. doi: 10.1001/jamapsychiatry.2013.295                               | Parent component too small                          |
| 127. | Beardslee, W. R., Salt, P., Versage, E. M., Gladstone, T. R., Wright, E. J., & Rothberg, P. C. (1997). Sustained change in parents receiving preventive interventions for families with depression. Am J Psychiatry, 154(4), 510-515.   | No child internalising outcomes or not a major goal |
| 128. | Beardslee, W. R., Wright, E., Rothberg, P. C., Salt, P., & Versage, E. (1996). Response of families to two preventive intervention strategies: long-term differences in behavior and attitude change. J Am Acad Child Adolesc Psychiatry, 35(6), 774-782. doi: S0890-8567(09)63912-5            | No child internalising outcomes or not a major goal |
| 129. | Beatson, R. M., Bayer, J. K., Perry, A., Mathers, M., Hiscock, H., Wake, M., Beesley, K., Rapee, R. M. (2014). Community screening for preschool child inhibition to offer the 'Cool Little Kids' anxiety prevention programme. Infant and Child Development, 23 (6), 650-661.                  | Data not available/report ed                        |
| 130. | Beauchaine, T. P., Webster-Stratton, C., & Reid, M. J. (2005). Mediators, moderators, and predictors of 1-year outcomes among children treated for early-onset conduct problems: a latent growth curve analysis. J Consult Clin Psychol, 73(3), 371-388. doi: 2005-06517-001                    | No long term follow-up                              |

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| 131. | Beaumont R and Sofronoff K. 2008. A multi-component social skills intervention for children with Asperger syndrome: the Junior Detective Training Program. <i>Journal of Child Psychology and Psychiatry</i> , 49(7), 743-753.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 132. | Becker KD, Mathis G, Mueller CW, Issari K and Atta SS. 2009. Community-based treatment outcomes for parents and children exposed to domestic violence. In: <i>Children exposed to violence: Current issues, interventions and research</i> . (pp. 179-95). New York, NY, US: Routledge/Taylor & Francis Group. xiii.  | Review  |
| 133. | Becker, E. M., Becker, K. D., & Ginsburg, G. S. (2012). Modular cognitive behavioral therapy for youth with anxiety disorders: A closer look at the use of specific modules and their relation to treatment process and response. <i>School Mental Health</i> , 4(4), 243-253. doi: 10.1007/s12310-012-9080-2         | Not a parenting intervention  |
| 134. | Beeber LS, Cooper C, Van Noy BE, Schwartz TA, Blanchard HC, Canuso R, Robb K, Laudenbacher C and Emory SL. 2007. Flying under the radar: Engagement and retention of depressed low-income mothers in a mental health intervention. <i>Advances in Nursing Science</i> . 30(3):221-34.                                 | No child internalising outcomes or not a major goal   |
| 135. | Beeber LS, Holditch-Davis D, Belyea MJ, Funk SG and Canuso R. 2004. In-home intervention for depressive symptoms with low-income mothers of infants and toddlers in the United States. <i>Health Care Women Int</i> . 25(6):561-80.   | Follow-up less than 6 months  |
| 136. | Beeber, L. S., Holditch-Davis, D., Perreira, K., Schwartz, T. A., Lewis, V., Blanchard, H., et al. (2010). Short-term in-home intervention reduces depressive symptoms in Early Head Start Latina mothers of infants and toddlers. <i>Res Nurs Health</i> , 33(1), 60-76. doi: 10.1002/nur.20363                      | Follow-up less than 6 months  |
| 137. | Beeber, L. S., Schwartz, T. A., Holditch-Davis, D., Canuso, R., Lewis, V., & Hall, H. W. (2013). Parenting enhancement, interpersonal psychotherapy to reduce depression in low-income mothers of infants and toddlers: A randomized trial. <i>Nursing Research</i> , 62(2), 82-90. doi: 10.1097/NNR.0b013e31828324c2 | No child internalising outcomes or not a major goal   |
| 138. | Beeber, L. S., Schwartz, T. A., Martinez, M. I., Holditch-Davis, D., Bledsoe, S. E., Canuso, R., Lewis, V. S. (2014). Depressive symptoms and compromised parenting in low-income mothers of infants and toddlers: Distal and proximal risks. <i>Research in Nursing &amp; Health</i> , 37 (4), 276-291.              | Not a parenting intervention  |
| 139. | Beelmann A. 2003. Effectiveness of a social problem-solving program in preschool children with developmental deficits. <i>Zeitschrift Fur Padagogische Psychologie/ German Journal of Educational Psychology</i> . 17(1):27-41.   | Not a parenting intervention  |



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| 140. | Beeson M, Davison I, Vostanis P and Window S. 2006. Parenting Programmes for Behavioural Problems: Where Do Tertiary Units Fit in a Comprehensive Service? <i>Clinical Child Psychology and Psychiatry</i> . 11(3):335-48.   | Not an RCT  |
| 141. | Behan, J. (2001). Evaluation of the parenting plus programme. <i>Irish Journal of Psychology</i> , 22(3-4), 238-256.   | Follow-up less than 6 months  |
| 142. | Beidel DC, Turner SM and Young BJ. 2006. Social Effectiveness Therapy for Children: Five Years Later. <i>Behavior Therapy</i> . 37(4):416-25.  | Not a parenting intervention  |
| 143. | Beidel DC, Turner SM, Sallee FR, Ammerman RT, Crosby LA and Pathak S. 2007. SET-C versus fluoxetine in the treatment of childhood social phobia. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 46(12):1622-32.                                   | Not a parenting intervention  |
| 144. | Bender BG, Annett RD, Ikle D, DuHamel TR, Rand C and Strunk RC. 2000. Relationship between disease and psychological adaptation in children in the Childhood Asthma Management Program and their families. CAMP Research Group. <i>Arch Pediatr Adolesc Med</i> . 154(7):706-13. | Not a parenting intervention  |
| 145. | Benn, R., Akiva, T., Arel, S., & Roeser, R. W. (2012). Mindfulness training effects for parents and educators of children with special needs. <i>Developmental psychology</i> , 48(5), 1476-1487.  | Not a parenting intervention  |
| 146. | Bennett, Tess, Algozzine and Bob. 1983. Effects of Family-Oriented Intervention with Young Handicapped Children on Indicators of Parental Stress. <i>Special Education Programs, Handicapped Children's Early Education Program</i> , Washington, DC.                            | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 147. | Berger R and Gelkopf M. 2009. School-based intervention for the treatment of tsunami-related distress in children: A quasi-randomized controlled trial. <i>Psychotherapy and Psychosomatics</i> . 78(6):364-71.  | Not a parenting intervention  |
| 148. | Berghmans, J., Weber, F., Van Akoleyen, C., Utens, E., Adriaenssens, P., Klein, J., & Himpe, D. (2012). Audiovisual aid viewing immediately before pediatric induction moderates the accompanying parents' anxiety. <i>Paediatric Anaesthesia</i> , 22, 386-392.                 | No long term follow-up  |
| 149. | Bergner A, Beyer R, Klapp BF and RauchfuVü M. 2009. Mourning, coping and subjective attribution after early miscarriage. <i>Psychotherapie Psychosomatik Medizinische Psychologie</i> . 59(2):57-67.   | Not a parenting intervention  |
| 150. | Bergström, M., Kieler, H., & Waldenström, U. (2011). A randomised controlled multicentre trial of women's and men's satisfaction with two models of antenatal education. In <i>Midwifery</i> (pp. e195-200).   | No child internalising outcomes or not a major goal   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 151. | Bergstrom, M., Rudman, A., Waldenstrom, U., & Kieler, H. (2013). Fear of childbirth in expectant fathers, subsequent childbirth experience and impact of antenatal education: Subanalysis of results from a randomized controlled trial. <i>Acta Obstetrica et Gynecologica Scandinavica</i> , 92(8), 967-973. doi: <a href="http://dx.doi.org/10.1111/aogs.12147">http://dx.doi.org/10.1111/aogs.12147</a> | No child internalising outcomes or not a major goal                         |
| 152. | Berkule, S. B., Cates, C. B., Dreyer, B. P., Huberman, H. S., Arevalo, J., Burtchen, N., ... & Mendelsohn, A. L. (2014). Reducing Maternal Depressive Symptoms Through Promotion of Parenting in Pediatric Primary Care. <i>Clinical pediatrics</i> , 53(5), 460-469.   | No child internalising outcomes or not a major goal                         |
| 153. | Berlin, L. J., Shanahan, M., & Appleyard Carmody, K. (2014). Promoting supportive parenting in new mothers with substance-use problems: A pilot randomized trial of residential treatment plus an attachment-based parenting program. <i>Infant mental health journal</i> , 35(1), 81-85.   | No long term follow-up  |
| 154. | Berliner, L., & Saunders, B. E. (1996). Treating Fear and Anxiety in Sexually Abused Children: Results of a Controlled 2-Year Follow-Up Study. <i>Child Maltreatment</i> , 1, 294-309.  | Not a parenting intervention  |
| 155. | Bernard, K., Dozier, M., & Zwerling, J. (2014). Blunted diurnal cortisol mediates the association between maltreatment risk and externalizing behavior: Results from an early parenting intervention. <i>Psychosomatic Medicine</i> , 76 (3) A-57.  | No child internalising outcomes or not a major goal                         |
| 156. | Bernstein, G. A., Bernat, D. H., Victor, A. M., & Layne, A. E. (2008). School-based interventions for anxious children: 3-, 6-, and 12-month follow-ups. <i>J Am Acad Child Adolesc Psychiatry</i> , 47(9), 1039-1047. doi: 10.1097/CHI.ob013e31817eecco  | Parent component too small  |
| 157. | Bernstein, G. A., Layne, A. E., Egan, E. A., & Tennison, D. M. (2005). School-based interventions for anxious children. <i>J Am Acad Child Adolesc Psychiatry</i> , 44(11), 1118-1127. doi: S0890-8567(09)62214-0   | Parent component too small  |
| 158. | Berry, D. C., Schwartz, T. A., McMurray, R. G., Skelly, A. H., Neal, M., Hall, E. G., ... & Melkus, G. (2014). The family partners for health study: a cluster randomized controlled trial for child and parent weight management. <i>Nutrition &amp; diabetes</i> , 4(1), e101.  | No child internalising outcomes or not a major goal                         |
| 159. | Bert, S. C., Farris, J. R., & Borkowski, J. G. (2008). Parent training: implementation strategies for adventures in parenting. <i>The journal of primary prevention</i> , (3), 243-261.   | No long term follow-up  |
| 160. | Bierman KL, Coie JD, Dodge KA, Greenberg MT, Lochman JE, McMahon RJ and Pinderhughes EE. 2002. Evaluation of the first 3 years of the Fast Track prevention trial with children at high risk for adolescent conduct problems. <i>Journal of Abnormal Child Psychology</i> . 30(1):19-35.  | No child internalising outcomes or not a major goal; No long term follow-up |
| 161. | Bilszta, J. L., Buist, A. E., Wang, F., & Zulkefli, N. R. (2012). Use of video feedback intervention in an inpatient perinatal psychiatric setting to improve maternal parenting. <i>Archives of women's mental health</i> , 15(4), 249-257.  | No child internalising outcomes or not a major goal                         |
| 162. | Bjørknes, R., Jakobsen, R., & Nærde, A. (2011). Recruiting ethnic minority groups to evidence-based parent training. Who will come and how? <i>Children and Youth Services Review</i> , 33, 351-357.  | No child internalising outcomes or not a major goal                         |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 163. | Black MM, Nair P, Kight C, Wachtel R, Roby P, Schuler M. Parenting and early development among children of drug-abusing women: effects of home intervention. <i>Pediatrics</i> .1994;94:440-448.   | No child internalising outcomes or not a major goal; No long term follow-up |
| 164. | Black MM, Sazawal S, Black RE, Khosla S, Kumar J and Menon V. 2004. Cognitive and motor development among small-for-gestational-age infants: impact of zinc supplementation, birth weight, and caregiving practices. <i>Pediatrics</i> , 113(5), 1297-1305.  | Not a parenting intervention  |
| 165. | Blader JC. 2006. Which family factors predict children's externalizing behaviors following discharge from psychiatric inpatient treatment? <i>Journal of Child Psychology and Psychiatry</i> . 47(11):1133-42.   | Not an RCT  |
| 166. | Blanchard A, Hodgson J, Gunn W, Jesse E and White M. 2009. Understanding social support and the couple's relationship among women with depressive symptoms in pregnancy. <i>Issues in Mental Health Nursing</i> . 30(12):764-76.   | Not a parenting intervention  |
| 167. | Blatt-Eisengart I, Drabick DAG, Monahan KC and Steinberg L. 2009. Sex differences in the longitudinal relations among family risk factors and childhood externalizing symptoms. <i>Developmental Psychology</i> . 45(2):491-502.   | Not an RCT  |
| 168. | Blitstein JL, Murray DM, Lytle LA, Birnbaum AS and Perry CL. 2005. Predictors of Violent Behavior in an Early Adolescent Cohort: Similarities and Differences Across Genders. <i>Health Education &amp; Behavior</i> . 32(2):175-94.   | Not a parenting intervention  |
| 169. | Bocca, G., Kuitert, M. W. B., Sauer, P. J. J., Stolk, R. P., Flapper, B. C., & Corpeleijn, E. (2014). A multidisciplinary intervention programme has positive effects on quality of life in overweight and obese preschool children. <i>Acta Paediatrica</i> , 103(9), 962-967.  | Not a parenting intervention  |
| 170. | Bodden DHM, Bogels SM, Nauta MH, De Haan E, Riingrose J, Appelboom C, Brinkman AG and Appelboom-Geerts KCMMJ. 2008. Child versus family cognitive-behavioral therapy in clinically anxious youth: An efficacy and partial effectiveness study. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 47(12):1384-94. | Follow-up less than 6 months  |
| 171. | Bodden DHM, Dirksen CD, Bogels SM, Nauta MH, De Haan E, Ringrose J, et al. Costs and cost-effectiveness of family CBT versus individual CBT in clinically anxious children. <i>Clinical Child Psychology and Psychiatry</i> . 2008 Oct;13(4):543-64.   | Comparison condition not a minimal control                                  |
| 172. | Bodenmann, G., Cina, A., Ledermann, T., & Sanders, M. R. (2008). The efficacy of the Triple P-Positive Parenting Program in improving parenting and child behavior: A comparison with two other treatment conditions. <i>Behaviour Research and Therapy</i> , 46(4), 411-427.  | No child internalising outcomes or not a major goal                         |
| 173. | Bøe, T., Øverland, S., Lundervold, A. J., & Hysing, M. (2012). Socioeconomic status and children's mental health: Results from the Bergen child study. <i>Social Psychiatry and Psychiatric Epidemiology</i> , 47, 1557-1566.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 174. | Bogels SM, Siqueland L. Family cognitive behavioral therapy for children and adolescents with clinical anxiety disorders. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 2006 Feb;45(2):134-41.  | Not an RCT  |
| 175. | Bohlin G and Janols LO. 2004. Behavioural problems and psychiatric symptoms in 5-13 year-old Swedish children - A comparison of parent ratings on the FTF (Five to Fifteen) with the ratings on CBCL (Child Behavior Checklist). <i>European Child &amp; Adolescent Psychiatry</i> . 13(Suppl3):14-22.                            | Not a parenting intervention  |
| 176. | Bohnert, K. M., Anthony, J. C., & Breslau, N. (2012). Paternal monitoring at age 11 and subsequent onset of cannabis use up to age 17: Results from a prospective study. <i>Journal of Studies on Alcohol and Drugs</i> , 73, 173-177.  | Not a parenting intervention  |
| 177. | Bonanno GA, Galea S, Bucciarelli A and Vlahov D. 2007. What predicts psychological resilience after disaster? The role of demographics, resources, and life stress. <i>Journal of Consulting and Clinical Psychology</i> . 75(5):671-82.  | Not a parenting intervention  |
| 178. | Bonds DD, Wolchik SA, Winslow E, Tein JY, Sandler IN, Millsap RE. Developmental cascade effects of the New Beginnings Program on adolescent adaptation outcomes. <i>Dev Psychopathol</i> . 2010 Nov;22(4):771-84.   | Secondary analysis (mediation analysis of data in Wolchik et al 2002) |
| 179. | Bor, W., Sanders, M. R., & Markie-Dadds, C. (2002). The effects of the Triple P-Positive Parenting Program on preschool children with co-occurring disruptive behavior and attentional/hyperactive difficulties. <i>Journal of abnormal child psychology</i> , (6), 571-587.  | No child internalising outcomes or not a major goal                   |
| 180. | Borelli JL, Luthar SS and Suchman NE. 2010. Discrepancies in perceptions of maternal aggression: implications for children of methadone-maintained mothers. <i>American journal of orthopsychiatry</i> , 80(3), 412-21.   | Not an RCT  |
| 181. | Borghini, A., Habersaat, S., Forcada-Guex, M., Nessi, J., Pierrehumbert, B., Ansermet, F., & Müller-Nix, C. (2014). Effects of an early intervention on maternal post-traumatic stress symptoms and the quality of mother–infant interaction: The case of preterm birth. <i>Infant Behavior and Development</i> , 37(4), 624-631. | No child internalising outcomes or not a major goal                   |
| 182. | Borowsky, I. W., Mozayeny, S., Stuenkel, K., & Ireland, M. (2004). Effects of a primary care-based intervention on violent behavior and injury in children. <i>Pediatrics</i> , (4), e392-399.  | Targets externalising (violence)                                      |
| 183. | Borrego J, Jr., Anhalt K, Terao SY, Vargas EC and Urquiza AJ. 2006. Parent-Child Interaction Therapy With a Spanish-Speaking Family. <i>Cognitive and Behavioral Practice</i> . 13(2):121-33.   | Not an RCT  |
| 184. | Borrego, J., Gutow, M. R., Reicher, S., & Barker, C. H. (2008). Parent-child interaction therapy with domestic violence populations. <i>Journal of Family Violence</i> , 23(6), 495-505.  | Not an RCT  |
| 185. | Bosmans, G., Braet, C., Beyers, W., Van Leeuwen, K., & Van Vlierberghe, L. (2011). Parents' power assertive discipline and internalizing problems in adolescents: The role of attachment. <i>Parenting: Science and Practice</i> , 11, 34-55.   | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 186. | Bosworth K, Espelage D, DuBay T, Dahlberg LL and Daytner G. 1996. Using multimedia to teach conflict-resolution skills to young adolescents. <i>Am J Prev Med.</i> 12(5 Suppl):65-74.   | Not a parenting intervention                        |
| 187. | Botngard, A., Skranes, L. P., Skranes, J., & Dollner, H. (2013). Multimedia based health information to parents in a pediatric acute ward: A randomized controlled trial. <i>Patient Education and Counseling</i> , 93(3), 389-393. doi: <a href="http://dx.doi.org/10.1016/j.pec.2013.04.017">http://dx.doi.org/10.1016/j.pec.2013.04.017</a>  | No child internalising outcomes or not a major goal |
| 188. | Bouve LR, Rozmus CL and Giordano P. 1999. Preparing parents for their child's transfer from the PICU to the pediatric floor. <i>Appl Nurs Res.</i> 12(3):114-20.  | No child internalising outcomes or not a major goal |
| 189. | Bowers JW. 2002. A preliminary investigation of the additive effect of a parent training protocol in the treatment of phobic children. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering.</i> 63(2-B).   | Follow-up less than 6 months                        |
| 190. | Boyd RC, Zayas LH and McKee MD. 2006. Mother-Infant Interaction, Life Events and Prenatal and Postpartum Depressive Symptoms Among Urban Minority Women in Primary Care. <i>Maternal and Child Health Journal.</i> 10(2):139-48.  | Not a parenting intervention                        |
| 191. | Bradley, S. J., Jadaa, D. A., Brody, J., Landy, S., Tallett, S. E., Watson, W., . . . Stephens, D. (2003). Brief psychoeducational parenting program: An evaluation and 1-year follow-up. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 42(10), 1171-1178.  | Follow-up data collected only in active group       |
| 192. | Bradway KP. 1935. Paternal occupational intelligence and mental deficiency. <i>Journal of Applied Psychology.</i> 19(5):527-42.   | Not a parenting intervention                        |
| 193. | Brann P, Coleman G and Luk E. 2001. Routine outcome measurement in a child and adolescent mental health service: An evaluation of HoNOSCA. <i>Australian and New Zealand Journal of Psychiatry.</i> 35(3):370-6.  | Not a parenting intervention                        |
| 194. | Braswell L, August GJ, Bloomquist ML, Realmuto GM, Skare SS and Crosby RD. 1997. School-based secondary prevention for children with disruptive behavior: initial outcomes. <i>J Abnorm Child Psychol.</i> 25(3):197-208.   | Not a parenting intervention                        |
| 195. | Brechman-Toussaint, M., & Anderson, J. (2004). Modifying Cognitive Behavioural Therapy to train parents as therapists of young children at risk of anxiety. 32nd Congress of the British Association for Behavioural and Cognitive Psychotherapies (jointly with the European Association of Behavioural and Cognitive Therapies); 2004 September 7 - 11; Manchester, 106. Retrieved from <a href="http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/837/CN-00712837/frame.html">http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/837/CN-00712837/frame.html</a> | Data not available/reported                         |
| 196. | Brent DA, Baugher M, Birmaher B, Kolko DJ and Bridge J. 2000. Compliance with recommendations to remove firearms in families participating in a clinical trial for adolescent depression. <i>J Am Acad Child Adolesc Psychiatry.</i> 39(10):1220-6.   | No child internalising outcomes or not a major goal |
| 197. | Brent, D. A., Holder, D., Kolko, D., Birmaher, B., Baugher, M., Roth, C., . . . Johnson, B. A. (1997). A clinical psychotherapy trial for adolescent depression comparing cognitive, family, and supportive therapy. <i>Archives of General Psychiatry</i> , 54(9), 877-885.  | No long term follow-up                              |

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| 198. | Brightman, R. P., Baker, B. L., Clark, D. B. & Ambrose, S. A. (1982). Effectiveness of alternative parent training formats. <i>Behaviour Therapy and Experimental Psychiatry</i> , 13, 113  | No child internalising outcomes or not a major goal |
| 199. | Brody, G. H., Murry, V. M., Chen, Y. F., Kogan, S. M., & Brown, A. C. (2006). Effects of family risk factors on dosage and efficacy of a family-centered preventive intervention for rural African Americans. <i>Prevention science : the official journal of the Society for Prevention Research</i> , (3), 281-291.   | No long term follow-up                              |
| 200. | Brody, G. H., Yu, T., Chen, E., & Miller, G. E. (2014). Prevention moderates associations between family risks and youth catecholamine levels. <i>Health Psychology</i> , 33(11), 1435.   | No child internalising outcomes or not a major goal |
| 201. | Bröning, S., Sack, P. M., Thomsen, M., Stolle, M., Wendell, A., Stappenbeck, J., & Thomasius, R. (2014). Implementing and evaluating the German adaptation of the "Strengthening Families Program 10-14"—a randomized-controlled multicentre study. <i>BMC public health</i> , 14(1), 83.   | Data not available/report ed                        |
| 202. | Brooks-Gunn, J., McCarton, C. M., Casey, P. H., McCormick, M. C., Bauer, C. R., Bernbaum, J. C., Tyson, J., Swanson, M., Bennett, F. C., Scott, D. T., & et al. (1994). Early intervention in low-birth-weight premature infants. Results through age 5 years from the Infant Health and Development Program. <i>JAMA</i> , 272, 1257-1262.   | Parent component too small                          |
| 203. | Brotman LM, Gouley KK and Chesir-Teran D. 2005. Assessing peer entry and play in preschoolers at risk for maladjustment. <i>Journal of Clinical Child and Adolescent Psychology</i> . 34(4):671-80.   | Not a parenting intervention                        |
| 204. | Brotman, L. M., Calzada, E., Huang, K. Y., Kingston, S., Dawson-McClure, S., Kamboukos, D., ... & Petkova, E. (2011). Promoting effective parenting practices and preventing child behavior problems in school among ethnically diverse families from underserved, urban communities. <i>Child Development</i> , 82(1), 258-276. doi:10.1111/j.1467-8624.2010.01554.x                                   | No long term follow-up                              |
| 205. | Brown C-SE. 1997. The aftermath of Hurricane Iniki: Development of a school-based intervention. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> . 57(10-B).  | Not a parenting intervention                        |
| 206. | Brown, F. L., Whittingham, K., McKinlay, L., Boyd, R. N., Sofronoff, K. (2014). The efficacy of a parenting programme for improving child and parenting outcomes following paediatric acquired brain injury. <i>Developmental medicine and child neurology</i> , 56 41.   | No child internalising outcomes or not a major goal |
| 207. | Brown, F. L., Whittingham, K., McKinlay, L., Boyd, R. N., Sofronoff, K. (2014). An RCT of a parenting intervention for improving parent and family outcomes following paediatric acquired brain injury. <i>Developmental medicine and child neurology</i> , 56 58.  | Follow-up data collected only in active group       |
| 208. | Brown, F. L., Whittingham, K., McKinlay, L., Boyd, R., & Sofronoff, K. (2013). Efficacy of stepping stones triple p plus a stress management adjunct for parents of children with an acquired brain injury: The protocol of a Randomised controlled trial. <i>Brain Impairment</i> , 14(2), 253-269. doi: <a href="http://dx.doi.org/10.1017/BrImp.2013.18">http://dx.doi.org/10.1017/BrImp.2013.18</a> | Data not available/report ed                        |

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| 209. | Brown, L. D., Feinberg, M., & Kan, M. L. (2012). Predicting engagement in a transition to parenthood program for couples. <i>Evaluation and program planning</i> , 35(1), 1-8.  | No child internalising outcomes or not a major goal |
| 210. | Brown, L. K., Hadley, W., Donenberg, G. R., DiClemente, R. J., Lescano, C., Lang, D. M., ... & Oster, D. (2014). Project STYLE: A multisite RCT for HIV prevention among youths in mental health treatment. <i>Psychiatric Services</i> , 65(3), 338-344.   | Not a parenting intervention                        |
| 211. | Brugha TS, Wheatley S, Taub NA, Culverwell A, Friedman T, Kirwan P, Jones DR and Shapiro DA. 2000. Pragmatic randomized trial of antenatal intervention to prevent post-natal depression by reducing psychosocial risk factors. <i>Psychol Med</i> . 30(6):1273-81.   | No child internalising outcomes or not a major goal |
| 212. | Bry BH and George FE. 1980. The preventive effects of early intervention on the attendance and grades of urban adolescents. <i>Professional Psychology</i> , 11(2), 252-60.   | Not a parenting intervention                        |
| 213. | Bryan AA. 2000. Enhancing parent-child interaction with a prenatal couple intervention. <i>MCN: The American Journal of Maternal/Child Nursing</i> , 25(3), 139-145.  | No child internalising outcomes or not a major goal |
| 214. | Buckworth J, Dishman RK and Cureton KJ. 1994. Autonomic responses of women with parental hypertension. Effects of physical activity and fitness. <i>Hypertension</i> . 24(5):576-84.  | Not a parenting intervention                        |
| 215. | Buelow, J. M., Johnson, C. S., Perkins, S. M., Austin, J. K., & Dunn, D. W. (2013). Creating Avenues for Parent Partnership (CAPP): An intervention for parents of children with epilepsy and learning problems. <i>Epilepsy and Behavior</i> , 27(1), 64-69.<br>doi: <a href="http://dx.doi.org/10.1016/j.yebeh.2012.12.013">http://dx.doi.org/10.1016/j.yebeh.2012.12.013</a>           | No long term follow-up                              |
| 216. | Bühler, A., Kötter, C., Jaursch, S., & Lösel, F. (2011). Prevention of familial transmission of depression: EFFEKT-E, a selective program for emotionally burdened families. <i>Journal of Public Health</i> , 19, 321-327.   | Not an RCT; Parent component too small              |
| 217. | Buist A, Speelman C, Hayes B, Reay R, Milgrom J, Meyer D and Condon J. 2007. Impact of education on women with perinatal depression. <i>Journal of Psychosomatic Obstetrics &amp; Gynecology</i> . 28(1):49-54.   | Not a parenting intervention                        |
| 218. | Bullock LF, Wells JE, Duff GB and Hornblow AR. 1995. Telephone support for pregnant women: outcome in late pregnancy. <i>N Z Med J</i> . 108(1012):476-8.   | No child internalising outcomes or not a major goal |
| 219. | Bunaciu, L., Leen-Feldner, E. W., Blumenthal, H., Knapp, A. A., Badour, C. L., & Feldner, M. T. (2014). An Experimental Test of the Effects of Parental Modeling on Panic-Relevant Escape and Avoidance Among Early Adolescents. <i>Behavior therapy</i> , 45(4), 517-529.  | No long term follow-up                              |
| 220. | Bunton, P., Hindley, P., Woods, M., Grose, C., & Hedderly, T. (2013). Innovations in psychological treatment for tic disorders: Feasibility, acceptability and effectiveness data from two pilot studies. [Conference Abstract]. <i>Developmental Medicine and Child Neurology</i> , 55, 67. doi: <a href="http://dx.doi.org/10.1111/dmcn.12070">http://dx.doi.org/10.1111/dmcn.12070</a> | Not an RCT  |

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| 221. | Burke, K., Brennan, L., & Cann, W. (2012). Promoting protective factors for young adolescents: ABCD Parenting Young Adolescents Program randomized controlled trial. <i>Journal of Adolescence</i> , 35, 1315-1328.   | No long term follow-up  |
| 222. | Burke, S. O., Handley-Derry, M. H., Costello, E. A., Kauffmann, E., & Dillon, M. C. (1997). Stress-point intervention for parents of repeatedly hospitalized children with chronic conditions. <i>Res Nurs Health</i> , 20(6), 475-485. doi: 10.1002/(SICI)1098-240X(199712)20:6<475::AID-NUR2>3.0.CO;2-J | Follow-up less than 6 months  |
| 223. | Burns CD, Cortell R and Wagner BM. 2008. Treatment compliance in adolescents after attempted suicide: A 2-year follow-up study. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 47(8):948-57.   | Not a parenting intervention  |
| 224. | Burstein M, Ginsburg GS, Petras H and Ialongo N. 2010. Parent psychopathology and youth internalizing symptoms in an urban community: A latent growth model analysis. <i>Child Psychiatry and Human Development</i> . 41(1):61-87.  | Not a parenting intervention  |
| 225. | Butler LD, Symons BK, Henderson SL, Shortliffe LD and Spiegel D. 2005. Hypnosis reduces distress and duration of an invasive medical procedure for children. <i>Pediatrics</i> . 115(1):e77-85.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 226. | Butler SF, Budman SH and Beardslee W. 2000. Risk reduction in children from families with parental depression: A videotape psychoeducation program. <i>National Academies of Practice Forum: Issues in Interdisciplinary Care</i> (Vol. 2, No. 4, pp. 267-276).   | Follow-up less than 6 months  |
| 227. | Butler, A. M. (2006). Parent-child interaction therapy and ethnic minority children. <i>Vulnerable children and youth studies</i> , 1(3), 246.  | Review  |
| 228. | Byers JF, Yovaish W, Lowman LB and Francis JD. 2003. Co-bedding versus single-bedding premature multiple-gestation infants in incubators. <i>Journal of Obstetric, Gynecologic, &amp; Neonatal Nursing</i> , 32(3), 340-347.  | Not a parenting intervention  |
| 229. | Bywater, T., Hutchings, J., Daley, D., Whitaker, C., Yeo, S. T., Jones, K., et al. (2009). Long-term effectiveness of a parenting intervention for children at risk of developing conduct disorder. <i>Br J Psychiatry</i> , 195(4), 318-324. doi: 195/4/318  | Follow-up data collected only in active group   |
| 230. | Bywater, T., Hutchings, J., Linck, P., Whitaker, C., Daley, D., Yeo, S. T., & Edwards, R. T. (2011). Incredible Years parent training support for foster carers in Wales: a multi-centre feasibility study. <i>Child Care Health Dev</i> , 37, 233-243.   | Targets externalising   |



## Appendix B: List of excluded papers and reason(s) for exclusion

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| 231. | Cadman, D., Chambers, L. W., Walter, S. D., Ferguson, R., Johnston, N., & McNamee, J. (1987). Evaluation of public health preschool child developmental screening: the process and outcomes of a community program. <i>American journal of public health</i> , (1), 45-51.     | Not a parenting intervention  |
| 232. | Cadzow SP, Armstrong KL and Fraser JA. 1999. Stressed parents with infants: reassessing physical abuse risk factors. <i>Child Abuse Negl.</i> 23(9):845-53.  | Not a parenting intervention  |
| 233. | Calam R and Peters S. 2006. Assessing expressed emotion: Comparing Camberwell Family Interview and Five-minute Speech Sample ratings for mothers of children with behaviour problems. <i>International Journal of Methods in Psychiatric Research.</i> 15(3):107-15.           | No child internalising outcomes or not a major goal   |
| 234. | Calam, R., Sanders, M. R., Miller, C., Sadhnani, V., & Carmont, S. A. (2008). Can technology and the media help reduce dysfunctional parenting and increase engagement with preventative parenting interventions? <i>Child Maltreat</i> , 13(4), 347-361. doi:1077559508321272 | No child internalising outcomes or not a major goal   |
| 235. | Camp JM, Finkelstein N. Parenting training for women in residential substance abuse treatment. <i>Journal of Substance Abuse Treatment</i> 1997;14:311–422.  | Not an RCT  |
| 236. | Campbell, L, Clark, M, and K and S E. 1986. Stress management training for parents and their children undergoing cardiac catheterization. <i>American Journal of Orthopsychiatry</i> , 56(2), 234-43.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 237. | Campbell, S. B. & Ewing, L.J. (1990). Follow-up of hard to manage preschoolers: adjustment at age 9 and predictors of continuing symptoms. <i>Journal of Child Psychology and Psychiatry</i> , 31,871-   | Not an RCT; Not a parenting intervention  |
| 238. | Campbell, S. B., Ewing, L. J., Breaux, A. M., & Szumowski, E. K. (1986). Parent-referred problem three-year olds: Follow-up at school entry. <i>Journal of Child Psychology and Psychiatry</i> , 27, 473–488   | Not an RCT; Not a parenting intervention  |
| 239. | Capage, L. C., Bennett, G. M., & McNeil, C. B. (2001). A comparison between African American and Caucasian children referred for treatment of disruptive behavior disorders. <i>Child &amp; Family Behavior Therapy</i> , 23(1), 1-14.   | Not an RCT  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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|------|---|---|
| 240. | Caprilli S, Anastasi F, Grotto RP, Scollo Abeti M and Messeri A. 2007. Interactive music as a treatment for pain and stress in children during venipuncture: a randomized prospective study. <i>J Dev Behav Pediatr.</i> 28(5):399-403.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 241. | Caramlau, I., Barlow, J., Sembi, S., McKenzie-McHarg, K., & McCabe, C. (2011). Mums 4 Mums: Structured telephone peer-support for women experiencing postnatal depression. Pilot and exploratory RCT of its clinical and cost effectiveness. <i>Trials</i> , 12.  | No child internalising outcomes or not a major goal; Data not reported/available (protocol)   |
| 242. | Carlo, W. A., Goudar, S. S., Pasha, O., Chomba, E., Wallander, J. L., Biasini, F. J., . . . Wright, L. L. (2013). Randomized trial of early developmental intervention on outcomes in children after birth asphyxia in developing countries. <i>Journal of pediatrics</i> , 162(4), 705-712.e703. doi:10.1016/j.jpeds.2012.09.052 | No child internalising outcomes or not a major goal   |
| 243. | Carrasco, J. M. (2011). The impact of treatment intensity on a parent and child therapy program (Order No. 3419562). Available from ProQuest Dissertations & Theses Global. (755486026).  | Targets externalising   |
| 244. | Carrick-Sen, D. M., Steen, N., & Robson, S. C. (2014). Twin parenthood: the midwife's role—a randomised controlled trial. <i>BJOG: An International Journal of Obstetrics &amp; Gynaecology</i> , 121(10), 1302-1310.   | No child internalising outcomes or not a major goal   |
| 245. | Carrillo X.M., Amoros, M. O., & Sanchez. Emotive performances for the phobia of the dark: A controlled essay. <i>International Journal of Clinical and Health Psychology</i> . 2004 Sep;4(3):505-20.  | Not in English  |
| 246. | Cartwright-Hatton, S., McNally, D., White, C., & Verduyn, C. (2005). Parenting skills training: an effective intervention for internalizing symptoms in younger children? <i>J Child Adolesc Psychiatr Nurs</i> , 18(2), 45-52. doi: JCAP014  | Not an RCT  |
| 247. | Cartwright-Hatton, S., Roberts, C., Chitsabesan, P., Fothergill, C., & Harrington, R. (2004). Systematic review of the efficacy of cognitive behaviour therapies for childhood and adolescent anxiety disorders. <i>British Journal of Clinical Psychology</i> , 43(4), 421-436. doi: 10.1348/0144665042388928                    | Review  |
| 248. | Casey PH, Kelleher KJ, Bradley RH, Kellogg KW, Kirby RS, Whiteside L. A multifaceted intervention for infants with failure to thrive: a prospective study. <i>Arch Pediatr Adolesc Med</i> . 1994;148:1071–1077   | No long term follow-up  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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|------|---|---|
| 249. | Casey R, Ludwig S and McCormick MC. 1987. Minor head trauma in children: an intervention to decrease functional morbidity. <i>Pediatrics</i> , 80(2), 159-164.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 250. | Cassady JF, Jr., Wysocki TT, Miller KM, Cancel DD and Izenberg N. 1999. Use of a preanesthetic video for facilitation of parental education and anxiolysis before pediatric ambulatory surgery. <i>Anesth Analg</i> . 88(2):246-50.         | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 251. | Cassidy KL, Reid GJ, McGrath PJ, Finley GA, Smith DJ, Morley C, Szudek EA and Morton B. 2002. Watch needle, watch TV: Audiovisual distraction in preschool immunization. <i>Pain Medicine</i> , 3(2), 108-118.                              | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 252. | Catalano RR, Gainey RR, Fleming CB, Haggerty KP, Johnson NO. An experimental intervention with families of substance abusers: One-year follow-up of the focus on families project. <i>Addiction</i> 1999;94:241–254                         | No child internalising outcomes or not a major goal   |
| 253. | Caughy, M. O. B., Miller, T. L., Genevro, J. L., Huang, K.-Y., & Nautiyal, C. (2003). The effects of Healthy Steps on discipline strategies of parents of young children. <i>Journal of Applied Developmental Psychology</i> , 24, 517-534. | No child internalising outcomes or not a major goal   |
| 254. | Cavell, T. A., Elledge, L. C., Malcolm, K. T., Faith, M. A., & Hughes, J. N. (2009). Relationship quality and the mentoring of aggressive, high-risk children. <i>J Clin Child Adolesc Psychol</i> , 38(2), 185-198. doi: 909504563         | Parent component too small  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 255. | Celano, M., Hazzard, A., Webb, C., & McCall, C. (1996). Treatment of traumagenic beliefs among sexually abused girls and their mothers: an evaluation study. <i>J Abnorm Child Psychol</i> , 24(1), 1-17.  | No long term follow-up  |
| 256. | Cernvall, M., Carlbring, P., Ljungman, G., & Essen, L. (2013). Guided self-help as intervention for traumatic stress in parents of children with cancer: conceptualization, intervention strategies, and a case study. <i>Journal of psychosocial oncology</i> , 31(1), 13-29. doi:10.1080/07347332.2012.741095                                  | Not an RCT  |
| 257. | Cernvall, M., Carlbring, P., Ljungman, L., Ljungman, G., & Essen, L. V. (2014). Guided Self-help via the Internet for Parents of Children Recently Diagnosed with Cancer: A Randomized Controlled Trial. In <i>Psycho-Oncology</i> (Vol. 23, No. Suppl. 3, pp. 102-102).   | No child internalising outcomes or not a major goal   |
| 258. | Chaffin, M., Bard, D., Bigfoot, D. S., & Maher, E. J. (2012). Is a structured, manualized, evidence-based treatment protocol culturally competent and equivalently effective among American Indian parents in child welfare? <i>Child maltreatment</i> , 17(3), 242-252. doi:10.1177/1077559512457239  | No child internalising outcomes or not a major goal   |
| 259. | Chan CSM and Molassiotis A. 2002. The effects of an educational programme on the anxiety and satisfaction level of parents having parent present induction and visitation in a postanaesthesia care unit. <i>Pediatric Anesthesia</i> , 12(2), 131-139.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 260. | Chaplin TM, Gillham JE, Reivich K, Elkon AGL, Samuels B, Freres DR, Winder B and Seligman MEP. 2006. Depression prevention for early adolescent girls: A pilot study of all girls versus co-ed groups. <i>The Journal of Early Adolescence</i> . 26(1):110-26.   | Not a parenting intervention  |
| 261. | Chau, K., Kabuth, B., & Chau, N. (2014). Gender and family disparities in suicide attempt and role of socioeconomic, school, and health-related difficulties in early adolescence. <i>BioMed research international</i> , 2014.  | Not a parenting intervention  |
| 262. | Chavira DA and Stein MB. 2002. Combined psychoeducation and treatment with selective serotonin reuptake inhibitors for youth with generalized social anxiety disorder. <i>J Child Adolesc Psychopharmacol</i> . 12(1):47-54.   | Not an RCT  |
| 263. | Chavira DA, Stein MB, Bailey K and Stein MT. 2003. Parental Opinions Regarding Treatment for Social Anxiety Disorder in Youth. <i>Journal of Developmental and Behavioral Pediatrics</i> . 24(5):315-22.   | Not a parenting intervention  |
| 264. | Chazan-Cohen, R., Ayoub, C., Pan, B. A., Roggman, L., Raikes, H., McKelvey, L., Whiteside-Mansell, L., & Hart, A. (2007). It takes time: Impacts on Early Head Start that lead to reductions in maternal depression two years later. <i>Infant Mental Health Journal</i> . Special Issue: Infant Mental Health in Early Head Start, 28, 151-170. | No child internalising outcomes or not a major goal   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 265. | Chen, J. J.-L., & Liu, X. (2012). The mediating role of perceived parental warmth and parental punishment in the psychological well-being of children in rural China. <i>Social Indicators Research</i> , 107, 483-508.  | Not a parenting intervention   |
| 266. | Chen, J. L., Weiss, S. J., Heyman, M. B., Cooper, B., & Lustig, R. H. (2010). The Active Balance Childhood program for improving coping and quality of life in Chinese American children. <i>Nursing research</i> , (4), 270-279.  | Parent component too small   |
| 267. | Chen, Y., Shen, W. W., Gao, K., Lam, C. S., Chang, W. C., & Deng, H. (2014). Effectiveness RCT of a CBT intervention for youths who lost parents in the Sichuan, China, earthquake. <i>Psychiatric Services</i> , 65(2), 259-262. doi: <a href="http://dx.doi.org/10.1176/appi.ps.201200470">http://dx.doi.org/10.1176/appi.ps.201200470</a> | Not a parenting intervention   |
| 268. | Cheng, T. L., Wright, J. L., Markakis, D., Copeland-Linder, N., & Menvielle, E. (2008). Randomized trial of a case management program for assault-injured youth: impact on service utilization and risk for reinjury. <i>Pediatric emergency care</i> , (3), 130-136.  | Follow-up less than 6 months   |
| 269. | Chernoff, R. G., Ireys, H. T., DeVet, K. A., & Kim, Y. J. (2002). A randomized, controlled trial of a community-based support program for families of children with chronic illness: pediatric outcomes. <i>Arch Pediatr Adolesc Med</i> , 156(6), 533-539. doi: poa10379  | No long term follow-up   |
| 270. | Cherry, V. R., Belgrave, F. Z., Jones, W., Kennon, D. K., Gray, F. S., & Phillips, F. (1998). NTU: An afri-centric approach to substance abuse prevention among African American youth. <i>Journal of Primary Prevention</i> , (3), 319-339.   | Parent component too small; Not an RCT; Follow-up less than 6 months |
| 271. | Chhangur, R. R., Weeland, J., Overbeek, G., Matthys, W., & Orobio de Castro, B. (2012). ORCHIDS: an observational randomized controlled trial on childhood differential susceptibility. <i>BMC public health</i> , 12, 917. doi:10.1186/1471-2458-12-917   | Data not available/reported (protocol)                               |
| 272. | Chiang LC, Ma WF, Huang JL, Tseng LF and Hsueh KC. 2009. Effect of relaxation-breathing training on anxiety and asthma signs/symptoms of children with moderate-to-severe asthma: a randomized controlled trial. <i>Int J Nurs Stud</i> . 46(8):1061-70.   | Not a parenting intervention   |
| 273. | Chisholm V, Atkinson L, Donaldson C, Noyes K, Payne A and Kelnar C. 2007. Predictors of treatment adherence in young children with type 1 diabetes. <i>Journal of Advanced Nursing</i> . 57(5):482-93.   | Not a parenting intervention   |
| 274. | Choate, M. L., Pincus, D. B., Eyberg, S. M., & Barlow, D. H. (2005). Parent-child interaction therapy for treatment of separation anxiety disorder in young children: A pilot study. <i>Cognitive and Behavioral Practice</i> , 12(1), 126-135.  | Not an RCT   |
| 275. | Chorpita BF, Taylor AA, Francis SE, Moffitt C and Austin AA. 2004. Efficacy of Modular Cognitive Behavior Therapy for Childhood Anxiety Disorders. <i>Behavior Therapy</i> . 35(2):263-87.   | Not a parenting intervention   |
| 276. | Chorpita, B. F., Bernstein, A., & Daleiden, E. L. (2011). Empirically guided coordination of multiple evidence-based treatments: An illustration of relevance mapping in children's mental health services. <i>J Consult Clin Psychol</i> , 79, 470-480.   | Not a parenting intervention   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 277. | Christakis, D. A., Garrison, M. M., Herrenkohl, T., Haggerty, K., Rivara, F. P., Zhou, C., & Liekweg, K. (2013). Modifying media content for preschool children: A randomized controlled trial. <i>Pediatrics</i> , 131(3), 431-438.  | Follow-up less than 6 months                                     |
| 278. | Christiano B and Russ SW. 1998. Matching preparatory intervention to coping style: The effects on children's distress in the dental setting. <i>J Pediatr Psychol</i> . 23(1):17-27; discussion 9-32.   | Not a parenting intervention                                     |
| 279. | Christiansen H, Oades RD, Psychogiou L, Hauffa BP and Sonuga-Barke EJ. 2010. Does the cortisol response to stress mediate the link between expressed emotion and oppositional behavior in Attention-Deficit/Hyperactivity-Disorder (ADHD)? <i>Behavioral and Brain Functions</i> . 6(15).   | Not a parenting intervention                                     |
| 280. | Christie, D. (2014). Effectiveness of a Structured Educational Intervention Using Psychological Delivery Methods in Children and Adolescents with Poorly Controlled Type 1 Diabetes: A Cluster Randomized Controlled Trial of the CASCADE Intervention. <i>Journal of Adolescent Health</i> , 2(54), S41.   | Not a parenting intervention                                     |
| 281. | Christie, D., Thompson, R., Sawtell, M., Allen, E., Cairns, J., Smith, F., ... & Viner, R. (2014). Structured, intensive education maximising engagement, motivation and long-term change for children and young people with diabetes: a cluster randomised controlled trial with integral process and economic evaluation—the CASCADE study. <i>Health technology assessment</i> , 18 (20), 1-202. | Not a parenting intervention                                     |
| 282. | Chronis AM, Fabiano GA, Gnagy EM, Wymbs BT, Burrows-MacLean L and Pelham WE, Jr. 2001. Comprehensive, sustained behavioral and pharmacological treatment for attention-deficit/hyperactivity disorder: A case study. <i>Cognitive and Behavioral Practice</i> . 8(4):346-58.  | Not an RCT   |
| 283. | Chronis AM, Lahey BB, Pelham WE, Jr., Williams SH, Baumann BL, Kipp H, Jones HA and Rathouz PJ. 2007. Maternal depression and early positive parenting predict future conduct problems in young children with attention-deficit/hyperactivity disorder. <i>Developmental Psychology</i> . 43(1):70-82.  | Not a parenting intervention                                     |
| 284. | Chronis, A. M. (2003). The addition of the coping with depression course to behavioral parent training for mothers of children with attention deficit hyperactivity disorder. [Dissertation Abstract; Dissertation]. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 63(8-B).  | Follow-up less than 6 months;<br>No child internalising outcomes |
| 285. | Chronis, A. M., Gamble, S. A., Roberts, J. E., & Pelham, W. E., Jr. (2006). Cognitive-behavioral depression treatment for mothers of children with attention-deficit/hyperactivity disorder. <i>Behav Ther</i> , 37(2), 143-158. doi: S0005-7894(06)00016-5   | Follow-up less than 6 months;<br>No child internalising outcomes |
| 286. | Chronis, A. M., Jones, H. A., & Raggi, V. L. (2006). Evidence-based psychosocial treatments for children and adolescents with attention-deficit/hyperactivity disorder. <i>Clinical Psychology Review</i> , 26(4), 486-502.   | Review   |

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|------|---|---|
| 287. | Chronis-Tuscano, A., & Clarke, T. L. (2008). Behavioral skills training for depressed mothers of children with ADHD L'Abate, Lucciano (2008) (pp. Toward a science of clinical psychology: Laboratory evaluations and interventions. (pp. 57-77). Hauppauge, NY, US: Nova Science Publishers. xxi, 414).  | Not an RCT;<br>Follow-up less than 6 months                                 |
| 288. | Chronis-Tuscano, A., Clarke, T. L., O'Brien, K. A., Raggi, V. L., Diaz, Y., Mintz, A. D., . . . Lewinsohn, P. (2013). Development and preliminary evaluation of an integrated treatment targeting parenting and depressive symptoms in mothers of children with attention-deficit/hyperactivity disorder. <i>Journal of Consulting and Clinical Psychology</i> , 81(5), 918-925. doi:http://dx.doi.org/10.1037/a0032112 | Follow-up less than 6 months  |
| 289. | Chronis-Tuscano, A., Rubin, K. H., O'Brien, K. A., Coplan, R. J., Thomas, S. R., Dougherty, L. R., ... & Wimsatt, M. (2015). Preliminary evaluation of a multimodal early intervention program for behaviorally inhibited preschoolers. <i>Journal of consulting and clinical psychology</i> , 83(3), 534.  | No long term follow-up  |
| 290. | Chu BC, Colognori D, Weissman AS and Bannon K. 2009. An initial description and pilot of group behavioral activation therapy for anxious and depressed youth. <i>Cognitive and Behavioral Practice</i> . 16(4):408-19.  | Not a parenting intervention  |
| 291. | Chung B, Suzuki AR and McGough JJ. 2002. New drugs for treatment of attention-deficit/hyperactivity disorder. <i>Expert Opinion on Emerging Drugs</i> . 7(2):269-76.  | Not a parenting intervention  |
| 292. | Cicchetti, D., Rogosch, F. A., & Toth, S. L. (2000). The efficacy of toddler-parent psychotherapy for fostering cognitive development in offspring of depressed mothers. <i>Journal of Abnormal Child Psychology</i> , 28, 135–148.   | No long term follow-up; No child internalising outcomes or not a major goal |
| 293. | Cicchetti, D., Toth, S. L., & Rogosch, F. A. (1999). The efficacy of toddler-parent psychotherapy to increase attachment security in offspring of depressed mothers. <i>Attachment &amp; Human Development</i> , 1, 34-66.  | No child internalising outcomes or not a major goal                         |
| 294. | Ciechomski, L. D., Jackson, K. L., Tonge, B., King, N. J., & Heyne, D. A. (2001). Intellectual disability and anxiety in children: A group-based parent skills-training intervention. <i>Behaviour Change</i> , (4), 204-212.   | Data not available/reported   |
| 295. | Clarke GN, Hornbrook M, Lynch F, Polen M, Gale J, Beardslee W, O'Connor E and Seeley J. 2001. A randomized trial of a group cognitive intervention for preventing depression in adolescent offspring of depressed parents. <i>Arch Gen Psychiatry</i> . 58(12):1127-34.   | Not a parenting intervention  |
| 296. | Clarke GN, Hornbrook M, Lynch F, Polen M, Gale J, O'Connor E, Seeley JR and Debar L. 2002. Group cognitive-behavioral treatment for depressed adolescent offspring of depressed parents in a health maintenance organization. <i>J Am Acad Child Adolesc Psychiatry</i> . 41(3):305-13.   | Not a parenting intervention  |
| 297. | Clarke-Pounder, J. P., Boss, R. D., Roter, D. L., Hutton, N., Larson, S., & Donohue, P. K. (2015). Communication intervention in the neonatal intensive care unit: Can it backfire?. <i>Journal of palliative medicine</i> , 18(2), 157-161.  | No child internalising outcomes or not a major goal                         |

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|------|--|---|
| 298. | Clayton DM. 2007. Parenting education for low-income parents of preschoolers: What is the most effective approach? Dissertation Abstracts International: Section B: The Sciences and Engineering. 68(5-B).   | Not an RCT  |
| 299. | Coard, S. I., Wallace, S. A., Stevenson Jr, H. C., & Brotman, L. M. (2004). Towards Culturally Relevant Preventive Interventions: The Consideration of Racial Socialization in Parent Training with African American Families. <i>Journal of Child &amp; Family Studies</i> , 13, 277-293. | Not an RCT  |
| 300. | Coates AO, Schaefer CA and Alexander JL. 2004. Detection of Postpartum Depression and Anxiety in a Large Health Plan. <i>The Journal of Behavioral Health Services &amp; Research</i> . 31(2):117-33.  | Not a parenting intervention                        |
| 301. | Coates S and Schechter D. 2004. Preschoolers' traumatic stress post-9/11: Relational and developmental perspectives. <i>Psychiatric Clinics of North America</i> . Special Issue: Disaster psychiatry, a closer look. 27(3):473-89.  | Not a parenting intervention                        |
| 302. | Cobham VE, Dadds MR and Spence SH. 1998. The role of parental anxiety in the treatment of childhood anxiety. <i>Journal of Consulting and Clinical Psychology</i> . 66(6):893-905.   | Comparison condition not a minimal control          |
| 303. | Cobham VE. 2003. Evaluation of a Brief Child-focused Group-based Intervention for Anxiety-disordered Children. <i>Behaviour Change</i> . 20(2):109-16.   | Not a parenting intervention                        |
| 304. | Cobham, V. E. (2012). Do anxiety-disordered children need to come into the clinic for efficacious treatment? <i>J Consult Clin Psychol</i> , 80, 465-476.  | Follow-up data collected only in active group       |
| 305. | Cobham, V. E., Dadds, M. R., Spence, S. H., & McDermott, B. (2010). Parental anxiety in the treatment of childhood anxiety: A different story three years later. <i>Journal of Clinical Child and Adolescent Psychology</i> , 39(3), 410-420. doi: 10.1080/15374411003691719               | Comparison condition not a minimal control          |
| 306. | Coelho KF. 1999. Attachment Guided Multisystemic Therapy: A multicomponent intervention for children who are displaying externalizing behaviors. Dissertation Abstracts International: Section B: The Sciences and Engineering. 59(9-B).   | Not an RCT  |
| 307. | Coffman S, Levitt MJ and Brown L. 1994. Effects of clarification of support expectations in prenatal couples. <i>Nursing Research</i> , 43(2), 111-116.  | No child internalising outcomes or not a major goal |
| 308. | Cohen JA, Mannarino AP (1996a), A treatment outcome study for sexually abused preschool children: initial findings. <i>J Am Acad Child Adolesc Psychiatry</i> 35:42-50.  | No long term follow-up                              |



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|------|---|---|
| 309. | Cohen LL, Blount RL and Panopoulos G. 1997. Nurse coaching and cartoon distraction: An effective and practical intervention to reduce child, parent, and nurse distress during immunizations. <i>Journal of Pediatric Psychology</i> . 22(3):355-70.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 310. | Cohen, J. A., & Mannarino, A. P. (1998). Factors that mediate treatment outcome of sexually abused preschool children: six- and 12-month follow-up. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , (1), 44-51.   | Secondary analysis of Cohen 1997 - predictors only, not primary outcomes  |
| 311. | Cohen, N. J., Sullivan, J., Minde, K., Novak, C., & Helwig, C. (1981). Evaluation of the Relative Effectiveness of Methylphenidate and Cognitive Behavior-Modification in the Treatment of Kindergarten-Aged Hyperactive-Children. <i>Journal of Abnormal Child Psychology</i> , 9(1), 43-54. | Not a parenting intervention  |
| 312. | Colditz, P., Sanders, M. R., Boyd, R., Pritchard, M., Gray, P., O'Callaghan, M. J., ... & Jardine, L. (2015). Prem Baby Triple P: a randomised controlled trial of enhanced parenting capacity to improve developmental outcomes in preterm infants. <i>BMC pediatrics</i> , 15(1), 15.       | Data not available/reported   |
| 313. | Colletti CJM, Forehand R, Garai E, McKee L, Potts J, Haker K, Champion J and Compas BE. 2010. Associations of parent-child anxious and depressive symptoms when a caregiver has a history of depression. <i>Journal of Child and Family Studies</i> . 19(6):762-70.                           | Not a parenting intervention  |
| 314. | Colville G, Cream P and Kerry S. 2010. High stress during admission predicts the impact of a PICU follow-up clinic on parents' psychological outcome. <i>Critical Care</i> . 14:S200.   | No child internalising outcomes or not a major goal   |
| 315. | Colville GA, Cream PR and Kerry SM. 2010. Do parents benefit from the offer of a follow-up appointment after their child's admission to intensive care?: an exploratory randomised controlled trial. <i>Intensive and Critical Care Nursing</i> , 26(3), 146-153.                             | No child internalising outcomes or not a major goal   |
| 316. | Comer, J. S., Furr, J. M., Beidas, R. S., Weiner, C. L., & Kendall, P. C. (2008). Children and terrorism-related news: training parents in Coping and Media Literacy. <i>J Consult Clin Psychol</i> , 76(4), 568-578. doi: 2008-09736-004   | No long term follow-up  |
| 317. | Comer, J. S., Puliafico, A. C., Aschenbrand, S. G., McKnight, K., Robin, J. A., Goldfine, M. E., & Albano, A. M. (2012). A pilot feasibility evaluation of the CALM Program for anxiety disorders in early childhood. <i>J Anxiety Disord</i> , 26, 40-49.                                    | Not an RCT  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 318. | Compas BE, Champion JE, Forehand R, Cole DA, Reeslund KL, Fear J, et al. Coping and parenting: Mediators of 12-month outcomes of a family group cognitive-behavioral preventive intervention with families of depressed parents. <i>J Consult Clin Psychol</i> . 2010 Oct;78(5):623-34.   | Parent component too small   |
| 319. | Compas BE, Forehand R, Keller G, Champion JE, Rakow A, Reeslund KL, et al. Randomized controlled trial of a family cognitive-behavioral preventive intervention for children of depressed parents. <i>Journal of Consulting and Clinical Psychology</i> . 2009 Dec;77(6):1007-20.   | Parent component too small   |
| 320. | Compas, B. E., Forehand, R., Thigpen, J. C., Keller, G., Hardcastle, E. J., Cole, D. A., Potts, J., H. Watson, K., Rakow, A., Colletti, C., Reeslund, K., Fear, J., Garai, E., McKee, L., Merchant, M. J., & Roberts, L. (2011). Family group cognitive-behavioral preventive intervention for families of depressed parents: 18- and 24-month outcomes. <i>J Consult Clin Psychol</i> , 79, 488-499. | Secondary analysis of an excluded study (Compas 2009) which was excluded because parent component too small. |
| 321. | Compas, B. E., Forehand, R., Thigpen, J., Hardcastle, E., Garai, E., McKee, L., ... & Sterba, S. (2015). Efficacy and moderators of a family group cognitive-behavioral preventive intervention for children of parents with depression. <i>Journal of consulting and clinical psychology</i> , 83(3), 541.   | Parent component too small   |
| 322. | Compas, B. E., Keller, G., & Forehand, R. (2011). Preventive intervention in families of depressed parents: A family cognitive-behavioral intervention. In T. J. Strauman, P. R. Costanzo & J. Garber (Eds.), <i>Depression in adolescent girls: Science and prevention</i> . (pp. 318-339). New York, NY US: Guilford Press.   | Secondary analysis of an excluded study (Compas 2009) which was excluded because parent component too small. |
| 323. | Conant KD, Morgan AK, Muzykewicz D, Clark DC and Thiele EA. 2008. A karate program for improving self-concept and quality of life in childhood epilepsy: results of a pilot study. <i>Epilepsy Behav</i> . 12(1):61-5.  | Not a parenting intervention   |
| 324. | Conduct Problems Prevention Research Group. (1999). Initial impact of the Fast Track prevention trial for conduct problems: I. The high-risk sample. <i>Journal of consulting and clinical psychology</i> , (5), 631-647.   | No child internalising outcomes or not a major goal  |
| 325. | Conduct Problems Prevention Research Group. (2007). Fast track randomized controlled trial to prevent externalizing psychiatric disorders: findings from grades 3 to 9. <i>J Am Acad Child Adolesc Psychiatry</i> , 46(10), 1250-1262. doi:10.1097/chi.0b013e31813e5d39   | No child internalising outcomes or not a major goal  |
| 326. | Conduct Problems Prevention Research Group. (2011). The effects of the Fast Track preventive intervention on the development of conduct disorder across childhood. <i>Child Development</i> , 82(1), 331-345. doi: 10.1111/j.1467-8624.2010.01558.x   | No child internalising outcomes or not a major goal  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 327. | Connell AM, Dishion TJ. Reducing depression among at-risk early adolescents: Three-year effects of a family-centered intervention embedded within schools. <i>Journal of Family Psychology Special Issue: Public health perspectives on family interventions</i> . 2008 Aug;22(4):574-85.            | No long term follow-up  |
| 328. | Connell S, Sanders MR and Markie-Dadds C. 1997. Self-directed behavioral family intervention for parents of oppositional children in rural and remote areas. <i>Behav Modif</i> . 21(4):379-408.   | Follow-up less than 6 months; no child internalising outcomes or not a major goal |
| 329. | Connell, A., Dishion, T., Yasui, M., & Kavanagh, K. (2007). An adaptive approach to family intervention: Linking engagement in family-centered intervention to reductions in adolescent problem behavior. <i>Journal of Consulting and Clinical Psychology</i> , 75, 568–579.                        | No child internalising outcomes or not a major goal                               |
| 330. | Connolly L, Sharry J, Fitzpatrick C (2001) Evaluation of a group treatment programme for parents of children with behavioural disorders. <i>Child Psychol Psychiatry Rev</i> 6:159–165   | Follow-up data collected only in active group                                     |
| 331. | Connor-Smith JK and Weisz JR. 2003. Applying treatment outcome research in clinical practice: Techniques for adapting interventions to the real world. <i>Child and Adolescent Mental Health</i> . 8(1):3-10.  | Not a parenting intervention  |
| 332. | Cook, F., Bayer, J., Le, H. N. D., Mensah, F., Cann, W., & Hiscock, H. (2012). Baby Business: A randomised controlled trial of a universal parenting program that aims to prevent early infant sleep and cry problems and associated parental depression. <i>BMC Pediatr</i> , 12.                   | Data not available/reported (protocol)  |
| 333. | Cookston, J. T., & Fung, W. W. (2011). The kids' turn program evaluation: Probing change within a community?based intervention for separating families. <i>Family Court Review</i> , 49, 348-363.  | No long term follow-up  |
| 334. | Cooper PJ, Landman M, Tomlinson M, Molteno C, Swartz L and Murray L. 2002. Impact of a mother-infant intervention in an indigent peri-urban South African context: pilot study. <i>Br J Psychiatry</i> . 180:76-81.  | Not an RCT  |
| 335. | Cooper, P. J., Tomlinson, M., Swartz, L., Landman, M., Molteno, C., Stein, A., et al. (2009). Improving quality of mother-infant relationship and infant attachment in socioeconomically deprived community in South Africa: randomised controlled trial. <i>BMJ (Clinical research ed.)</i> , b974. | No child internalising outcomes or not a major goal                               |
| 336. | Copping VE, Warling DL, Benner DG and Woodside DW. 2001. A child trauma treatment pilot study. <i>Journal of Child and Family Studies</i> . 10(4):467-75.  | Not an RCT  |
| 337. | Corrin, E. G. (2004). Child group training versus parent and child group training for young children with ADHD. [Dissertation Abstract; Dissertation]. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 64(7-B).   | No long term follow-up  |
| 338. | Costin J, Vance A, Barnett R, O'Shea M and Luk ESL. 2002. Attention deficit hyperactivity disorder and comorbid anxiety: Practitioner problems in treatment planning. <i>Child and Adolescent Mental Health</i> . 7(1):16-24.  | Not an RCT  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 339. | Costin, J., & Chambers, S. (2007). Parent Management Training as a treatment for children with Oppositional Defiant Disorder referred to a mental health clinic. <i>Clinical Child Psychology and Psychiatry</i> , 12, 511–524. <i>of Child Psychology and Psychiatry</i> , 40, 1185–1196.  | Follow-up less than 6 months                        |
| 340. | Coughlin, M., Sharry, J., Fitzpatrick, C., Guerin, S., & Drumm, M. (2009). A controlled clinical evaluation of the parents plus children's programme: a video-based programme for parents of children aged 6 to 11 with behavioural and developmental problems. <i>Clinical child psychology and psychiatry</i> , (4), 541-558.   | Follow-up less than 6 months                        |
| 341. | Cox, C. M., Kenardy, J. A., & Hendrikz, J. K. (2010). A randomized controlled trial of a web-based early intervention for children and their parents following unintentional injury. <i>J Pediatr Psychol</i> , 35(6), 581-592. doi: jsp095   | Follow-up less than 6 months                        |
| 342. | Coyne CA, Xu R, Raich P, Plomer K, Dignan M, Wenzel LB, Fairclough D, Habermann T, Schnell L, Quella S, Cella D and Eastern Cooperative Oncology G. 2003. Randomized, controlled trial of an easy-to-read informed consent statement for clinical trial participation: a study of the Eastern Cooperative Oncology Group. <i>Journal of Clinical Oncology</i> , 21(5), 836-842. | Not a parenting intervention                        |
| 343. | Crawford AM and Manassis K. 2001. Familial predictors of treatment outcome in childhood anxiety disorders. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 40(10):1182-9.   | Not a parenting intervention                        |
| 344. | Crawley SA, Beidas RS, Benjamin CL, Martin E and Kendall PC. 2008. Treating socially phobic youth with CBT: Differential outcomes and treatment considerations. <i>Behavioural and Cognitive Psychotherapy</i> . 36(4):379-89.  | Not a parenting intervention                        |
| 345. | Crisante, L. (2003). Implementation and Process Issues in Using Group Triple P with Chinese Parents: Preliminary Findings. <i>Australian eJournal for the advancement of mental health</i> , 2, n3.   | No long term follow-up                              |
| 346. | Crockett K, Zlotnick C, Davis M, Payne N and Washington R. 2008. A depression preventive intervention for rural low-income African-American pregnant women at risk for postpartum depression. <i>Arch Womens Ment Health</i> . 11(5-6):319-25.  | No child internalising outcomes or not a major goal |
| 347. | Crosby DA, Dowsett CJ, Gennetian LA and Huston AC. 2010. A tale of two methods: Comparing regression and instrumental variables estimates of the effects of preschool child care type on the subsequent externalizing behavior of children in low-income families. <i>Developmental Psychology</i> . 46(5):1030-48.   | Not a parenting intervention                        |
| 348. | Cross, W., West, J., Wyman, P. A., Schmeelk-Cone, K., Xia, Y., Tu, X., ... & Forgatch, M. (2015). Observational measures of implementer fidelity for a school-based preventive intervention: development, reliability, and validity. <i>Prevention Science</i> , 16(1), 122-132.  | Not a parenting intervention                        |
| 349. | Crowe M and Luty S. 2005. Interpersonal psychotherapy: An effective psychotherapeutic intervention for mental health nursing practice. <i>International Journal of Mental Health Nursing</i> . 14(2):126-33.  | Not a parenting intervention                        |
| 350. | Crowe M and Luty S. 2005. The Process of Change in Interpersonal Psychotherapy (IPT) for Depression: A Case Study for the New IPT Therapist. <i>Psychiatry: Interpersonal and Biological Processes</i> . 68(1):43-54.   | Not a parenting intervention                        |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 351. | Cuesta-Barriuso, R., Torres-Ortuño, A., López-García, M., & Nieto-Munuera, J. (2014). Effectiveness of an educational intervention of Physiotherapy in parents of children with haemophilia. <i>Haemophilia</i> , 20(6), 866-872.  | Not an RCT  |
| 352. | Cukrowicz KC, Smith PN, Hohmeister HC and Joiner TE, Jr. 2009. The moderation of an early intervention program for anxiety and depression by specific psychological symptoms. <i>Journal of Clinical Psychology</i> . 65(4):337-51.  | Not a parenting intervention  |
| 353. | Cummings CM and Fristad MA. 2007. Medications prescribed for children with mood disorders: effects of a family-based psychoeducation program. <i>Exp Clin Psychopharmacol</i> . 15(6):555-62.  | No child internalising outcomes or not a major goal                             |
| 354. | Cummings, J. G., & Wittenberg, J.-V. (2008). Supportive expressive therapy--Parent child version: An exploratory study. <i>Psychotherapy: Theory, Research, Practice, Training</i> . Special Issue: New treatments in psychotherapy, 45(2), 148-164. doi: 10.1037/0033-3204.45.2.148                                     | Targets externalising   |
| 355. | Cunningham CE, Boyle M, Offord D, Racine Y, Hundert J, Secord M and McDonald J. 2000. Tri-ministry study: Correlates of school-based parenting course utilization. <i>Journal of Consulting and Clinical Psychology</i> . 68(5):928-33.  | Not an RCT  |
| 356. | Cunningham S, Deere S, Symon A, Elton RA and McIntosh N. 1998. A randomized, controlled trial of computerized physiologic trend monitoring in an intensive care unit. <i>Crit Care Med</i> . 26(12):2053-60.   | Not a parenting intervention  |
| 357. | Cunningham, C. E., Bremner, R., & Boyle, M. (1995). Large group community-based parenting programs for families of preschoolers at risk for disruptive behaviour disorders: utilization, cost effectiveness, and outcome. <i>Journal of child psychology and psychiatry, and allied disciplines</i> , (7), 1141-1159.    | Targets externalising (preschoolers at risk for disruptive behaviour disorders) |
| 358. | Curry, J., Rohde, P., Simons, A., Silva, S., Vitiello, B., Kratochvil, C., . . . March, J. (2006). Predictors and Moderators of Acute Outcome in the Treatment for Adolescents With Depression Study (TADS). <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 45(12), 1427-1439.            | Not a parenting intervention  |
| 359. | Cutuli, J. J., Gillham, J. E., Chaplin, T. M., Reivich, K. J., Seligman, M.E.P., Gallop, R.J., Abenavoli, R. M., Freres, D. R. (2013). Preventing adolescents' externalizing and internalizing symptoms: Effects of the Penn Resiliency Program. <i>The International Journal of Emotional Education</i> , 5 (2), 67-79. | Not a parenting intervention  |
| 360. | Dadds MR, Holland DE, Laurens KR, Mullins M, Barrett PM, Spence SH. Early intervention and prevention of anxiety disorders in children: results at 2-year follow-up. <i>J Consult Clin Psychol</i> . 1999 Feb;67(1):145-50.  | Parent component too small  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 361. | Dadds MR, Schwartz S and Sanders MR. 1987. Marital Discord and Treatment Outcome in Behavioral Treatment of Child Conduct Disorders. <i>Journal of Consulting and Clinical Psychology</i> . 55(3):396-403.  | Comparison condition not a minimal control; No child internalising outcomes or not a major goal   |
| 362. | Dadds MR, Spence SH, Holland DE, Barrett PM, Laurens KR. Prevention and early intervention for anxiety disorders: a controlled trial. <i>J Consult Clin Psychol</i> . 1997 Aug;65(4):627-35.  | Parent component too small  |
| 363. | Dadds, M. R., & McHugh, T. A. (1992). Social support and treatment outcome in behavioral family therapy for child conduct problems. <i>J Consult Clin Psychol</i> , 60(2), 252-259.   | Targets externalising   |
| 364. | Dadds, M. R., MacDonald, E., Cauchi, A., Williams, K., Levy, F., & Brennan, J. (2014). Nasal oxytocin for social deficits in childhood autism: A randomized controlled trial. <i>Journal of Autism and Developmental Disorders</i> , 44(3), 521-531. doi: <a href="http://dx.doi.org/10.1007/s10803-013-1899-3">http://dx.doi.org/10.1007/s10803-013-1899-3</a> | Not a parenting intervention  |
| 365. | Dadsetan, P., Ghanbari, S., Heydari, M. (2014). The effectiveness of behavioral parent training on reducing externalizing problems in 7 to 9 years old children. <i>Journal of Psychology</i> , 17 (4), 401-419.  | Targets externalising   |
| 366. | Dahlquist LM, Pendley JS, Landthrip DS, Jones CL and Steuber CP. 2002. Distraction intervention for preschoolers undergoing intramuscular injections and subcutaneous port access. <i>Health Psychol</i> . 21(1):94-9.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 367. | Daley D, Jones K, Hutchings J and Thompson M. 2009. Attention deficit hyperactivity disorder in pre-school children: Current findings, recommended interventions and future directions. <i>Child: Care, Health and Development</i> . 35(6):754-66.  | Review  |
| 368. | Daley, D., & O'Brien, M. (2013). A small-scale randomized controlled trial of the self-help version of the New Forest Parent Training Programme for children with ADHD symptoms. <i>European child &amp; adolescent psychiatry</i> , 22(9), 543-552. doi:10.1007/s00787-013-0396-8  | No child internalising outcomes or not a major goal   |
| 369. | Dallaire DH, Cole DA, Smith TM, Ciesla JA, LaGrange B, Jacquez FM, Pineda AQ, Truss AE and Folmer AS. 2008. Predicting children's depressive symptoms from community and individual risk factors. <i>Journal of Youth and Adolescence</i> . 37(7):830-46.   | Not a parenting intervention  |

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| 370. | Daly, R. M., Holland, C. J., Forrest, P. A., & Fellbaum, G. A. (1985). Temporal generalization of treatment effects over a three-year period for a parent training program: Directive Parental Counseling (DPC). <i>Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement</i> , 17(4), 379-388. doi:10.1037/h0080049   | Follow-up data collected only in active group  |
| 371. | D'Angelo EJ, Llerena-Quinn R, Shapiro R, Colon F, Rodriguez P, Gallagher K and Beardslee WR. 2009. Adaptation of the Preventive Intervention Program for Depression for use with predominantly low-income Latino families. <i>Family Process</i> . 48(2):269-91.   | Not an RCT   |
| 372. | Dashtbozorgi B, Ghadirian F, Khajeddin N and Karatni K. 2009. Effect of family psychoeducation on the level of adaptation and improvement of patients with mood disorders. <i>Iranian Journal of Psychiatry and Clinical Psychology</i> . Special Issue: On bipolar disorder. 15(2):193-200.   | Follow-up less than 6 months   |
| 373. | Davey, M. P., Kissil, K., Lynch, L., Harmon, L. R., & Hodgson, N. (2013). A culturally adapted family intervention for African American families coping with parental cancer: Outcomes of a pilot study. <i>Psycho-Oncology</i> , 22(7), 1572-1580. doi: <a href="http://dx.doi.org/10.1002/pon.3172">http://dx.doi.org/10.1002/pon.3172</a>   | No long term follow-up   |
| 374. | David, D. H., McMahon, T. J., Luthar, S. L., & Suchman, N. E. (2012). Sensation Seeking, Coping With Stress, and Readiness to Engage in Therapy: Does Ego Development Influence the Psychosocial Functioning of Substance-Abusing Mothers? <i>American Journal of Orthopsychiatry</i> , 82, 231-240.   | Secondary analysis (moderators) of Luthar 2007   |
| 375. | David, O. A. (2014). The Rational Positive Parenting program for child externalizing behavior: Mechanisms of change analysis. <i>Journal of Evidence Based Psychotherapies</i> , 14 (1), 21-38.  | Targets externalising  |
| 376. | David, O. A., David, D., Dobrean, A. (2014). Efficacy of the Rational Positive Parenting Program for child externalizing behavior: Can an emotion-regulation enhanced cognitive-behavioral parent program be more effective than a standard one? <i>Journal of Evidence Based Psychotherapies</i> , 14 (2), 159-178.   | Targets externalising  |
| 377. | Davies SL, Horton TV, Williams AG, Martin MY and Stewart KE. 2009. MOMS: formative evaluation and subsequent intervention for mothers living with HIV. <i>AIDS Care</i> . 21(5):552-60.  | No child internalising outcomes or not a major goal (focus study)                        |
| 378. | Dawson, G., & Burner, K. (2011). Behavioral interventions in children and adolescents with autism spectrum disorder: A review of recent findings. <i>Current Opinion in Pediatrics</i> , 23, 616-620.  | Review   |
| 379. | Dawson, W. W. (2003). Symptomatology of bereaved parents who have lost a child to cancer: A 6-week group therapy intervention (Order No. 3085520). Available from ProQuest Dissertations & Theses Global. (305284152).   | No child internalising outcomes or not a major goal                                      |
| 380. | Dawson-McClure, S. R., Sandler, I. N., Wolchik, S. A., & Millsap, R. E. (2004). Risk as a Moderator of the Effects of Prevention Programs for Children From Divorced Families: A Six-Year Longitudinal Study. <i>Journal of Abnormal Child Psychology: An official publication of the International Society for Research in Child and Adolescent Psychopathology</i> , 32(2), 175-190. doi: 10.1023/b:jacp.0000019769.75578.79 | Secondary analysis of Wolchik West et al 2000 (moderator analysis only, no useable data) |

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| 381. | de Brouwer, S. J., Kraaimaat, F. W., Sweep, F. C., Donders, R. T., Eijbsbouts, A., van Koulik, S., van Riel, P. L., & Evers, A. W. (2011). Psychophysiological responses to stress after stress management training in patients with rheumatoid arthritis. <i>PLoS One</i> , 6, e27432.  | Not a parenting intervention   |
| 382. | De Cuyper S, Timbremont B, Braet C, De Backer V and Wullaert T. 2004. Treating depressive symptoms in schoolchildren: a pilot study. <i>Eur Child Adolesc Psychiatry</i> . 13(2):105-14.   | Not a parenting intervention   |
| 383. | de Groot J, Cobham V, Leong J, McDermott B. Individual versus group family-focused cognitive-behaviour therapy for childhood anxiety: Pilot randomized controlled trial. <i>Australian and New Zealand Journal of Psychiatry</i> . 2007 Dec;41(12):990-7.  | Comparison condition not a minimal control   |
| 384. | De Los Reyes, A., Alfano, C. A., & Beidel, D. C. (2010). The relations among measurements of informant discrepancies within a multisite trial of treatments for childhood social phobia. <i>Journal of Abnormal Child Psychology: An official publication of the International Society for Research in Child and Adolescent Psychopathology</i> , 38(3), 395-404. doi: 10.1007/s10802-009-9373-6 | No long term follow-up   |
| 385. | de Mello MF, de Jesus Mari J, Bacaltchuk J, Verdelli H and Neugebauer R. 2005. A systematic review of research findings on the efficacy of interpersonal therapy for depressive disorders. <i>European Archives of Psychiatry and Clinical Neuroscience</i> . 255(2):75-82.  | Review   |
| 386. | De Rubeis, S., & Granic, I. (2012). Understanding treatment effectiveness for aggressive youth: The importance of regulation in mother-child interactions. <i>Journal of Family Psychology</i> , 26, 66-75.  | Targets externalising  |
| 387. | de Souza, M. A., Salum, G. A., Jarros, R. B., Isolan, L., Davis, R., Knijnik, D., . . . Heldt, E. (2013). Cognitive-behavioral group therapy for youths with anxiety disorders in the community: effectiveness in low and middle income countries. <i>Behav Cogn Psychother</i> , 41(3), 255-264. doi: 10.1017/s1352465813000015   | Parent component too small   |
| 388. | Dean KL, Stein BD, Jaycox LH, Kataoka SH, Wong M, Pincus HA and Tanielian TL. 2004. Acceptability of Asking Parents About Their Children's Traumatic Symptoms. <i>Psychiatric Services</i> . 55(8):866.  | Not a parenting intervention   |
| 389. | Deault LC. 2010. A systematic review of parenting in relation to the development of comorbidities and functional impairments in children with attention-deficit/hyperactivity disorder (ADHD). <i>Child Psychiatry and Human Development</i> . 41(2):168-92.   | Review   |
| 390. | Deblinger, E., Mannarino, A. P., Cohen, J. A., Runyon, M. K., & Steer, R. A. (2011). Trauma-focused cognitive behavioral therapy for children: impact of the trauma narrative and treatment length. <i>Depress Anxiety</i> , 28, 67-75.  | Not a parenting intervention   |
| 391. | DeGarmo DS, Patterson GR, Forgatch MS. How do outcomes in a specified parent training intervention maintain or wane over time? <i>Prev Sci</i> . 2004 Jun;5(2):73-89.  | Secondary analysis (mediation) of study already included (Forgatch & DeGarmo 1999) |
| 392. | DeGarmo, D. S., & Forgatch, M. S. (2005). Early development of delinquency within divorced families: evaluating a randomized preventive intervention trial. <i>Developmental Science</i> , 8(3), 229-239. doi: 10.1111/j.1467-7687.2005.00412.x  | No child internalising outcomes or not a major goal                                |



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| 393. | Dégi, C. L., Kállay, É., & Vincze, A. E. 2007. Differences in illness-related distress in ethnically different cancer patients: Romanians, Romanian Hungarians and Hungarians. <i>Cognitie, Creier, Comportament/Cognition, Brain, Behavior</i> , 11(1): 143.   | Not a parenting intervention                        |
| 394. | Deitz DK, Cook RF, Billings DW and Hendrickson A. 2009. A web-based mental health program: reaching parents at work. <i>Journal of pediatric psychology</i> , 34(5), 488-494.   | No child internalising outcomes or not a major goal |
| 395. | Dekovic, M., Asscher, J. J., Manders, W. A., Prins, P. J. M, van der Laan, P. (2012). Within-intervention change: Mediators of intervention effects during multisystemic therapy. <i>Journal of Consulting and Clinical Psychology</i> , 80 (4), 574-587.   | Targets externalising                               |
| 396. | Dell'Agnello G, Maschietto D, Bravaccio C, Calamoneri F, Masi G, Curatolo P, Besana D, Mancini F, Rossi A, Poole L, Escobar R and Zuddas A. 2009. Atomoxetine hydrochloride in the treatment of children and adolescents with attention-deficit/hyperactivity disorder and comorbid oppositional defiant disorder: A placebo-controlled Italian study. <i>European Neuropsychopharmacology</i> . 19(11):822-34. | Not a parenting intervention                        |
| 397. | Dennis CL, Ross LE and Grigoriadis S. 2007. Psychosocial and psychological interventions for treating antenatal depression. <i>Cochrane Database of Systematic Reviews</i> . (3), CD006309.   | No child internalising outcomes or not a major goal |
| 398. | Dent A. 1999. Evaluation of community interventions for bereaved parents using a randomised controlled trial. <i>National Research Register</i> , Retrieved from <a href="http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/738/CN-00315738/frame.html">http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/738/CN-00315738/frame.html</a> .  | No child internalising outcomes or not a major goal |
| 399. | DePanfilis, D., & Dubowitz, H. (2005). Family Connections: A Program for Preventing Child Neglect. <i>Child Maltreatment</i> , 10(2), 108-123. doi: 10.1177/1077559505275252  | Comparison condition not a minimal control          |
| 400. | Descheemaeker MJ, Swillen A, Plissart L, Borghgraef M, Rasenberg S, Curfs LMG and Fryns JP. 1994. The Prader-Willi syndrome: A self supporting program for children, youngsters and adults. <i>Genetic Counseling</i> . 5(2):199-205.   | Not an RCT  |
| 401. | Diamond, G., Reis, B., Diamond, G., Siqueland, L., & Isaacs, L. (2002). Attachment-based family therapy for depressed adolescents: A treatment development study. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 41, 1190–1196.  | Follow-up data collected only in active group       |
| 402. | Diaz MA, Le H-N, Cooper BA and Munoz RF. 2007. Interpersonal factors and perinatal depressive symptomatology in a low-income Latina sample. <i>Cultural Diversity and Ethnic Minority Psychology</i> . 13(4):328-36.  | Not a parenting intervention                        |
| 403. | Dieter JNI, Emory EK, Johnson KC and Raynor BD. 2008. Maternal depression and anxiety effects on the human fetus: Preliminary findings and clinical implications. <i>Infant Mental Health Journal</i> . Special Issue: Perinatal mood and anxiety disorders and mother-infant relationships. 29(5):420-41.  | Not a parenting intervention                        |
| 404. | Dietz LJ, Jennings KD, Kelley SA and Marshal M. 2009. Maternal depression, paternal psychopathology, and toddlers' behavior problems. <i>Journal of Clinical Child and Adolescent Psychology</i> . 38(1):48-61.   | Not a parenting intervention                        |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 405. | Díez-Juan, M., Schneider, A., Phillips, T., Lozano, R., Tassone, F., Solomon, M., & Hagerman, R. J. (2014). Parent-delivered touchscreen intervention for children with fragile X syndrome. <i>Intractable &amp; rare diseases research</i> , 3(4), 166.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 406. | Dillman Carpentier FR, Mauricio AM, Gonzales NA, Millsap RE, Meza CM, Dumka LE, Germán M and Genalo MT. 2007. Engaging Mexican origin families in a school-based preventive intervention. <i>The journal of primary prevention</i> , 28(6), 521-546.   | No child internalising outcomes or not a major goal   |
| 407. | Dillon FR, Pantin H, Robbins MS and Szapocznik J. 2008. Exploring the role of parental monitoring of peers on the relationship between family functioning and delinquency in the lives of African American and Hispanic adolescents. <i>Crime &amp; Delinquency</i> . 54(1):65-94.                         | Not an RCT  |
| 408. | Dishion TJ and Andrews DW. 1995. Preventing Escalation in Problem Behaviors with High-Risk Young Adolescents - Immediate and 1-Year Outcomes. <i>Journal of Consulting and Clinical Psychology</i> . 63(4):538-48.   | Targets externalising   |
| 409. | Dishion TJ, Kavanagh K, Schneiger A, Nelson SE, Kaufman N. Preventing early adolescent substance use: A family-centered strategy for the public middle-school ecology. <i>Prevention Science</i> 2002;3:191–201. [PubMed: 12387554]  | No child internalising outcomes or not a major goal   |
| 410. | Dishion TJ, Shaw D, Connell A, Gardner F, Weaver C and Wilson M. 2008. The Family Check-Up with high-risk indigent families: Preventing problem behavior by increasing parents' positive behavior support in early childhood. <i>Child Development</i> . 79(5):1395-414.                                   | Targets externalising   |
| 411. | Dishion, T. J., Brennan, L. M., Shaw, D. S., McEachern, A. D., Wilson, M. N., & Jo, B. (2014). Prevention of problem behavior through annual family check-ups in early childhood: intervention effects from home to early elementary school. <i>Journal of abnormal child psychology</i> , 42(3), 343-354. | No child internalising outcomes or not a major goal   |
| 412. | Dobson KS, Hopkins JA, Fata L, Scherrer M and Allan LC. 2010. The prevention of depression and anxiety in a sample of high-risk adolescents: A randomized controlled trial. <i>Canadian Journal of School Psychology</i> . 25(4):291-310.  | Not a parenting intervention  |
| 413. | Dodge, K. A., Bierman, K. L., Coie, J. D., Greenberg, M. T., Lochman, J. E., McMahon, R. J., & Pinderhughes, E. E. (2014). Impact of early intervention on psychopathology, crime, and well-being at age 25. <i>American journal of psychiatry</i> , 172(1), 59-70.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 414. | Dodge, K. A., Goodman, W. B., Murphy, R. A., O'Donnell, K., Sato, J., & Guptill, S. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting. <i>Am J Public Health</i> , 104 Suppl 1, S136-143. doi: 10.2105/ajph.2013.301361                                    | No child internalising outcomes or not a major goal   |
| 415. | Doepfner, M., & Rothenberger, A. (2011). Progress in real world interventions for externalizing disorders using innovative designs and data analyses. <i>European Child and Adolescent Psychiatry</i> , 20, S66-S67.  | Not an RCT  |
| 416. | Doering JJ, Morin K and Stetzer FC. 2009. Severe fatigue and depressive symptoms in lower-income urban postpartum women. <i>Western Journal of Nursing Research</i> . 31(5):599-612.  | Not a parenting intervention  |
| 417. | Doherty, W. J., Erickson, M. F., & LaRossa, R. (2006). An intervention to increase father involvement and skills with infants during the transition to parenthood. <i>Journal of Family Psychology</i> , 20(3), 438-447.  | No long term follow-up; No child internalising outcomes or not a major goal                   |
| 418. | Domitrovich, C. E., Cortes, R. C., & Greenberg, M. T. (2007). Improving young children's social and emotional competence: A randomized trial of the preschool "PATHS" curriculum. <i>The Journal of Primary Prevention</i> , 28, 67-91.   | Not a parenting intervention; No long term follow-up  |
| 419. | Donovan, C. L., & March, S. (2014). Online CBT for preschool anxiety disorders: a randomised control trial. <i>Behav Res Ther</i> , 58, 24-35. doi: 10.1016/j.brat.2014.05.001  | Follow-up data collected only in active group   |
| 420. | Donovick, M. R. (2010). Parenting practices and child mental health among spanish speaking latino families: Examining the role of parental cultural values (Order No. 3423994). Available from ProQuest Dissertations & Theses Global. (759968090).   | Data not available/reported (reports on baseline data from larger RCT - no intervention here) |
| 421. | Dooley, B., Fitzgerald, A., & Giollabhui, N. M. (2015). The risk and protective factors associated with depression and anxiety in a national sample of Irish adolescents. <i>Irish Journal of Psychological Medicine</i> , 32(01), 93-105.  | Not a parenting intervention  |
| 422. | Dornelas EA, Ferrand J, Stepnowski R, Barbagallo J and McCullough L. 2010. A pilot study of affect-focused psychotherapy for antepartum depression. <i>Journal of Psychotherapy Integration</i> . 20(4):364-82.   | No child internalising outcomes or not a major goal   |
| 423. | Douglas, P. S., Miller, Y., Bucetti, A., Hill, P. S., & Creedy, D. K. (2013). Preliminary evaluation of a primary care intervention for cry-fuss behaviours in the first 3-4 months of life ('The Possums Approach'): effects on cry-fuss behaviours and maternal mood. <i>Australian journal of primary health</i> . | No child internalising outcomes or not a major goal   |
| 424. | Dowd, T. (2007). An Australian Pilot Study of a Parent-Child Interaction Program You Make the Difference. <i>Neonatal, paediatric, and child health nursing</i> , 10, 13.   | Not an RCT  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 425. | Doyle AC, McLean C, Washington BN, Hoste RR and le Grange D. 2009. Are single-parent families different from two-parent families in the treatment of adolescent bulimia nervosa using family-based treatment? <i>International Journal of Eating Disorders</i> , 42(2), 153-157.  | Not a parenting intervention  |
| 426. | Dracup K, Moser DK, Doering LV, Guzy PM and Juarbe T. 2000. A controlled trial of cardiopulmonary resuscitation training for ethnically diverse parents of infants at high risk for cardiopulmonary arrest. <i>Crit Care Med</i> . 28(9):3289-95.   | No child internalising outcomes or not a major goal   |
| 427. | Drahota A, Wood JJ, Sze KM and Van Dyke M. 2011. Effects of cognitive behavioral therapy on daily living skills in children with high-functioning autism and concurrent anxiety disorders. <i>Journal of Autism and Developmental Disorders</i> . 41(3):257-65.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 428. | Draper, K., Siegel, C., White, J., Solis, C. M., & Mishna, F. (2009). Preschoolers, parents, and teachers (PPT): a preventive intervention with an at risk population. <i>International journal of group psychotherapy</i> , (2), 221-242.  | No long term follow-up  |
| 429. | Dreifuss FE, Rosman NP, Cloyd JC, Pellock JM, Kuzniecky RI, Lo WD, Matsuo F, Sharp GB, Conry JA, Bergen DC and Bell WE. 1998. A comparison of rectal diazepam gel and placebo for acute repetitive seizures. <i>N Engl J Med</i> . 338(26):1869-75.   | Not a parenting intervention  |
| 430. | Drendel, A. L. (2013). High anxiety in the Emergency Department. [Conference Abstract]. <i>Pediatric Emergency Care</i> , 29 (10), 1147. doi: <a href="http://dx.doi.org/10.1097/PEC.0b013e3182a684be">http://dx.doi.org/10.1097/PEC.0b013e3182a684be</a>   | No long term follow-up  |
| 431. | Dretzke J, Davenport C, Frew E, Barlow J, Stewart-Brown S, Bayliss S, Taylor RS, Sandercock J and Hyde C. 2009. The clinical effectiveness of different parenting programmes for children with conduct problems: A systematic review of randomised controlled trials. <i>Child and Adolescent Psychiatry and Mental Health</i> . 3:7.       | Review  |
| 432. | Drew A, Baird G, Baron-Cohen S, Cox A, Slonims V, Wheelwright S, Swettenham J, Berry B and Charman T. 2002. A pilot randomised control trial of a parent training intervention for pre-school children with autism. Preliminary findings and methodological challenges. <i>European child &amp; adolescent psychiatry</i> , 11(6), 266-272. | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 433. | Dreyer BP. 2006. The diagnosis and management of Attention-Deficit/Hyperactivity Disorder in preschool children: The state of our knowledge and practice. <i>Current Problems in Pediatric and Adolescent Health Care</i> . 36(1):6-30.  | Review   |
| 434. | Drotar D. 2002. Enhancing reviews of psychological treatments with pediatric populations: Thoughts on next steps. <i>Journal of Pediatric Psychology</i> . 27(2):167-76.   | Not a parenting intervention   |
| 435. | Drugli MB, Fossum S, Larsson B, Morch WT. Characteristics of young children with persistent conduct problems 1 year after treatment with the Incredible Years program. <i>Eur Child Adolesc Psychiatry</i> . 2010 Jul;19(7):559-65.  | Comparison condition not a minimal control   |
| 436. | Drugli, M. B., & Larsson, B. (2006). Children aged 4-8 years treated with parent training and child therapy because of conduct problems: generalisation effects to day-care and school settings. <i>European child &amp; adolescent psychiatry</i> , (7), 392-399.                         | Follow-up data collected only in active group;<br>Targets externalising                            |
| 437. | Drugli, M. B., & Larsson, B. (2009). When young children have conduct problems - Who are the nonresponders after parent training? <i>European Psychiatry</i> , 24, S1042.  | Targets externalising  |
| 438. | Drugli, M. B., Larsson, B., Fossum, S., & Morch, W. T. (2010). Five- to six-year outcome and its prediction for children with ODD/CD treated with parent training. <i>J Child Psychol Psychiatry</i> , 51(5), 559-566. doi: JCPP2178   | Follow-up data collected only in active group;<br>Targets externalising                            |
| 439. | Duarte CS, Sourander A, Nikolakaros G, Pihlajamaki H, Helenius H, Piha J, Kumpulainen K, Moilanen I, Tamminen T, Almqvist F and Must A. 2010. Child mental health problems and obesity in early adulthood. <i>The Journal of Pediatrics</i> . 156(1):93-7.                                 | Not a parenting intervention   |
| 440. | Dubey, D. R., O'Leary, S. & Kaufman, K. F. (1983). Training parents of hyperactive children in child management: a comparative outcome study. <i>Journal of Abnormal Child Psychology</i> , 11, 229-2  | No child internalising outcomes or not a major goal;<br>Comparison condition not a minimal control |
| 441. | Dubow, E. F., Huesmann, L. R., Boxer, P., Landau, S., Dvir, S., Shikaki, K., & Ginges, J. (2012). Exposure to political conflict and violence and posttraumatic stress in Middle East youth: Protective factors. <i>Journal of Clinical Child and Adolescent Psychology</i> , 41, 402-416. | Not a parenting intervention   |
| 442. | Dubowitz, H., Lane, W. G., Semiatin, J. N., Magder, L. S., Venepally, M., & Jans, M. (2011). The safe environment for every kid model: impact on pediatric primary care professionals. <i>Pediatrics</i> , 127, e962-970.  | Not a parenting intervention   |
| 443. | Duch, H., & Rodriguez, C. (2011). Strengthening families in Head Start: The impact of a parent education programme on the emotional well-being of Latino families. <i>Early Child Development and Care</i> , 181, 733-748.   | Not an RCT; No long term follow-up   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 444. | Dudley AL, Melvin GA, Williams NJ, Tonge BJ and King NJ. 2005. Investigation of consumer satisfaction with cognitive-behaviour therapy and sertraline in the treatment of adolescent depression. Aust N Z J Psychiatry. 39(6):500-6.  | Not a parenting intervention   |
| 445. | Duggan AK, McFarlane EC, Windham AM, et al. Evaluation of Hawaii's Healthy Start Program. FutureChild.1999;9:66-90.   | Not an RCT; No long term follow-up   |
| 446. | Duggan, A. K., Berlin, L. J., Cassidy, J., Burrell, L., & Tandon, S. D. (2009). Examining maternal depression and attachment insecurity as moderators of the impacts of home visiting for at-risk mothers and infants. Journal of Consulting and Clinical Psychology, 77(4), 788-799. doi: 10.1037/a0015709 | No child internalising outcomes or not a major goal  |
| 447. | Duggan, A., Caldera, D., Rodriguez, K., Burrell, L., Rohde, C., & Crowne, S. S. (2007). Impact of a statewide home visiting program to prevent child abuse. Child Abuse & Neglect, 31(8), 801-827. doi: 10.1016/j.chiabu.2006.06.011  | No child internalising outcomes or not a major goal  |
| 448. | Duggan, A., Fuddy, L., Burrell, L., Higman, S. M., McFarlane, E., Windham, A., et al. (2004). Randomized trial of a statewide home visiting program to prevent child abuse: impact in reducing parental risk factors. Child abuse & neglect, (6), 623-643.  | No child internalising outcomes or not a major goal  |
| 449. | Dumas, J. E. & Wahler, R. G. (1983). Predictors of treatment outcome in parent training: mother insularity and socioeconomic disadvantage. <i>Behavioral Assessment</i> , 5, 301-31   | Not an RCT   |
| 450. | Dunning, M., Seymour, M., Cooklin, A., & Giallo, R. (2013). Wide Awake Parenting: study protocol for a randomised controlled trial of a parenting program for the management of post-partum fatigue. BMC public health, 13, 26. doi:10.1186/1471-2458-13-26   | Data not available/reported  |
| 451. | Dusak, A., Sen, V., Yildirim, Z. B., Porzig-Drummond, R., Stevenson, R. J., Stevenson, C. (2014). The 1-2-3 Magic parenting program and its effect on child problem behaviors and dysfunctional parenting: a randomized controlled trial. Biomed Res Int, 58 52-64.   | Targets externalising; No internalising outcomes measured or not a major goal; Follow-up data collected only in active group |
| 452. | Dybdahl, R. (2001). Children and mothers in war: an outcome study of a psychosocial intervention program. Child Dev, 72(4), 1214-1230.  | No long term follow-up   |
| 453. | Dykman RA and Ackerman PT. 1991. Attention deficit disorder and specific reading disability: separate but often overlapping disorders. J Learn Disabil. 24(2):96-103.   | Not an RCT   |
| 454. | Eather, N., Morgan, P. J., & Lubans, D. R. (2011). Improving health-related fitness in children: the Fit-4-Fun randomized controlled trial study protocol. BMC public health, 11(1), 902.   | Not a parenting intervention; Data not available/reported (protocol only)  |
| 455. | Eber, L., Nelson, M., & Miles, P. (1997). School-based wraparound for students with emotional and behavioral challenges. Exceptional Children, 63, 539-555.   | Not an RCT   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 456. | Eckshtain D and Gaynor ST. 2009. Assessing outcome in cognitive behavior therapy for child depression: An illustrative case series. <i>Child &amp; Family Behavior Therapy</i> . 31(2):94-116.  | Not an RCT   |
| 457. | Eckshtain, D., & Gaynor, S. T. (2013). Combined individual cognitive behavior therapy and parent training for childhood depression: 2- to 3-year follow-up. <i>Child &amp; Family Behavior Therapy</i> , 35(2), 132-143. doi:10.1080/07317107.2013.789362   | Not an RCT   |
| 458. | Edwards, N. M. (2010). The maternal role in promoting emotional competence: Predicting head start mothers' expressiveness, perceived role, and receptivity to support (Order No. 3409571). Available from ProQuest Dissertations & Theses Global. (717681372).  | Not a parenting intervention   |
| 459. | Eimecke S, Pauschardt J and Matthejat F. 2010. Prevention of childhood anxiety and depression: Efficacy of an additional parent training program. <i>Verhaltenstherapie</i> . 20(3):193-200.  | No long term follow-up   |
| 460. | Eisen AR, Raleigh H and Neuhoﬀ CC. 2008. The unique impact of parent training for separation anxiety disorder in children. <i>Behavior Therapy</i> . 39(2):195-206.   | Not an RCT   |
| 461. | Eisenhower AS. 2009. Improving student-teacher relationships and school adjustment for children with disruptive behavior problems during the transition to kindergarten. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> . 69(10-B).                                 | Follow-up less than 6 months   |
| 462. | Eisner, M., & Meidert, U. (2011). Stages of parental engagement in a universal parent training program. <i>The Journal of Primary Prevention</i> , 32, 83-93.   | No child internalising outcomes or not a major goal  |
| 463. | Elgan, T. H., Hansson, H., Zetterlind, U., Kartengren, N., & Leifman, H. (2012). Design of a Web-based individual coping and alcohol-intervention program (web-ICAIP) for children of parents with alcohol problems: study protocol for a randomized controlled trial. <i>BMC Public Health</i> , 12, 35. | Not a parenting intervention;<br>Data not available/reported (protocol only)                   |
| 464. | Elgar FJ, Curtis LL, McGrath PJ, Waschbusch DA and Stewart SH. 2003. Antecedent-Consequence Conditions in Maternal Mood and Child Adjustment: A Four-Year Cross-Lagged Study. <i>Journal of Clinical Child and Adolescent Psychology</i> . 32(3):362-74.  | Not a parenting intervention   |
| 465. | El-Kamary, S. S., Higman, S. M., Fuddy, L., McFarlane, E., Sia, C., & Duggan, A. K. (2004). Hawaii's healthy start home visiting program: determinants and impact of rapid repeat birth. <i>Pediatrics</i> , 114(3), e317-326. doi: 10.1542/peds.2004-0618  | No child internalising outcomes or not a major goal (Targets reduction in rapid repeat births) |

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|------|---|---|
| 466. | Ellerton ML and Merriam C. 1994. Preparing children and families psychologically for day surgery: an evaluation. J Adv Nurs. 19(6):1057-62.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 467. | Elliot, J., Prior, M., Merrigan, C., & Ballinger, K. (2002). Evaluation of a community intervention programme for preschool behavior problems. Journal of paediatrics and child health, (1), 41-50.   | Targets externalising (selected for high on externalising)  |
| 468. | Elliott SA, Sanjack M and Leverton TJ. 1988. Parents groups in pregnancy A preventive intervention for postnatal depression? Gottlieb B: Marshalling Social Support: Formats, Processes and Effects. London: Sage, 87-110.  | No child internalising outcomes or not a major goal   |
| 469. | Ellis J, McCarthy P, Gosselin P and Splinter W. 2000. Intravenous sedation for control of distress during lumbar punctures for pediatric cancer patients. Pain Research & Management, 5(2), 141-147.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 470. | Embry DD. 2011. Behavioral Vaccines and Evidence-Based Kernels: Nonpharmaceutical Approaches for the Prevention of Mental, Emotional, and Behavioral Disorders. Psychiatric Clinics of North America. 34(1):1-34.   | Not an RCT  |
| 471. | Emslie GJ, Hughes CW, Crismon ML, Lopez M, Pliszka S, Toprac MG and Boemer C. 2004. A feasibility study of the childhood depression medication algorithm: the Texas Children's Medication Algorithm Project (CMAP). J Am Acad Child Adolesc Psychiatry. 43(5):519-27. | Not a parenting intervention  |
| 472. | Enebrink, P., Högström, J., Forster, M., & Ghaderi, A. (2012). Internet-based parent management training: A randomized controlled study. Behav Res Ther, 50, 240-249.   | Targets externalising   |



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| 473. | Epstein, L. H., Paluch, R. A., Saelens, B. E., Ernst, M. M., & Wilfley, D. E. (2001). Changes in eating disorder symptoms with pediatric obesity treatment. <i>J Pediatr</i> , 139(1), 58-65. doi: S0022-3476(01)61305-2   | No child internalising outcomes or not a major goal (Targets weight reduction in overweight children); Parent component too small |
| 474. | Erhardt, D., & Baker, B. L. (1990). The Effects of Behavioral Parent Training on Families with Young Hyperactive-Children. <i>Journal of Behavior Therapy and Experimental Psychiatry</i> , 21(2), 121-132.  | Not an RCT  |
| 475. | Ericksen, J., Milgrom, J., Schembri, C., & Gemmill, A. (2013). Towards parenthood. A public health intervention to prepare for the transition to parenthood. [Conference Abstract]. <i>Archives of Women's Mental Health</i> , 16, S32. doi: <a href="http://dx.doi.org/10.1007/s00737-013-0355-x">http://dx.doi.org/10.1007/s00737-013-0355-x</a> | No child internalising outcomes or not a major goal   |
| 476. | Ernst, E. (1999). Massage therapy is promising for childhood asthma. <i>Focus Alternat Complement Ther</i> , 4(1), 30-31.  | No long term follow-up  |
| 477. | Esbjörn, B. H., Reinholdt-Dunne, M. L., Nielsen, S. K., Smith, A. C., Breinholst, S., & Leth, I. (2015). Exploring the effect of case formulation driven CBT for children with anxiety disorders: a feasibility study. <i>Behavioural and cognitive psychotherapy</i> , 43(01), 20-30.   | Not a parenting intervention  |
| 478. | Esfahanizadeh, N. (2011). Dental health education programme for 6-year-olds: a cluster randomised controlled trial. In <i>European journal of paediatric dentistry : official journal of European Academy of Paediatric Dentistry</i> (pp. 167-170).   | No child internalising outcomes or not a major goal   |
| 479. | Esposito-Smythers C, Birmaher B, Valeri S, Chiappetta L, Hunt J, Ryan N, Axelson D, Strober M, Leonard H, Sindelar H and Keller M. 2006. Child Comorbidity, Maternal Mood Disorder, and Perceptions of Family Functioning Among Bipolar Youth. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 45(8):955-64.         | Not a parenting intervention  |
| 480. | Eyberg, S. M., & Robinson, E. A. (1982). Parent-Child Interaction Training - Effects on Family Functioning. <i>Journal of Clinical Child Psychology</i> , 11(2), 130-137.  | Not an RCT  |
| 481. | Fabiano, G. A. (2006). Behavioral parent training for fathers of children with attention-deficit/hyperactivity disorder: Effectiveness of the intervention and a comparison of two formats. [Dissertation Abstract; Dissertation]. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 66(8-B).                 | No child internalising outcomes or not a major goal   |
| 482. | Falkin, S. M. (1989). Relaxation/stress management training to reduce cardiovascular reactivity in offspring of essential hypertensive parents (Order No. 9007749). Available from ProQuest Dissertations & Theses Global. (303779753).  | Not a parenting intervention  |
| 483. | Fann JR, Fan MY and Unutzer J. 2009. Improving primary care for older adults with cancer and depression. <i>J Gen Intern Med</i> . 24 Suppl 2:S417-24.   | Not a parenting intervention  |

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| 484. | Faramarzi, M., Pasha, H., Esmailzadeh, S., Kheirkhah, F., Heidary, S., & Afshar, Z. (2013). The effect of the cognitive behavioral therapy and pharmacotherapy on infertility stress: a randomized controlled trial. <i>Int J Fertil Steril</i> , 7(3), 199-206.   | Not a parenting intervention                        |
| 485. | Farris, J. R., Bert, S. S., Nicholson, J. S., Glass, K., & Borkowski, J. G. (2013). Effective intervention programming: improving maternal adjustment through parent education. <i>Administration and policy in mental health</i> , 40(3), 211-223. doi:10.1007/s10488-011-0397-1  | No child internalising outcomes or not a major goal |
| 486. | Favara-Scacco C, Smirne G, Schilirú G and Di Cataldo A. 2001. Art therapy as support for children with leukemia during painful procedures. <i>Medical and pediatric oncology</i> , 36(4), 474-480.   | Not a parenting intervention                        |
| 487. | Feather JS and Ronan KR. 2009. Trauma-focused CBT with maltreated children: A clinic-based evaluation of a new treatment manual. <i>Australian Psychologist</i> . 44(3):174-94.  | Not an RCT  |
| 488. | Fedele, D. A., Hullmann, S. E., Chaffin, M., Kenner, C., Fisher, M. J., Kirk, K., ... & Mullins, L. L. (2013). Impact of a parent-based interdisciplinary intervention for mothers on adjustment in children newly diagnosed with cancer. <i>Journal of pediatric psychology</i> , 38(5), 531-540.   | Follow-up less than 6 months                        |
| 489. | Federico B, Falese L and Capelli G. 2009. Socio-economic inequalities in physical activity practice among Italian children and adolescents: a cross-sectional study. <i>Journal of Public Health</i> . 17(6):377-84.   | Not a parenting intervention                        |
| 490. | Feehan CJ and Vostanis P. 1996. Cognitive-behavioural therapy for depressed children: Children's and therapists' impressions. <i>Behavioural and Cognitive Psychotherapy</i> , 24(02), 171-183.  | Not a parenting intervention                        |
| 491. | Feeny NC, Silva SG, Reinecke MA, McNulty S, Findling RL, Rohde P, Curry JF, Ginsburg GS, Kratochvil CJ, Pathak SM, May DE, Kennard BD, Simons AD, Wells KC, Robins M, Rosenberg D and March JS. 2009. An exploratory analysis of the impact of family functioning on treatment for depression in adolescents. <i>Journal of Clinical Child and Adolescent Psychology</i> . 38(6):814-25. | Not a parenting intervention                        |
| 492. | Feigelman, S., Dubowitz, H., Lane, W., Grube, L., & Kim, J. (2011). Training pediatric residents in a primary care clinic to help address psychosocial problems and prevent child maltreatment. <i>Acad Pediatr</i> , 11, 474-480.   | Not a parenting intervention                        |
| 493. | Feinberg ME, Button TMM, Neiderhiser JM, Reiss D and Hetherington EM. 2007. Parenting and adolescent antisocial behavior and depression: Evidence of genotype × parenting environment interaction. <i>Archives of General Psychiatry</i> . 64(4):457-65.   | Not a parenting intervention                        |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 494. | Feinberg, E., Augustyn, M., Fitzgerald, E., Sandler, J., Ferreira-Cesar Suarez, Z., Chen, N., . . . Silverstein, M. (2014). Improving maternal mental health after a child's diagnosis of autism spectrum disorder: results from a randomized clinical trial. <i>JAMA Pediatr</i> , 168(1), 40-46. doi: 10.1001/jamapediatrics.2013.3445 | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 495. | Feinberg, E., Stein, R., Diaz-Linhart, Y., Egbert, L., Beardslee, W., Hegel, M. T., & Silverstein, M. (2012). Adaptation of problem-solving treatment for prevention of depression among low-income, culturally diverse mothers. <i>Family &amp; Community Health: The Journal of Health Promotion &amp; Maintenance</i> , 35, 57-67.    | No child internalising outcomes or not a major goal   |
| 496. | Feinberg, M. E., & Kan, M. L. (2008). Establishing family foundations: intervention effects on coparenting, parent/infant well-being, and parent-child relations. <i>J Fam Psychol</i> , 22(2), 253-263. doi: 2008-03770-008   | No long term follow-up; No child internalising outcomes or not a major goal   |
| 497. | Feinberg, M. E., Kan, M. L., & Goslin, M. (2009). Enhancing coparenting, parenting, and child self-regulation at the transition to parenthood: Effects of family foundations one year after birth. <i>Prevention Science</i> , 10, 276–285.  | No child internalising outcomes or not a major goal   |
| 498. | Feinberg, M. E., Roettger, M. E., Jones, D. E., Paul, I. M., & Kan, M. L. (2015). Effects of a psychosocial couple-based prevention program on adverse birth outcomes. <i>Maternal and child health journal</i> , 19(1), 102-111.  | No child internalising outcomes or not a major goal   |
| 499. | Feinberg, M. E., Solmeyer, A. R., Hostetler, M. L., Sakuma, K. L., Jones, D., & McHale, S. M. (2013). Siblings are special: initial test of a new approach for preventing youth behavior problems. <i>J Adolesc Health</i> , 53(2), 166-173. doi:10.1016/j.jadohealth.2012.10.004  | Parent component too small  |
| 500. | Feinfeld, K. A., & Baker, B. L. (2004). Empirical support for a treatment program for families of young children with externalizing problems. <i>J Clin Child Adolesc Psychol</i> , 33(1), 182-195. doi: 10.1207/S15374424JCCP3301_17  | Follow-up less than 6 months  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 501. | Felder-Puig R, Maksys A, Noestlinger C, Gadner H, Stark H, Pfluegler A and Topf R. 2003. Using a children's book to prepare children and parents for elective ENT surgery: results of a randomized clinical trial. <i>Int J Pediatr Otorhinolaryngol.</i> 67(1):35-41.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 502. | Feldman, M. A., Sparks, B., & Case, L. (1993). Effectiveness of home-based early intervention on the language development of children of mothers with mental retardation. <i>Research in developmental disabilities</i> , (5), 387-408.  | No child internalising outcomes or not a major goal   |
| 503. | Fergusson DM, Grant H, Horwood LJ and Ridder EM. 2005. Randomized trial of the early start program of home visitation. <i>Pediatrics</i> . 116(6):E803-E9.   | No long term follow-up (intervention lasted for 36 months)  |
| 504. | Fergusson, D. M., Grant, H., Horwood, L. J., & Ridder, E. M. (2006). Randomized trial of the early start program of home visitation: Parent and family outcomes. <i>Pediatrics</i> , 117(3), 781-786.  | No child internalising outcomes or not a major goal   |
| 505. | Ferrin, M., Moreno-Granados, J. M., Salcedo-Marin, M. D., Ruiz-Veguilla, M., Perez-Ayala, V., Taylor, E. (2014). Evaluation of a psychoeducation programme for parents of children and adolescents with ADHD: Immediate and long-term effects using a blind randomized controlled trial. <i>European child &amp; adolescent psychiatry</i> , 23 (8), 637-47. | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 506. | Field, T. M., et al. (1980). Teenage, Lower-Class, Black Mothers and Their Preterm Infants: An Intervention and Developmental Follow-up. <i>Child Development</i> 51(2): 426-436.  | No child internalising outcomes or not a major goal   |
| 507. | Fincher, W., Shaw, J., & Ramelet, A. S. (2012). The effectiveness of a standardised preoperative preparation in reducing child and parent anxiety: a single-blind randomised controlled trial. <i>J Clin Nurs</i> , 21, 946-955.   | Not a parenting intervention  |
| 508. | Flament MF, Cohen D, Choquet M, Jeammet P and Ledoux S. 2001. Phenomenology, psychosocial correlates, and treatment seeking in major depression and dysthymia of adolescence. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 40(9):1070-8.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 509. | Flay, B. R., Graumlich, S., Segawa, E., Burns, J. L., Holliday, M. Y., & Aban Aya, I. (2004). Effects of 2 prevention programs on high-risk behaviors among African American youth: a randomized trial. <i>Archives of pediatrics &amp; adolescent medicine</i> , (4), 377-384.   | No child internalising outcomes or not a major goal  |
| 510. | Fleischman, M. J. (1981). A replication of Patterson's Intervention for boys with conduct problems. <i>Journal of Consulting and Clinical Psychology</i> , 49(3), 342-351. doi: 10.1037/0022-006x.49.3.342  | No long term follow-up   |
| 511. | Fleming CB, Mason WA, Mazza JJ, Abbott RD and Catalano RF. 2008. Latent growth modeling of the relationship between depressive symptoms and substance use during adolescence. <i>Psychology of Addictive Behaviors</i> . 22(2):186-97.  | Not a parenting intervention   |
| 512. | Flory V. 2004. A Novel Clinical Intervention for Severe Childhood Depression and Anxiety. <i>Clinical Child Psychology and Psychiatry</i> . 9(1):9-23.  | Not an RCT   |
| 513. | Flouri, E., & Kallis, C. (2011). Adverse life events and mental health in middle adolescence. <i>Journal of Adolescence</i> , 34, 371-377.  | Not a parenting intervention   |
| 514. | Fonagy P. 1998. Prevention, the appropriate target of infant psychotherapy. <i>Infant Mental Health Journal</i> , 19(2), 124-150.   | Review   |
| 515. | Forbes F, Duffy JC, Mok J and Lemvig J. 2003. Early intervention service for non-abusing parents of victims of child sexual abuse: Pilot study. <i>British Journal of Psychiatry</i> . 183(1):66-72.  | Not an RCT   |
| 516. | Ford, T., Edwards, V., Sharkey, S., Ukoumunne, O. C., Byford, S., Norwich, B., & Logan, S. (2012). Supporting teachers and children in schools: the effectiveness and cost-effectiveness of the Incredible Years teacher classroom management programme in primary school children: a cluster randomised controlled trial, with parallel economic and process evaluations. <i>BMC public health</i> , 12, 719. doi:10.1186/1471-2458-12-719 | Not a parenting intervention   |
| 517. | Forehand R and Long N. 1988. Outpatient Treatment of the Acting-out Child - Procedures, Long-Term Follow-up Data, and Clinical Problems. <i>Advances in Behaviour Research and Therapy</i> . 10(3):129-77.  | Not an RCT   |
| 518. | Forehand, R., Thigpen, J. C., Parent, J., Hardcastle, E. J., Bettis, A., & Compas, B. E. (2012). The role of parent depressive symptoms in positive and negative parenting in a preventive intervention. <i>Journal of Family Psychology</i> , 26, 532-541.   | Secondary analysis of Compas et al 2009, which was excluded because parent component too small. Also no child internalising outcomes |
| 519. | Forgatch MS and Patterson GR. 2010. Parent Management Training-Oregon Model: An intervention for antisocial behavior in children and adolescents. <i>Evidence-based psychotherapies for children and adolescents</i> (2nd ed.). (pp. 159-177). New York, NY, US: Guilford Press. xx, 602.   | Review   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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|------|---|---|
| 520. | Forgatch, M. S., Patterson, G. R., Degarmo, D. S., & Beldavs, Z. G. (2009). Testing the Oregon delinquency model with 9-year follow-up of the Oregon Divorce Study. <i>Development and Psychopathology</i> , 21(02), 637-660. doi:doi:10.1017/S0954579409000340   | No child internalising outcomes or not a major goal   |
| 521. | FORMAN, D. R., et al. (2007). Effective treatment for postpartum depression is not sufficient to improve the developing mother-child relationship. <i>Development and Psychopathology</i> 19(02): 585-602.  | Follow-up data collected only in active group   |
| 522. | Forman, S. G., Linney, J. A., & Brondino, M. J. (1990). Effects of coping skills training on adolescents at risk for substance use. <i>Psychology of Addictive Behaviors</i> , (2), 67-76.  | Parent component too small  |
| 523. | Fortier, M. A., Blount, R. L., Wang, S. M., Mayes, L. C., & Kain, Z. N. (2011). Analysing a family-centred preoperative intervention programme: A dismantling approach. <i>Br J Anaesth</i> , 106, 713-718.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 524. | Fortier, M. A., Bunzli, E., Walthall, J., Olshansky, E., Saadat, H., Santistevan, R., ... & Kain, Z. N. (2015). Web-based tailored intervention for preparation of parents and children for outpatient surgery (WebTIPS): formative evaluation and randomized controlled trial. <i>Anesthesia &amp; Analgesia</i> , 120(4), 915-922.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 525. | Fossum, S., Handegård, B. H., Drugli, M. B., & Mørch, W. T. (2010). Utviklingen i barns utagerende atferd og mødres oppdragelsespraksis etter foreldretraining. / The development of disruptive behaviour and harsh parenting following participation in a parent training: Do risk factors influence treatment outcome? <i>Tidsskrift for Norsk Psykologforening</i> , 47(7), 601-607. | Secondary analysis (excludes controls); Targets externalising   |
| 526. | Fossum, S., Mørch, W. T., Handegård, B. H., & Drugli, M. B. 2007. Childhood disruptive behaviors and family functioning in clinically referred children: Are girls different from boys? <i>Scandinavian Journal of Psychology</i> . 48(5):375-82.   | Not a parenting intervention  |
| 527. | Fossum, S., Mørch, W. T., Handegård, B. H., Drugli, M. B., & Larsson, B. (2009). Parent training for young Norwegian children with ODD and CD problems: predictors and mediators of treatment outcome. <i>Scandinavian Journal of Psychology</i> , (2), 173-181.  | No long term follow-up  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 528. | Foster RP. 2007. Treating depression in vulnerable urban women: A feasibility study of clinical outcomes in community service settings. <i>American Journal of Orthopsychiatry</i> . 77(3):443-53.   | Not a parenting intervention  |
| 529. | Fox, C. K., Eisenberg, M. E., McMorris, B. J., Pettingell, S. L., & Borowsky, I. W. (2013). Survey of Minnesota parent attitudes regarding school-based depression and suicide screening and education. <i>Maternal and Child Health Journal</i> , 17(3), 456-462. doi: 10.1007/s10995-012-1017-8    | Not a parenting intervention  |
| 530. | Fox, J. K., Warner, C. M., Lerner, A. B., Ludwig, K., Ryan, J. L., Colognori, D., Lucas, C. P., & Brotman, L. M. (2012). Preventive intervention for anxious preschoolers and their parents: Strengthening early emotional development. <i>Child Psychiatry and Human Development</i> , 43, 544-559. | Not an RCT;<br>Follow-up less than 6 months;<br>Parent component too small  |
| 531. | Frampton, I., McArthur, C., Crowe, B., Linn, J., & Lovering, K. (2008). Beyond parent training: Predictors of clinical status and service use two to three years after Scallywags. <i>Clinical Child Psychology and Psychiatry</i> , 13, 593–608   | Not an RCT  |
| 532. | Franck, L. S., Oulton, K., & Bruce, E. (2012). Parental involvement in neonatal pain management: an empirical and conceptual update. <i>Journal of nursing scholarship</i> , 44(1), 45-54. doi:10.1111/j.1547-5069.2011.01434.x  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 533. | Franck, L. S., Oulton, K., Nderitu, S., Lim, M., Fang, S., & Kaiser, A. (2011). Parent involvement in pain management for NICU infants: A randomized controlled trial. <i>Pediatrics</i> , 128, 510-518.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 534. | Frankel, F., & Simmons, J. Q. (1992). Parent behavioral training: Why and when some parents drop out. <i>Journal of Clinical Child Psychology</i> , 21(4), 322-330. doi:10.1207/s15374424jccp2104_1  | No child internalising outcomes or not a major goal   |
| 535. | Franz, M., Weihrach, L., & Schafer, R. (2011). PALME: A preventive parental training program for single mothers with preschool aged children. <i>Journal of Public Health</i> , 19, 305-319.   | No long term follow-up  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 536. | Franz, M., Weihrauch, L., Buddenberg, T., Güttgemanns, J., Haubold, S., & Schäfer, R. (2010). Effekte eines bindungstheoretisch fundierten Gruppenprogramms für alleinerziehende Mütter und ihre Kinder: PALME. / Effectiveness of an attachment-oriented parental training program for single mothers and their children: PALME. <i>Kindheit und Entwicklung</i> , 19(2), 90-101. doi: 10.1026/0942-5403/a000013 | No long term follow-up  |
| 537. | Fraser E and Pakenham KI. 2008. Evaluation of a resilience-based intervention for children of parents with mental illness. <i>Aust N Z J Psychiatry</i> . 42(12):1041-50.   | Not a parenting intervention  |
| 538. | Fraser JA, Armstrong KL, Morris JP and Dadds MR. 2000. Home visiting intervention for vulnerable families with newborns: follow-up results of a randomized controlled trial. <i>Child Abuse Negl</i> . 24(11):1399-429.   | No child internalising outcomes or not a major goal   |
| 539. | Freedman SR and Enright RD. 1996. Forgiveness as an intervention goal with incest survivors. <i>Journal of Consulting and Clinical Psychology</i> . 64(5):983-92.   | Not a parenting intervention  |
| 540. | Freeman MP and Davis MF. 2010. Supportive psychotherapy for perinatal depression: Preliminary data for adherence and response. <i>Depression and Anxiety</i> . 27(1):39-45.   | No child internalising outcomes or not a major goal   |
| 541. | Freitag, C. M., Cholemkery, H., Elsuni, L., Kroeger, A. K., Bender, S., Kunz, C. U., & Kieser, M. (2013). The group-based social skills training SOSTA-FRA in children and adolescents with high functioning autism spectrum disorder--study protocol of the randomised, multi-centre controlled SOSTA--net trial. <i>Trials</i> , 14, 6. doi: 10.1186/1745-6215-14-6   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 542. | Fricker-Elhai, A. E., Ruggiero, K. J., & Smith, D. W. (2005). Parent-Child Interaction Therapy With Two Maltreated Siblings in Foster Care. <i>Clinical Case Studies</i> , 4(1), 13-39. doi: 10.1177/1534650103259671   | Not an RCT  |
| 543. | Fristad MA, Goldberg-Arnold JS and Gavazzi SM. 2002. Multifamily psychoeducation groups (MFPG) for families of children with bipolar disorder. <i>Bipolar Disord</i> . 4(4):254-62.   | Follow-up less than 6 months  |
| 544. | Fristad, M. A., Goldberg-Arnold, J. S., & Gavazzi, S. M. (2003). Multifamily psychoeducation groups in the treatment of children with mood disorders. <i>Journal of Marital &amp; Family Therapy</i> , 29, 491–504.   | No child internalising outcomes or not a major goal   |
| 545. | Fristad, M. A., Verducci, J. S., Walters, K., & Young, M. E. (2009). Impact of multifamily psychoeducational psychotherapy in treating children aged 8 to 12 years with mood disorders. <i>Arch Gen Psychiatry</i> , 66(9), 1013-1021. doi: 66/9/1013   | Parent component too small  |



## Appendix B: List of excluded papers and reason(s) for exclusion

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| 546. | Frohlich, G., Pott, W., Albayrak, O., Hebebrand, J., & Pauli-Pott, U. (2011). Conditions of long-term success in a lifestyle intervention for overweight and obese youths. <i>Pediatrics</i> , 128, e779-785.   | No child internalising outcomes or not a major goal            |
| 547. | Fukushima-Flores, M., & Miller, L. (2011). FRIENDS Parent Project: Effectiveness of parent training in reducing parent anxiety in a universal prevention program for anxiety symptoms in school children. <i>Behaviour Change</i> , 28, 57-74.                  | Not an RCT; No long term follow-up; Parent component too small |
| 548. | Funk W, Jakob W, Riedl T and Taeger K. 2000. Oral preanaesthetic medication for children: double-blind randomized study of a combination of midazolam and ketamine vs midazolam or ketamine alone. <i>Br J Anaesth</i> . 84(3):335-40.                          | Not a parenting intervention                                   |
| 549. | Futamura, M., Masuko, I., Hayashi, K., Ohya, Y., & Ito, K. (2013). Effects of a short-term parental education program on childhood atopic dermatitis: a randomized controlled trial. <i>Pediatr Dermatol</i> , 30(4), 438-443. doi: 10.1111/pde.12105           | No child internalising outcomes or not a major goal            |
| 550. | Gagnon AJ and Sandall J. 2007. Individual or group antenatal education for childbirth or parenthood, or both. <i>Cochrane Database of Systematic Reviews</i> . (3), CD002869.   | No child internalising outcomes or not a major goal            |
| 551. | Gainey, R. R., Catalano, R. F., Haggerty, K. P., & Hoppe, M. J. (1995). Participation in a parent training program for methadone clients. <i>Addictive Behaviors</i> , 20, 117-125.   | No child internalising outcomes or not a major goal            |
| 552. | Gallagher HM, Rabian BA and McCloskey MS. 2004. A brief group cognitive-behavioral intervention for social phobia in childhood. <i>Journal of Anxiety Disorders</i> . 18(4):459-79.   | Not a parenting intervention                                   |
| 553. | Gallart SC and Matthey S. 2005. The effectiveness of Group Triple P and the impact of the four telephone contacts. <i>Behaviour Change</i> , 22(02), 71-80.   | No long term follow-up   |
| 554. | Gamba Szijarto, S., Forcada-Guex, M., Borghini, A., Pierrehumbert, B., Ansermet, F., & Muller Nix, C. (2009). Prematurity and parental post-traumatic stress disorder: Similarities and differences. <i>Neuropsychiatr Enfant Adolesc</i> , 57(5), 385-391.     | Not a parenting intervention                                   |
| 555. | Gao, L. L., Chan, S. W., & Sun, K. (2012). Effects of an interpersonal-psychotherapy-oriented childbirth education programme for Chinese first-time childbearing women at 3-month follow up: randomised controlled trial. <i>Int J Nurs Stud</i> , 49, 274-281. | No child internalising outcomes or not a major goal            |
| 556. | Garber J and Cole DA. 2010. Intergenerational transmission of depression: A launch and grow model of change across adolescence. <i>Development and Psychopathology</i> . Special Issue: Developmental cascades: Part 2. 22(4):819-30.                           | Not a parenting intervention                                   |
| 557. | Garber J, Ciesla JA, McCauley E, Diamond G and Schloedt KA. 2011. Remission of depression in parents: Links to healthy functioning in their children. <i>Child Development</i> . 82(1):226-43.  | Not an RCT   |

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| 558. | Garber J, Clarke GN, Weersing VR, Beardslee WR, Brent DA, Gladstone TR, DeBar LL, Lynch FL, D'Angelo E, Hollon SD, Shamseddeen W and Iyengar S. 2009. Prevention of depression in at-risk adolescents: a randomized controlled trial. <i>JAMA</i> . 301(21):2215-24.  | Not a parenting intervention  |
| 559. | Garber J. 2006. Depression in Children and Adolescents. Linking Risk Research and Prevention. <i>American Journal of Preventive Medicine</i> . 31(6 SUPPL. 1):104-25.   | Review  |
| 560. | Garcia-Lopez, L. J., del Mar Díaz-Castela, M., Muela-Martinez, J. A., & Espinosa-Fernandez, L. (2014). Can parent training for parents with high levels of expressed emotion have a positive effect on their child's social anxiety improvement?. <i>Journal of anxiety disorders</i> , 28(8), 812-822.   | Parent component too small; Comparison condition not a minimal control      |
| 561. | Gardner F, Dishion TJ, Shaw DS, Burton J and Supplee L. 2007. Randomized prevention trial for early conduct problems: Effects on proactive parenting and links to toddler disruptive behavior. <i>Journal of Family Psychology</i> . 21(3):398-406.   | Targets externalising   |
| 562. | Gardner, F., Burton, J., & Klimes, I. (2006). Randomised controlled trial of a parenting intervention in the voluntary sector for reducing child conduct problems: outcomes and mechanisms of change. <i>J Child Psychol Psychiatry</i> , 47(11), 1123-1132. doi:JCPP1668   | No child internalising outcomes or not a major goal                         |
| 563. | Garfin, D. R., Silver, R. C., Gil-Rivas, V., Guzman, J., Murphy, J. M., Cova, F., Rincon, P. P., Squicciarini, A. M., George, M., Guzman, M. P. (2014). Children's reactions to the 2010 Chilean earthquake: The role of trauma exposure, family context, and school-based mental health programming. <i>Psychological Trauma: Theory, Research, Practice, and Policy</i> , 6 (5), 563-573. | Not a parenting intervention  |
| 564. | Garland AF, Hough RL, McCabe KM, Yeh M, Wood PA and Aarons GA. 2001. Prevalence of psychiatric disorders in youths across five sectors of care. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 40(4):409-18.   | Not a parenting intervention  |
| 565. | Garnier S, De Tyche C, Lighezzolo J, Claudon P, Rebourg-Roesler C and Flach I. 2008. Perinatal depression, prevention strategies, personality, and the importance of therapy acceptance. <i>Rorschachiana</i> . 29(2):108-47.   | No child internalising outcomes or not a major goal                         |
| 566. | Garrison, M. M. (2014). Predictors of treatment success in behavioral sleep intervention among preschool children. <i>Sleep</i> , 37 A304.  | Follow-up less than 6 months  |
| 567. | Gathron, M. K. (1990). Pregnant African American adolescents: overcoming negative outcomes associated with early childbearing. <i>Urban League Review</i> , (1), 91-97.   | No child internalising outcomes or not a major goal; No long term follow-up |
| 568. | Gau SS, Lin YJ, Cheng AT, Chiu YN, Tsai WC and Soong WT. 2010. Psychopathology and symptom remission at adolescence among children with attention-deficit-hyperactivity disorder. <i>Australian and New Zealand Journal of Psychiatry</i> , 44(4), 323-332.   | Not a parenting intervention  |

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| 569. | Gavi?a, O. A., David, D., Bujoreanu, S., Tiba, A., & Ionu?iu, D. R. (2012). The efficacy of a short cognitive-behavioral parent program in the treatment of externalizing behavior disorders in Romanian foster care children: Building parental emotion-regulation through unconditional self- and child-acceptance strategies. <i>Children and Youth Services Review</i> , 34, 1290-1297. | Targets externalising   |
| 570. | Gaylord-Harden NK, Cunningham JA, Holmbeck GN and Grant KE. 2010. Suppressor effects in coping research with African American adolescents from low-income communities. <i>Journal of Consulting and Clinical Psychology</i> . 78(6):843-55.   | Not a parenting intervention  |
| 571. | Gaynor ST. 2001. Complementing cbt with learning through in vivo experience (live): An open clinic trial with depressed adolescents. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> . 61(7-B).  | Not a parenting intervention  |
| 572. | Gebert, N., Hummelink, R., Konning, J., Staab, D., Schmidt, S., Szczepanski, R., et al. (1998). Efficacy of a self-management program for childhood asthma-A prospective controlled study. <i>Patient Education and Counseling</i> , 35(3), 213-220.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 573. | Gelfand DM, Teti DM, Seiner SA and Jameson PB. 1996. Helping mothers fight depression: Evaluation of a home-based intervention program for depressed mothers and their infants. <i>Journal of Clinical Child Psychology</i> . 25(4):406-22.   | Not an RCT; No long term follow-up  |
| 574. | Gerdes AC, Hoza B, Arnold LE, Pelham WE, Swanson JM, Wigal T and Jensen PS. 2007. Maternal depressive symptomatology and parenting behavior: Exploration of possible mediators. <i>Journal of Abnormal Child Psychology: An official publication of the International Society for Research in Child and Adolescent Psychopathology</i> . 35(5):705-14.                                      | Not an RCT  |
| 575. | Gerkenmeyer JE, Perkins SM, Scott EL and Wu J. 2008. Depressive symptoms among primary caregivers of children with mental health needs: Mediating and moderating variables. <i>Archives of Psychiatric Nursing</i> . 22(3):135-46.  | Not an RCT  |
| 576. | Gershly, G. (2015). Mentalization, mindfulness and emotion regulation do parents need to mind themselves in order to mind their children. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 75 (7-B E).  | Targets externalising   |
| 577. | Gewirtz, A. H., Pinna, K. L., Hanson, S. K., & Brockberg, D. (2014). Promoting parenting to support reintegrating military families: after deployment, adaptive parenting tools. <i>Psychological services</i> , 11(1), 31.   | No child internalising outcomes or not a major goal   |

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|------|---|--|
| 578. | Gholamnia Shirvani, Z., Amin Shokravi, F., & Ardestani, M. S. (2013). Evaluation of a health education program for head lice infestation in female primary school students in Chabahar City, Iran. <i>Archives of Iranian medicine</i> , 16(1), 42-45.  | No child internalising outcomes or not a major goal                      |
| 579. | Ghuman JK, Arnold LE and Anthony BJ. 2008. Psychopharmacological and other treatments in preschool children with attention-deficit/hyperactivity disorder: Current evidence and practice. <i>Journal of Child and Adolescent Psychopharmacology</i> . 18(5):413-47.   | Review   |
| 580. | Giallo R, G.-P. S. (2008). Evaluation of a family-based intervention for siblings of children with a disability or chronic illness. <i>Aust E J Adv Mental Health</i> , (2), 179.   | No long term follow-up   |
| 581. | Giallo, R., Cooklin, A., Dunning, M., & Seymour, M. (2014). The efficacy of an intervention for the management of postpartum fatigue. <i>Journal of Obstetric, Gynecologic, &amp; Neonatal Nursing</i> , 43(5), 598-613.  | No child internalising outcomes or not a major goal                      |
| 582. | Giannakopoulos, G., Tzavara, C. & Kolaitis, G. (2013). Mental health promotion interventions in families with depressed parents: What makes the difference. Paper presented at the 15th International Congress of European Society for Child and Adolescent Psychiatry, Jul 6-10, S279. Dublin, Ireland.  | Follow-up less than 6 months; Comparison condition not a minimal control |
| 583. | Giebenhain, J. E. y O'Dell, S. L. (1984). Evaluation of a parent-training manual for reducing children's fear of the dark. <i>Journal of Applied Behavior Analysis</i> , 17, 121-125.   | Not an RCT   |
| 584. | Gielen AC, McKenzie LB, McDonald EM, Shields WC, Wang MC, Cheng YJ, Weaver NL and Walker AR. 2007. Using a computer kiosk to promote child safety: results of a randomized, controlled trial in an urban pediatric emergency department. <i>Pediatrics</i> . 120(2):330-9.  | No child internalising outcomes or not a major goal                      |
| 585. | Gil-Bernal, F., & Hernández-Guzmán, L. (2009). Cognitive-behavioural treatment in Mexican children with social phobia. <i>Anuario de Psicología/The UB Journal of Psychology</i> , 40(1), 89-104.   | Not a parenting intervention   |
| 586. | Gillham JE, Hamilton J, Freres DR, Patton K and Gallop R. 2006. Preventing Depression Among Early Adolescents in the Primary Care Setting: A Randomized Controlled Study of the Penn Resiliency Program. <i>Journal of Abnormal Child Psychology: An official publication of the International Society for Research in Child and Adolescent Psychopathology</i> . 34(2):203-19.       | Not a parenting intervention   |
| 587. | Gillham, J. E., & Reivich, K. J. (1999). Prevention of depressive symptoms in schoolchildren: A research update. <i>Psychological Science</i> , 10, 461– 462.   | Not a parenting intervention   |
| 588. | Gillham, J. E., Reivich, K. J., Brunwasser, S. M., Freres, D. R., Chajon, N. D., Kash-Macdonald, V. M., . . . Seligman, M. E. (2012). Evaluation of a group cognitive-behavioral depression prevention program for young adolescents: a randomized effectiveness trial. <i>Journal of clinical child and adolescent psychology</i> , 41(5), 621-639. doi:10.1080/15374416.2012.706517 | Parent component too small   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 589. | Gillham, J. E., Reivich, K. J., Freres, D. R., Lascher, M., Litzinger, S., Shatté, A., et al. (2006). School-based prevention of depression and anxiety symptoms in early adolescence: A pilot of a parent intervention component. <i>School Psychology Quarterly</i> , 21(3), 323-348. doi: 10.1521/scpq.2006.21.3.323 | Parent component too small                          |
| 590. | Giltay EJ, Tishova Y, Mskhalaya G, Gooren LJG, Saad F and Kalinchenko S. 2010. Effects of testosterone supplementation on depressive symptoms and sexual dysfunction in hypogonadal men with the metabolic syndrome: The Moscow Study. <i>Endocrine Abstracts</i> . 22:P524.  | Not a parenting intervention                        |
| 591. | Ginsburg GS, Baker EV, Mullany BC, Barlow A, Goklish N, Hastings R, Thurm AE, Speakman K, Reid R and Walkup J. 2008. Depressive symptoms among reservation-based pregnant American Indian adolescents. <i>Maternal and Child Health Journal</i> . 12(Suppl1):S110-S8.   | Not a parenting intervention                        |
| 592. | Ginsburg, G. S., Becker, K. D., Drazdowski, T. K., & Tein, J.-Y. (2012). Treating anxiety disorders in inner city schools: Results from a pilot randomized controlled trial comparing CBT and usual care. <i>Child &amp; Youth Care Forum</i> , 41, 1-19.   | Not a parenting intervention                        |
| 593. | Girling-Butcher RD and Ronan KR. 2009. Brief cognitive-behavioural therapy for children with anxiety disorders: Initial evaluation of a program designed for clinic settings. <i>Behaviour Change</i> . 26(1):27-53.  | Not an RCT  |
| 594. | Gjerdingen DK and Center B. 2002. A randomized controlled trial testing the impact of a support/work-planning intervention on first-time parents' health, partner relationship, and work responsibilities. <i>Behavioral Medicine</i> , 28(3), 84-91.   | No child internalising outcomes or not a major goal |
| 595. | Gladstone, T. G., Marko-Holguin, M., Rothberg, P., Nidetz, J., Diehl, A., DeFrino, D. T., ... & Van Voorhees, B. W. (2015). An internet-based adolescent depression preventive intervention: study protocol for a randomized control trial. <i>Trials</i> , 16(1), 203.   | Data not available/reported                         |
| 596. | Gladstone, T. R., & Beardslee, W. R. (2009). The prevention of depression in children and adolescents: a review. <i>Canadian journal of psychiatry. Revue canadienne de psychiatrie</i> , 54(4), 212-221.   | Review  |
| 597. | Gol D and Jarus T. 2005. Effect of a social skills training group on everyday activities of children with attention deficit hyperactivity disorder. <i>Developmental Medicine &amp; Child Neurology</i> . 47(8):539-45.   | Not a parenting intervention                        |
| 598. | Goldbeck L and Schmid K. 2003. Effectiveness of autogenic relaxation training on children and adolescents with behavioral and emotional problems. <i>J Am Acad Child Adolesc Psychiatry</i> . 42(9):1046-54.  | Not a parenting intervention                        |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 599. | Goldbeck, L., Hölling, I., Schlack, R., West, C., & Besier, T. (2011). The impact of an inpatient family-oriented rehabilitation program on parent-reported psychological symptoms of chronically ill children. <i>Klinische Pädiatrie</i> , 223(2), 79.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 600. | Goldberg-Lillehoj CJ, Spoth R and Trudeau L. 2005. Assertiveness Among Young Rural Adolescents: Relationship to Alcohol Use. <i>Journal of Child &amp; Adolescent Substance Abuse</i> . 14(3):39-68.   | Not a parenting intervention  |
| 601. | Gonsalves L and Schuermeyer I. 2006. Treating depression in pregnancy: Practical suggestions. <i>Cleveland Clinic Journal of Medicine</i> . 73(12):1098-104.   | Not an RCT  |
| 602. | Gonzales NA, Germán M, Kim SY, George P, Fabrett FC, Millsap R and Dumka LE. 2008. Mexican American adolescents' cultural orientation, externalizing behavior and academic engagement: The role of traditional cultural values. <i>American Journal of Community Psychology</i> . 41(1-2):151-64.                                    | Not a parenting intervention  |
| 603. | Gonzales, N. A., Dumka, L. E., Millsap, R. E., Gottschall, A., McClain, D. B., Wong, J. J., Germán, M., Mauricio, A. M., Wheeler, L., Carpentier, F. D., & Kim, S. Y. (2012). Randomized trial of a broad preventive intervention for Mexican American adolescents. <i>J Consult Clin Psychol</i> , 80, 1-16.                        | Parent component too small  |
| 604. | Gonzalves M, Pinto H and Araújo MdS. 1998. Anxiety disorders in children: An experience with a parents' group. <i>Psicologia: Teoria, Investigacao e Practica</i> . 3(2):327-52.   | Not an RCT  |
| 605. | Goodman E and Whitaker RC. 2002. A prospective study of the role of depression in the development and persistence of adolescent obesity. <i>Pediatrics</i> . 110(3):497-504.   | Not an RCT  |
| 606. | Goodnight, J. A. (2010). Youths' motivated attention and reinforcement matching characteristics as moderators of the effects of parenting on adolescent communication and externalizing behaviors: A social learning, matching law approach (Order No. 3423599). Available from ProQuest Dissertations & Theses Global. (759823017). | Not an RCT  |
| 607. | Gopalan G, Dean-Assael K, Klingenstein K, Chacko A and McKay MM. 2011. Caregiver depression and youth disruptive behavior difficulties. <i>Social Work in Mental Health</i> . 9(1):56-70.  | No child internalising outcomes or not a major goal   |
| 608. | Gordon, R. A., Usdansky, M. L., Wang, X., & Gluzman, A. (2011). Child care and mothers' mental health: Is high-quality care associated with fewer depressive symptoms? <i>Family Relations: An Interdisciplinary Journal of Applied Family Studies</i> , 60, 446-460.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 609. | Graham AL and Papandonatos GD. 2008. Reliability of internet- versus telephone-administered questionnaires in a diverse sample of smokers. <i>J Med Internet Res.</i> 10(1):e8.  | Not a parenting intervention  |
| 610. | Graham-Bermann, S. A., Lynch, S., Banyard, V., DeVoe, E. R., & Halabu, H. (2007). Community-based intervention for children exposed to intimate partner violence: An efficacy trial. <i>Journal of Consulting and Clinical Psychology</i> , 75(2), 199-209. doi:10.1037/0022-006x.75.2.199                                       | Parent component too small  |
| 611. | Grahame, V., Brett, D., Dixon, L., McConachie, H., Lowry, J., Rodgers, J., ... & Le Couteur, A. (2015). Managing Repetitive Behaviours in Young Children with Autism Spectrum Disorder (ASD): Pilot Randomised Controlled Trial of a New Parent Group Intervention. <i>Journal of autism and developmental disorders</i> , 1-15. | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 612. | Graziano, A. M., & Mooney, K. C. (1982). Behavioral treatment of nightfears in children: Maintenance of improvement at 21/2- to 3-year follow-up. <i>Journal of Consulting and Clinical Psychology</i> , 50, 598-599.  | Not an RCT  |
| 613. | Green J, Stanley C and Peters S. 2007. Disorganized attachment representation and atypical parenting in young school age children with externalizing disorder. <i>Attachment &amp; Human Development.</i> 9(3):207-22.   | Not a parenting intervention  |
| 614. | Greenblatt, D. J., Harmatz, J. S., Walsh, J. K., Luthringer, R., Staner, L., Otmani, S., Nedelec, J. F., Francart, C., Parent, S. J., & Staner, C. (2011). Pharmacokinetic profile of SKP-1041, a modified release formulation of zaleplon. <i>Biopharmaceutics and Drug Disposition</i> , 32, 489-497.                          | Not a parenting intervention  |
| 615. | Grembowski D, Spiekerman C, Del Aguila MA, Anderson M, Reynolds D, Ellersick A, Foster J and Choate L. 2006. Randomized pilot study to disseminate caries-control services in dentist offices. <i>BMC Oral Health.</i> 6.  | Not a parenting intervention  |
| 616. | Gren-Landell M, Björklind A, Tillfors M, Furmark T, Svedin CGr and Andersson G. 2009. Evaluation of the psychometric properties of a modified version of the Social Phobia Screening Questionnaire for use in adolescents. <i>Child and Adolescent Psychiatry and Mental Health.</i> 3(11).                                      | Not a parenting intervention  |
| 617. | Grey M, Whittemore R, Jaser S, Ambrosino J, Lindemann E, Liberti L, Northrup V and Dziura J. 2009. Effects of coping skills training in school-age children with type 1 diabetes. <i>Res Nurs Health.</i> 32(4):405-18.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 618. | Griggs, M. S., & Mikami, A. Y. (2011). Parental attention-deficit/hyperactivity disorder predicts child and parent outcomes of parental friendship coaching treatment. In <i>J Am Acad Child Adolesc Psychiatry</i> (pp. 1236-1246).  | No long term follow-up; No child internalising outcomes or not a major goal |
| 619. | Grimbos T and Granic I. 2009. Changes in maternal depression are associated with MST outcomes for adolescents with co-occurring externalizing and internalizing problems. <i>Journal of Adolescence</i> . 32(6):1415-23.  | Not an RCT  |
| 620. | Groebe M, Perren S, Stadelmann S and von Klitzing K. 2011. Emotional symptoms from kindergarten to middle childhood: Associations with self- and other-oriented social skills. <i>European Child &amp; Adolescent Psychiatry</i> . 20(1):3-15.  | Not a parenting intervention  |
| 621. | Gross D, Fogg L and Tucker S. 1995. The efficacy of parent training for promoting positive parent-toddler relationships. <i>Res Nurs Health</i> . 18(6):489-99.   | Follow-up less than 6 months  |
| 622. | Gross HE, Shaw DS, Moilanen KL, Dishion TJ and Wilson MN. 2008. Reciprocal models of child behavior and depressive symptoms in mothers and fathers in a sample of children at risk for early conduct problems. <i>J Fam Psychol</i> . 22(5):742-51.   | Not an RCT  |
| 623. | Gross, D. A., Belcher, H. M. E., Ofonedu, M. E., Breitenstein, S., Frick, K. D., & Chakra, B. (2014). Study protocol for a comparative effectiveness trial of two parent training programs in a fee-for-service mental health clinic: Can we improve mental health services to low-income families? <i>Trials</i> , 15(1). doi: <a href="http://dx.doi.org/10.1186/1745-6215-15-70">http://dx.doi.org/10.1186/1745-6215-15-70</a> | Data not available/reported   |
| 624. | Gross, D., Fogg, L., Webster-Stratton, C., Garvey, C., Julion, W., & Grady, J. (2003). Parent training of toddlers in day care in low-income urban communities. <i>Journal of consulting and clinical psychology</i> , (2), 261-278.  | No child internalising outcomes or not a major goal                         |
| 625. | Grossman JB and Rhodes JE. 2002. The test of time: predictors and effects of duration in youth mentoring relationships. <i>American journal of community psychology</i> , 30(2), 199-219.   | Not a parenting intervention  |
| 626. | Grote NK, Bledsoe SE, Swartz HA and Frank E. 2004. Feasibility of Providing Culturally Relevant, Brief Interpersonal Psychotherapy for Antenatal Depression in an Obstetrics Clinic: A Pilot Study. <i>Research on Social Work Practice</i> . 14(6):397-407.  | No child internalising outcomes or not a major goal                         |
| 627. | Grunewaldt, K. H., Lohaugen, G. C., Austeng, D., Brubakk, A. M., & Skranes, J. (2013). Working memory training improves cognitive function in VLBW preschoolers. <i>Pediatrics</i> , 131(3), e747-754. doi: 10.1542/peds.2012-1965  | Not a parenting intervention  |
| 628. | Gryczkowski, M. R. (2010). An examination of potential moderators in the relations between mothers' and fathers' parenting practices and children's behavior (Order No. 3437893). Available from ProQuest Dissertations & Theses Global. (822234006).   | Not a parenting intervention  |



## Appendix B: List of excluded papers and reason(s) for exclusion

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| 629. | Guillois, B., Castel, S., Blaizot, X., Beunard, A., Creveuil, C., & Proia-Lelouey, N. (2013). Early intervention program after discharge improves parents-infant relationship and behavioral and cognitive outcomes for preterm infants. [Conference Abstract]. Archives of Women's Mental Health, 16, S92. doi: <a href="http://dx.doi.org/10.1007/s00737-013-0355-x">http://dx.doi.org/10.1007/s00737-013-0355-x</a> | No long term follow-up  |
| 630. | Guo G and Tillman KH. 2009. Trajectories of depressive symptoms, dopamine D2 and D4 receptors, family socioeconomic status and social support in adolescence and young adulthood. Psychiatric Genetics. 19(1):14-26.   | Not a parenting intervention  |
| 631. | Gustafsson, H. C., & Cox, M. J. (2012). Relations among intimate partner violence, maternal depressive symptoms, and maternal parenting behaviors. Journal of Marriage and Family, 74, 1005-1020.  | Not a parenting intervention  |
| 632. | Gutelius MF, Kirsch AD, MacDonald S, Brooks MR, McErlean T. Controlled study of child health supervision: behavioral results. Pediatrics.1977;60:294-304.  | Not an RCT  |
| 633. | Gutiérrez Casares JR, et al. 2002. Adolescents at risk for major depressive disorder. I. Variables related to the detection of a sample. Revista de psiquiatría infanto-juvenil. 19(3):122-31.   | Not a parenting intervention  |
| 634. | Guyll, M., Spoth, R. L., Chao, W., Wickrama, K. A., & Russell, D. (2004). Family-focused preventive interventions: evaluating parental risk moderation of substance use trajectories. Journal of family psychology : JFP : journal of the Division of Family Psychology of the American Psychological Association (Division 43), (2), 293-301.   | No child internalising outcomes or not a major goal                       |
| 635. | Güzel, A., Atlı, A., Doğan, E., Çelik, F., Tüfek, A., Dusak, A., ... & Baysal Yıldırım, Z. (2014). Magnetic Resonance Imaging in children under anesthesia: The relationship between the degree of information provided to parents and parents' anxiety scores. BioMed research international, 2014.   | No child internalising outcomes or not a major goal                       |
| 636. | Gwynne K, Blick BA and Duffy GM. 2009. Pilot evaluation of an early intervention programme for children at risk. Journal of Paediatrics and Child Health. 45(3):118-24.  | Not an RCT  |
| 637. | Hagan, M. J., Tein, J. Y., Sandler, I. N., Wolchik, S. A., Ayers, T. S., & Luecken, L. J. (2012). Strengthening effective parenting practices over the long term: Effects of a preventive intervention for parentally bereaved families. Journal of Clinical Child & Adolescent Psychology, 41(2), 177-188.  | Parent component too small; No internalising outcomes or not a major goal |
| 638. | Hahlweg, K., Heinrichs, N., Kuschel, A., & Feldmann, M. (2008). Therapist-assisted, self-administered bibliotherapy to enhance parental competence: short- and long-term effects. Behav Modif, 32(5), 659-681. doi:0145445508317131  | No long term follow-up  |
| 639. | Hahn, E. J., Hall, L. A., & Simpson, M. R. (1998). Drug prevention with high risk families and young children. J Drug Educ, 28(4), 327-345.  | Not an RCT  |
| 640. | Haldre K, Rahu K, Rahu M and Karro H. 2009. Individual and familial factors associated with teenage pregnancy: An interview study. European Journal of Public Health. 19(3):266-70.  | Not a parenting intervention  |

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| 641. | Hall JA, Smith DC, Easton SD, An H, Williams JK, Godley SH and Jang M. 2008. Substance abuse treatment with rural adolescents: Issues and outcomes. <i>Journal of Psychoactive Drugs</i> . 40(1):109-20.   | Not a parenting intervention   |
| 642. | Hall TF. 2003. Early intervention multimodal treatment program for children with attention deficit hyperactivity disorder: An outcome study. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> . 63(7-B).   | Follow-up less than 6 months   |
| 643. | Hall, J. (2012). Women's and men's satisfaction with two models of antenatal education. <i>Pract Midwife</i> , 15, 35-37.  | No child internalising outcomes or not a major goal                  |
| 644. | Hallfors DD, Waller MW, Ford CA, Halpern CT, Brodish PH and Iritani B. 2004. Adolescent Depression and Suicide Risk: Association with Sex and Drug Behavior. <i>American Journal of Preventive Medicine</i> . 27(3):224-30.  | Not a parenting intervention   |
| 645. | Han SS, Catron T, Weiss B and Marciel KK. 2005. A teacher-consultation approach to social skills training for pre-kindergarten children: treatment model and short-term outcome effects. <i>J Abnorm Child Psychol</i> . 33(6):681-93.   | Not a parenting intervention   |
| 646. | Hanas R, Adolfsson P, Elfvin-Akesson K, Hammaren L, Ilvered R, Jansson I, Johansson C, Kroon M, Lindgren J, Lindh A, Ludvigsson J, Sigstrom L, Wiik A and Aman J. 2002. Indwelling catheters used from the onset of diabetes decrease injection pain and pre-injection anxiety. <i>J Pediatr</i> . 140(3):315-20.  | Not a parenting intervention   |
| 647. | Hand, A., McDonnell, E., Honari, B., Sharry, J. (2013). A community led approach to delivery of the Parents Plus Children's Programme for the parents of children aged 6-11. <i>International Journal of Clinical and Health Psychology</i> , 13 (2), 81-90.   | Follow-up data collected only in active group; Targets externalising |
| 648. | Hanisch, C., Freund-Braier, I., Hautmann, C., Janen, N., Pluck, J., Brix, G., et al. (2010). Detecting effects of the indicated prevention Programme for Externalizing Problem behaviour (PEP) on child symptoms, parenting, and parental quality of life in a randomized controlled trial. <i>Behav Cogn Psychother</i> , 38(1), 95-112. doi: S1352465809990440 | Follow-up less than 6 months   |
| 649. | Hanisch, C., Hautmann, C., Pluck, J., Eichelberger, I., Dopfner, M. (2014). The prevention program for externalizing problem behavior (PEP) improves child behavior by reducing negative parenting: Analysis of mediating processes in a randomized controlled trial. <i>Journal of Child Psychology and Psychiatry</i> , 55 (5), 473-484.                       | Targets externalising  |
| 650. | Hanisch, C., Pluck, J., Hautmann, C., & Doepfner, M. (2011). Effectiveness of indicated prevention of disruptive behaviour problems in children: A multilevel modelling analysis. <i>European Child and Adolescent Psychiatry</i> , 20, S65.   | Not an RCT   |
| 651. | Hanisch, C., Pluck, J., Meyer, N., Brix, G., Freund-Braier, I., Hautmann, C., & Dopfner, M. (2006). Short-term effects of the indicated Prevention Programme for externalizing Problem Behaviour (PEP). <i>Zeitschrift Fur Klinische Psychologie Und Psychotherapie</i> , 35(2), 117-126.  | No long term follow-up   |

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| 652. | Hans, S. L., Thullen, M., Henson, L. G., Lee, H., Edwards, R. C., & Bernstein, V. J. (2013). Promoting Positive Mother-Infant Relationships: A Randomized Trial of Community Doula Support For Young Mothers. <i>Infant Mental Health Journal</i> , 34(5), 446-457. doi: <a href="http://dx.doi.org/10.1002/imhj.21400">http://dx.doi.org/10.1002/imhj.21400</a> | No child internalising outcomes or not a major goal |
| 653. | Hansen, B. L. (1995). A health education booklet for young families - Its need, use and effect. <i>Patient Education and Counseling</i> , 25(2), 137-142.  | No child internalising outcomes or not a major goal |
| 654. | Hanson MD, Gauld M, Wathen CN and MacMillan HL. 2008. Nonpharmacological interventions for acute wound care distress in pediatric patients with burn injury: A systematic review. <i>Journal of Burn Care and Research</i> . 29(5):730-41.   | Review  |
| 655. | Harari D, Bakermans-Kranenburg MJ, de Kloet CS, Geuze E, Vermetten E, Westenberg HGM and van Ijzendoorn MH. 2009. Attachment representations in Dutch veterans with and without deployment-related PTSD. <i>Attachment &amp; Human Development</i> . 11(6):515-36.   | Not a parenting intervention                        |
| 656. | Hardy JB, Streett R. Family support and parenting education in the home: an effective extension of clinic-based preventive health care services for poor children. <i>J Pediatr</i> . 1989;115:927-931.  | no child internalising outcomes or not a major goal |
| 657. | Harrington R. 1996. Controlled trial of a brief cognitive-behavioural intervention in adolescents parents with depressive disorders. <i>European Psychiatry</i> , 11, 158s.  | Not a parenting intervention                        |
| 658. | Harrington, R., Kerfoot, M., Dyer, E., McNiven, F., Gill, J., Harrington, V., et al. (1998). Randomized trial of a home-based family intervention for children who have deliberately poisoned themselves. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , (5), 512-518.  | Parent component too small                          |
| 659. | Harrington, R., Peters, S., Green, J., Byford, S., Woods, J., & McGowan, R. (2000). Randomised comparison of the effectiveness and costs of community and hospital based mental health services for children with behavioural disorders. <i>BMJ</i> , 321(7268), 1047-1050.  | No child internalising outcomes or not a major goal |
| 660. | Hart, C., Love, A., Gibson, N., Morgan, M., & Paton, J. (2002). Effects of an educational intervention directed at parental beliefs and anxieties about inhaled steroid medication on adherence [abstract]. <i>American Journal of Respiratory and Critical Care Medicine</i> , (8 Suppl), A420.   | No child internalising outcomes or not a major goal |
| 661. | Hart, K.C. (2013). Promoting successful transitions to kindergarten: An early intervention for behaviorally at-risk children from Head Start preschools. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 74 (2-B E).  | Targets externalising                               |
| 662. | Hart, L., Nedadur, R., Reardon, J., Sirizzotti, N., Speechley, K., Loftus, J., Miller, M., Salvadori, M., Poonai, N. (2015). An interactive web-based module versus website and standard of care for parental fever education: A randomized controlled trial. <i>Academic Emergency Medicine</i> , 1) S221.  | No child internalising outcomes or not a major goal |

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| 663. | Hartman JH, Bena J, McIntyre S and Albert NM. 2009. Does a Photo Diary Decrease Stress and Anxiety in Children Undergoing Magnetic Resonance Imaging? A Randomized, Controlled Study. <i>Journal of Radiology Nursing</i> . 28(4):122-8.  | Not a parenting intervention  |
| 664. | Hartman RR, Stage SA and Webster-Stratton C. 2003. A growth curve analysis of parent training outcomes: Examining the influence of child risk factors (inattention, impulsivity, and hyperactivity problems), parental and family risk factors. <i>Journal of Child Psychology and Psychiatry and Allied Disciplines</i> . 44(3):388-98.  | Not an RCT  |
| 665. | Hasmann, R., Blank, R., Hampel, O. A., Jahnel, D., Holl, R., Karpinski, N., & Petermann, F. (2012). Group Stepping Stones Triple P: Evaluation of a preventative parenting intervention for parents of a child with a disability. <i>Developmental Medicine and Child Neurology</i> , 54, 42.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 666. | Hauch, Y. (2005). A multimodal treatment program for children with ADHD: A 16-month follow-up. [Dissertation Abstract; Dissertation]. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 66(3-B).   | follow-up less than 6 months; Comparison condition not a minimal control  |
| 667. | Hauck, Y. L., Hall, W. A., Dhaliwal, S. S., Bennett, E., & Wells, G. (2012). The effectiveness of an early parenting intervention for mothers with infants with sleep and settling concerns: A prospective non-equivalent before-after design. <i>J Clin Nurs</i> , 21, 52-62.  | Not an RCT  |
| 668. | Haus BF and Thompson S. 1976. The effect of nursing intervention on a program of behavior modification by parents in the home. <i>Journal of psychiatric nursing and mental health services</i> 14.8 (1976): 9-16.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 669. | Hautmann, C., Eichelberger, I., Hanisch, C., Plück, J., Walter, D., & Döpfner, M. (2010). The severely impaired do profit most: Short-term and long-term predictors of therapeutic change for a parent management training under routine care conditions for children with externalizing problem behavior. <i>European Child &amp; Adolescent Psychiatry</i> , 19(5), 419-430. doi: 10.1007/s00787-009-0072-1 | Not an RCT  |

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| 670. | Hautmann, C., Greimel, L., Imort, S., Katzmann, J., Pinior, J., Scholz, K., & Dopfner, M. (2013). Efficacy of guided self-help for parents of children with externalizing behaviour problems-a randomized controlled trial with an active control group. [Conference Abstract]. <i>European Child and Adolescent Psychiatry</i> , 1), S173. doi: <a href="http://dx.doi.org/10.1007/s00787-013-0423-9">http://dx.doi.org/10.1007/s00787-013-0423-9</a> | Comparison condition not a minimal control          |
| 671. | Hautmann, C., Hanisch, C., Mayer, I., Pluck, J., & Dopfner, M. (2008). Effectiveness of the prevention program for externalizing problem behaviour (PEP) in children with symptoms of attention-deficit/hyperactivity disorder and oppositional defiant disorder--generalization to the real world. <i>J Neural Transm</i> , 115(2), 363-370. doi: 10.1007/s00702-007-0866-6   | Not an RCT; No long term follow-up                  |
| 672. | Hautmann, C., Hoijtink, H., Eichelberger, I., Hanisch, C., Plück, J., Walter, D., et al. (2009). One-year follow-up of a parent management training for children with externalizing behaviour problems in the real world. <i>Behavioural and Cognitive Psychotherapy</i> , 37(4), 379-396. doi: 10.1017/s135246580999021x  | Not an RCT  |
| 673. | Hautmann, C., Stein, P., Eichelberger, I., Hanisch, C., Plück, J., Walter, D., & Döpfner, M. (2011). The severely impaired do profit most: Differential effectiveness of a parent management training for children with externalizing behavior problems in a natural setting. <i>Journal of Child and Family Studies</i> , 20, 424-435.  | Not an RCT  |
| 674. | Hautmann, C., Stein, P., Hanisch, C., Eichelberger, I., Plück, J., Walter, D., et al. (2009). Does parent management training for children with externalizing problem behavior in routine care result in clinically significant changes? <i>Psychotherapy Research</i> , 19(2), 224-233. doi: 10.1080/10503300902777148  | Not an RCT; Follow-up less than 6 months            |
| 675. | Havighurst, S. S., Kehoe, C. E., & Harley, A. E. (2015). Tuning in to teens: Improving parental responses to anger and reducing youth externalizing behavior problems. <i>Journal of adolescence</i> , 42, 148-158.  | Targets externalising                               |
| 676. | Havighurst, S. S., Wilson, K. R., Harley, A. E., Kehoe, C., Efron, D., & Prior, M. R. (2013). "Tuning into Kids": Reducing Young Children's Behavior Problems Using an Emotion Coaching Parenting Program. <i>Child Psychiatry &amp; Human Development</i> , 44(2), 247-264.   | No child internalising outcomes or not a major goal |
| 677. | Hawkins, J. D., Kosterman, R., Catalano, R. F., Hill, K. G., & Abbott, R. D. (2005). Promoting positive adult functioning through social development intervention in childhood: long-term effects from the Seattle Social Development Project. <i>Archives of pediatrics &amp; adolescent medicine</i> , (1), 25-31.   | Not an RCT  |
| 678. | Hawkins, J. D., Kosterman, R., Catalano, R. F., Hill, K. G., & Abbott, R. D. (2008). Effects of social development intervention in childhood 15 years later. <i>Archives of pediatrics &amp; adolescent medicine</i> , (12), 1133-1141.  | Not an RCT  |
| 679. | Hayes L, Matthews J, Copley A and Welsh D. 2008. A randomized controlled trial of a mother-infant or toddler parenting program: demonstrating effectiveness in practice. <i>J Pediatr Psychol</i> . 33(5):473-86.  | Follow-up less than 6 months                        |
| 680. | Hazen RA, Eder M, Drotar D, Zyzanski S, Reynolds AE, Patrick Reynolds C, Kodish E and Noll RB. 2010. A feasibility trial of a video intervention to improve informed consent for parents of children with leukemia. <i>Pediatric Blood and Cancer</i> . 55(1):113-8.   | No child internalising outcomes or not a major goal |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 681. | Healy, K. L., & Sanders, M. R. (2014). Randomized controlled trial of a family intervention for children bullied by peers. <i>Behavior therapy</i> , 45(6), 760-777.  | Parent component too small                           |
| 682. | Heaman, M. I., Martens, P. J., Brownell, M. D., Chartier, M. J., Helewa, M. E., Derksen, S. A., & Thiessen, K. (2012). Predictors of inadequate prenatal care: A population-based study in Manitoba, Canada. [Conference Abstract]. <i>Journal of Paediatrics and Child Health</i> , 48, 31. doi: <a href="http://dx.doi.org/10.1111/j.1440-1754.2012.02411.x">http://dx.doi.org/10.1111/j.1440-1754.2012.02411.x</a> | Not a parenting intervention                         |
| 683. | Hechtman, L., Abikoff, H., Klein, R. G., Weiss, G., Resnitz, C., Kouri, J., et al. (2004). Academic achievement and emotional status of children with ADHD treated with long-term methylphenidate and multimodal psychosocial treatment. <i>J Am Acad Child Adolesc Psychiatry</i> , 43(7), 812-819. doi: S0890-8567(09)61399-X   | Parent component too small                           |
| 684. | Hederos CA, Janson S and Hedlin G. 2007. A gender perspective on parents' answers to a questionnaire on children's asthma. <i>Respir Med</i> . 101(3):554-60.   | No child internalising outcomes or not a major goal  |
| 685. | Heinicke, C. M., Fineman, N. R., Ponce, V. A., & Guthrie, D. (2001). Relation-based intervention with at-risk mothers: Outcome in the 2nd year of life. <i>Infant Mental Health Journal</i> , 22, 431–462.  | No child internalising outcomes or not a major goal  |
| 686. | Heinrichs N, Bertram H, Kuschel A and Hahlweg K. 2005. Parent recruitment and retention in a universal prevention program for child behavior and emotional problems: barriers to research and program participation. <i>Prevention Science</i> , 6(4), 275-286.   | No child internalising outcomes or not a major goal  |
| 687. | Heinrichs, N., Hahlweg, K., Naumann, S., Kuschel, A., Bertram, H., & Staender, D. (2009). Universal prevention of child behavior problems with a parent training. <i>Zeitschrift fur Klinische Psychologie Und Psychotherapie</i> , 38(2), 79-88. doi: 10.1026/1616-3443.38.2.79  | Not in English                                       |
| 688. | Hektner, J. M., August, G. J., Bloomquist, M. L., Lee, S., & Klimes-Dougan, B. (2014). A 10-Year Randomized Controlled Trial of the Early Risers Conduct Problems Preventive Intervention: Effects on Externalizing and Internalizing in Late High School. <i>Journal of consulting and clinical psychology</i> , 82(2), 355.   | Targets externalising; Parenting component too small |
| 689. | Helfenbaum-Kun, E. D., & Ortiz, C. (2007). Parent-training groups for fathers of head start children: A pilot study of their feasibility and impact on child behavior and intra-familial relationships. <i>Child &amp; Family Behavior Therapy</i> , 29(2), 47-64. doi: 10.1300/J019v29n02_04   | No child internalising outcomes or not a major goal  |
| 690. | Hendrie, G., Sohonpal, G., Lange, K., & Golley, R. (2013). Change in the family food environment is associated with positive dietary change in children. <i>International journal of behavioral nutrition and physical activity</i> , 10, 4. doi:10.1186/1479-5868-10-4   | No child internalising outcomes or not a major goal  |
| 691. | Henggeler, S. W., Letourneau, E. J., Chapman, J. E., Borduin, C. M., Schewe, P. A., & McCart, M. R. (2009). Mediators of change for multisystemic therapy with juvenile sexual offenders. <i>J Consult Clin Psychol</i> , 77(3), 451-462. doi: 2009-08093-008   | Follow-up less than 6 months                         |

## Appendix B: List of excluded papers and reason(s) for exclusion

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|------|---|---|
| 692. | Henin A, Biederman J, Mick E, Sachs GS, Hirshfeld-Becker DR, Siegel RS, McMurrich S, Grandin L and Nierenberg AA. 2005. Psychopathology in the offspring of parents with bipolar disorder: a controlled study. <i>Biol Psychiatry</i> . 58(7):554-61.   | Not a parenting intervention                        |
| 693. | Hensel T. 2006. Effectiveness of EMDR with psychologically traumatized children and adolescents. <i>Kindheit und Entwicklung</i> . 15(2):107-17.  | Review  |
| 694. | Herbert JD, Gaudiano BA, Rheingold AA, Moitra E, Myers VH, Dalrymple KL and Brandsma LL. 2009. Cognitive behavior therapy for generalized social anxiety disorder in adolescents: A randomized controlled trial. <i>Journal of Anxiety Disorders</i> . 23(2):167-77.  | Not a parenting intervention                        |
| 695. | Herbert, S. D. (2014). Parent training for families of hyperactive preschool-aged children. Dissertation Abstracts International: Section B: The Sciences and Engineering, 75 (3-B E),  | Targets externalising; No long term follow-up       |
| 696. | Herbert, S. D., Harvey, E. A., Roberts, J. L., Wichowski, K., & Lugo-Candelas, C. I. (2013). A randomized controlled trial of a parent training and emotion socialization program for families of hyperactive preschool-aged children. <i>Behavior therapy</i> , 44(2), 302-316. doi:10.1016/j.beth.2012.10.004 | Targets externalising                               |
| 697. | Heriot, S. A., Evans, I. M., & Foster, T. M. (2008). Critical influences affecting response to various treatments in young children with ADHD: A case series. <i>Child: Care, Health and Development</i> , 34(1), 121-133.  | No child internalising outcomes or not a major goal |
| 698. | Herman, K. C., Borden, L. A., Reinke, W. M., & Webster-Stratton, C. (2011). The impact of the Incredible Years parent, child, and teacher training programs on children's co-occurring internalizing symptoms. <i>School Psychology Quarterly</i> , 26, 189-201.  | Follow-up data collected only in active group       |
| 699. | Hermanns, J. M. A., Asscher, J. J., Zijlstra, B.J.H., Hoffenaar, P.J., Dekovic, M. (2013). Long-term changes in parenting and child behavior after the Home-Start family support program. <i>Children and Youth Services Review</i> , 35 (4), 678-684.  | Not an RCT  |
| 700. | Herman-Smith R, Pearson B, Cordiano TS and Aguirre-McLaughlin A. 2008. Addressing individual client needs in manualized treatment: Case comparisons. <i>Clinical Case Studies</i> . 7(5):377-96.  | Not an RCT  |
| 701. | Hernandez A, Ruble C, Rockmore L, McKay M, Messam T, Harris M and Hope S. 2009. An integrated approach to treating non-offending parents affected by sexual abuse. <i>Social Work in Mental Health</i> . 7(6):533-55.   | Not an RCT  |
| 702. | Hernes, S., Haugen, M., & Overby, N. (2013). First food for infants. [Conference Abstract]. <i>Annals of Nutrition and Metabolism</i> , 63, 326-327. doi:http://dx.doi.org/10.1159/000354245  | No child internalising outcomes or not a major goal |
| 703. | Heyne, D., King, N. J., Tonge, B. J., Rollings, S., Young, D., Pritchard, M., et al. (2002). Evaluation of child therapy and caregiver training in the treatment of school refusal. <i>J Am Acad Child Adolesc Psychiatry</i> , 41(6), 687-695. doi:S0890-8567(09)61023-6                                       | Follow-up less than 6 months                        |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 704. | Hiebert-Murphy, D., Williams, E. A., Mills, R. S. L., Walker, J. R., Feldgaier, S., Warren, M., Freeman, W., McIntyre, M., & Cox, B. J. (2012). Listening to parents: The challenges of parenting kindergarten-aged children who are anxious. <i>Clinical Child Psychology and Psychiatry</i> , 17, 384-399.                   | Not a parenting intervention  |
| 705. | Hilt LM, McLaughlin KA and Nolen-Hoeksema S. 2010. Examination of the Response Styles Theory in a community sample of young adolescents. <i>Journal of Abnormal Child Psychology: An official publication of the International Society for Research in Child and Adolescent Psychopathology</i> . 38(4):545-56.                | Not a parenting intervention  |
| 706. | Hinshaw, S. P., Owens, E. B., Wells, K. C., Kraemer, H. C., Abikoff, H. B., Arnold, L. E., et al. (2000). Family processes and treatment outcome in the MTA: negative/ineffective parenting practices in relation to multimodal treatment. <i>J Abnorm Child Psychol</i> , 28(6), 555-568.                                     | No long term follow-up  |
| 707. | Hintikka U, Viinamäki H, Pelkonen M, Hintikka J, Laukkanen E, Korhonen V and Lehtonen J. 2003. Clinical recovery in cognitive functioning and self-image among adolescents with major depressive disorder and conduct disorder during psychiatric inpatient care. <i>American Journal of Orthopsychiatry</i> . 73(2):212-22.   | Not a parenting intervention  |
| 708. | Hipke, K., Wolchik, S. A., Sandler, I. N., & Braver, S. L. (2002). Predictors of children's intervention-induced resilience in a parenting program for divorced mothers. <i>Family Relations: An Interdisciplinary Journal of Applied Family Studies</i> , 51(2), 121-129. doi:10.1111/j.1741-3729.2002.00121.x                | Secondary analysis (re-analysis of data from Wolchik et al 2000, predictors of improvement, data not useable) |
| 709. | Hirshfeld-Becker DR, Masek B, Henin A, Blakely LR, Rettew DC, Dufton L, Segool N and Biederman J. 2008. Cognitive-behavioral intervention with young anxious children. <i>Harvard Review of Psychiatry</i> . 16(2):113-25.   | Not an RCT  |
| 710. | Hirshfeld-Becker, D. R., Masek, B., Henin, A., Blakely, L. R., Pollock-Wurman, R. A., McQuade, J., et al. (2010). Cognitive behavioral therapy for 4- to 7-year-old children with anxiety disorders: A randomized clinical trial. <i>Journal of Consulting and Clinical Psychology</i> , 78(4), 498-510. doi: 10.1037/a0019055 | Follow-up data collected only in active group   |
| 711. | Hiscock H, Bayer JK, Hampton A, Ukoumunne OC, Wake M. Long-term mother and child mental health effects of a population-based infant sleep intervention: cluster-randomized, controlled trial. <i>Pediatrics</i> . 2008 Sep;122(3):e621-7.  | No child internalising outcomes or not a major goal   |
| 712. | Hiscock, H., & Wake, M. (2002). Randomised controlled trial of behavioural infant sleep intervention to improve infant sleep and maternal mood. <i>BMJ</i> , 324, 1062.  | No child internalising outcomes or not a major goal   |
| 713. | Hiscock, H., Bayer, J. K., Lycett, K., Ukoumunne, O. C., Shaw, D., Gold, L., . . . Wake, M. (2012). Preventing mental health problems in children: the Families in Mind population-based cluster randomised controlled trial. <i>BMC public health</i> , 12, 420.  | Data not available/reported (protocol)  |



## Appendix B: List of excluded papers and reason(s) for exclusion

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| 714. | Hiscock, H., Bayer, J. K., Price, A., Ukoumunne, O. C., Rogers, S., & Wake, M. (2008). Universal parenting programme to prevent early childhood behavioural problems: Cluster randomised trial. <i>BMJ: British Medical Journal</i> , 336(7639), 318-321. doi: 10.1136/bmj.39451.609676.AE            | Targets externalising                               |
| 715. | Hiscock, H., Cook, F., Bayer, J., Le, H. N., Mensah, F., Cann, W., . . . St James-Roberts, I. (2014). Preventing early infant sleep and crying problems and postnatal depression: a randomized trial. <i>Pediatrics</i> , 133(2), e346-354. doi: 10.1542/peds.2013-1886                               | No child internalising outcomes or not a major goal |
| 716. | Ho TP, Chow V, Fung C, Leung K, Chiu KY, Yu G, Au YW and Lieh-Mak F. 1999. Parent management training in a Chinese population: application and outcome. <i>J Am Acad Child Adolesc Psychiatry</i> . 38(9):1165-72.  | Not an RCT  |
| 717. | Ho, J., Yeh, M., McCabe, K., & Lau, A. (2012). Perceptions of the acceptability of parent training among Chinese immigrant parents: Contributions of cultural factors and clinical need. <i>Behav Ther</i> , 43, 436-449.   | Not a parenting intervention                        |
| 718. | Hoath FE and Sanders MR. 2002. A feasibility study of Enhanced Group Triple P - Positive parenting program for parents of children with attention-deficit/hyperactivity disorder. <i>Behaviour Change</i> . 19(4):191-206.  | Follow-up less than 6 months                        |
| 719. | Hodes, M. W., Kef, S., Meppelder, H. M., & Schuengel, C. (2012). The effect of VIPP-LD intervention with parents with intellectual disabilities on their children's behaviour. <i>Journal of Intellectual Disability Research</i> , 56, 743.  | No long term follow-up                              |
| 720. | Hodgetts, S., Savage, A., & McConnell, D. (2013). Experience and outcomes of stepping stones triple P for families of children with autism. <i>Res Dev Disabil</i> , 34(9), 2572-2585. doi: 10.1016/j.ridd.2013.05.005  | Not an RCT  |
| 721. | Hodson KJ, McManus FV, Clark DM and Doll H. 2008. Can Clark and Wells' (1995) cognitive model of social phobia be applied to young people. <i>Behavioural and Cognitive Psychotherapy</i> . 36(4):449-61.   | Not a parenting intervention                        |
| 722. | Hoekstra-Weebers JEHM, Heuvel F, Jaspers JPC, Kamps WA and Klip EC. 1998. Brief report: An intervention program for parents of pediatric cancer patients: A randomized controlled trial. <i>Journal of Pediatric Psychology</i> . 23(3):207-14.   | No child internalising outcomes or not a major goal |
| 723. | Hogue A, Liddle HA, Dauber S and Samuolis J. 2004. Linking Session Focus to Treatment Outcome in Evidence-Based Treatments for Adolescent Substance Abuse. <i>Psychotherapy: Theory, Research, Practice, Training</i> . 41(2):83-96.  | Not an RCT  |
| 724. | Hoivik, M. S., Lydersen, S., Drugli, M. B., Onsoien, R., Hansen, M. B., Nielsen, T. S. B. (2015). Video feedback compared to treatment as usual in families with parent-child interactions problems: A randomized controlled trial. <i>Child and adolescent psychiatry and mental health</i> , 9 (1), | No child internalising outcomes or not a major goal |
| 725. | Holden, G. W., Lavigne, V. V., & Cameron, A. M. (1990). Probing the Continuum of Effectiveness in Parent Training: Characteristics of Parents and Preschoolers. <i>Journal of Clinical Child Psychology</i> , 19, 2.  | Not an RCT  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 726. | Holditch-Davis, D., White-Traut, R. C., Levy, J. A., O'Shea, T. M., Geraldo, V., & David, R. J. (2014). Maternally administered interventions for preterm infants in the NICU: Effects on maternal psychological distress and mother–infant relationship. <i>Infant Behavior and Development</i> , 37(4), 695-710.                                      | No child internalising outcomes or not a major goal |
| 727. | Hood, K. K., & Eyberg, S. M. (2003). Outcomes of Parent-Child Interaction Therapy: Mothers' Reports of Maintenance Three to Six Years After Treatment. [Article]. <i>Journal of Clinical Child &amp; Adolescent Psychology</i> , 32(3), 419.  | Follow-up data collected only in active group       |
| 728. | Hoover HVA. Teachers' ratings of children's behavior problems: A method for potentially adjusting for rater effects. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> . [Dissertation Abstract; Dissertation]. 2001;62(5-B).  | Follow-up less than 6 months                        |
| 729. | Horn KA, Branstetter SA, Dino GA, Jarrett TD, Tworek C and Zhang J. 2009. Potential effects of active parental consent: Enrolling teen smokers into a school-based cessation program. <i>Nicotine &amp; Tobacco Research</i> . 11(11):1359-67.  | Not a parenting intervention                        |
| 730. | Horn, W. F., Ialongo, N. S., Pascoe, J. M., Greenberg, G., Packard, T., Lopez, M., . . . Puttler, L. (1991). Additive Effects of Psychostimulants, Parent Training, and Self-Control Therapy with ADHD Children. [doi: 10.1097/00004583-199103000-00011]. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 30(2), 233-240. | No long term follow-up                              |
| 731. | Horne, A. M., & Vandyke, B. (1983). Treatment and Maintenance of Social-Learning Family-Therapy. <i>Behavior Therapy</i> , 14(5), 606-613.  | Not an RCT  |
| 732. | Horowitz JL, Garber J, Ciesla JA, Young JF and Mufson L. 2007. Prevention of depressive symptoms in adolescents: A randomized trial of cognitive-behavioral and interpersonal prevention programs. <i>Journal of Consulting and Clinical Psychology</i> . 75(5):693-706.  | Not a parenting intervention                        |
| 733. | Horowitz, J. A., Bell, M., Trybulski, J., Munro, B. H., Moser, D., Hartz, S. A., et al. (2001). Promoting responsiveness between mothers with depressive symptoms and their infants. <i>J Nurs Scholarsh</i> , 33(4), 323-329.  | No long term follow-up                              |
| 734. | Houriha F and Hoban D. 2004. Learning, enjoying, growing, support model: An innovative collaborative approach to the prevention of conduct disorder in preschoolers in hard to reach rural families. <i>Australian Journal of Rural Health</i> . 12(6):269-76.  | Not an RCT  |
| 735. | Houtzager BA, Hogendoorn SM, Papatsonis DN, Samsom JF, van Geijn HP, Bleker OP and van Wassenae AG. 2006. Long-term follow up of children exposed in utero to nifedipine or ritodrine for the management of preterm labour. <i>BJOG: An International Journal of Obstetrics &amp; Gynaecology</i> , 113(3), 324-331.                                    | Not a parenting intervention                        |
| 736. | Howard, A. J., Mallan, K. M., Byrne, R., Magarey, A., & Daniels, L. A. (2012). Toddlers' food preferences. The impact of novel food exposure, maternal preferences and food neophobia. <i>Appetite</i> , 59(3), 818-825. doi: 10.1016/j.appet.2012.08.022   | No child internalising outcomes or not a major goal |

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| 737. | Huang MC, Liu CC and Huang CC. 1998. Effects of an educational program on parents with febrile convulsive children. <i>Pediatr Neurol.</i> 18(2):150-5.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 738. | Huang, J., Sherraden, M., & Purnell, J. Q. (2014). Impacts of Child Development Accounts on maternal depressive symptoms: Evidence from a randomized statewide policy experiment. <i>Social Science &amp; Medicine</i> , 112, 30-38.   | Not a parenting intervention  |
| 739. | Hudson JL, Rapee RM, Deveney C, Schniering CA, Lyneham HJ and Bovopoulos N. 2009. Cognitive-behavioral treatment versus an active control for children and adolescents with anxiety disorders: a randomized trial. <i>J Am Acad Child Adolesc Psychiatry.</i> 48(5):533-44.  | Not a parenting intervention  |
| 740. | Hudson, J. L., Newall, C., Rapee, R. M., Lyneham, H. J., Schniering, C. C., Wuthrich, V. M., Schneider, S., Seeley-Wait, E., Edwards, S., Gar, N. S. (2014). The Impact of Brief Parental Anxiety Management on Child Anxiety Treatment Outcomes: A Controlled Trial. <i>Journal of clinical child and adolescent psychology</i> , 43 (3), 370-80. | Comparison condition not a minimal control; Parent component too small  |
| 741. | Huesmann, L. R., Maxwell, C. D., Eron, L., Dahlberg, L. L., Guerra, N. G., Tolan, P. H., et al. (1996). Evaluating a cognitive/ecological program for the prevention of aggression among urban children. <i>American journal of preventive medicine</i> , (5 Suppl), 120-128.  | Parent component too small  |
| 742. | Huey S, Jr. and Pan D. 2006. Culture-responsive one-session treatment for phobic Asian Americans: A pilot study. <i>Psychotherapy: Theory, Research, Practice, Training. Special Issue: Culture, Race, and Ethnicity in Psychotherapy.</i> 43(4):549-54.   | Not a parenting intervention  |
| 743. | Huey, S. J., Jr., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. <i>Journal Of Clinical Child And Adolescent Psychology</i> , 37, 262-301.  | Review  |
| 744. | Huggenberger, H., Roth, B., Gaab, J., Woessmer, B., Rochlitz, C., & Alder, J. (2014). Web-based counseling for families with parental cancer: First data on effectiveness for children's psychosocial well-being. <i>Psycho-oncology</i> , 23 104-5.   | Data not available/report ed  |
| 745. | Huggenberger, H., Roth, B., Gaab, J., Wossmer, B., Rochlitz, C., & Alder, J. (2013). Famoca: Family online counseling for families with parental cancer. [Conference Abstract]. <i>Psycho-Oncology</i> , 22, 256-257. doi: <a href="http://dx.doi.org/10.1111/j.1099-1611.2013.3394">http://dx.doi.org/10.1111/j.1099-1611.2013.3394</a>           | Not a parenting intervention  |
| 746. | Hughes, E. K., Le Grange, D., Yeo, M. S., Campbell, S., Allan, E., Crosby, R. D., ... & Sawyer, S. M. (2014). Parent-focused treatment for adolescent anorexia nervosa: a study protocol of a randomised controlled trial. <i>BMC psychiatry</i> , 14(1), 105.   | Data not available/report ed  |

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|------|---|---|
| 747. | Huizenga, L. L. (2012). Expressive writing intervention for teens whose parents have cancer. Dissertation Abstracts International: Section B: The Sciences and Engineering, 72 (12-B).  | Not a parenting intervention                        |
| 748. | Hundert, J., Boyle, M. H., Cunningham, C. E., Duku, E., Heale, J., McDonald, J., Offord, D. R., & Racine, Y. (1999). Helping children adjust—a tri-ministry study: II. Program effects. <i>Journal of Child Psychology and Psychiatry and Allied Disciplines</i> , 40, 1061–1073.                                 | Not a parenting intervention                        |
| 749. | Hunt C. 2007. The effect of an education program on attitudes and beliefs about bullying and bullying behaviour in junior secondary school students. <i>Child and Adolescent Mental Health</i> , 12(1), 21-26.  | Not a parenting intervention                        |
| 750. | Hunter SM, Johnson CC, Little-Christian S, Nicklas TA, Harsha D, Arbeit ML, Webber LS and Berenson GS. 1990. Heart Smart: a multifaceted cardiovascular risk reduction program for grade school students. <i>American Journal of Health Promotion</i> , 4(5), 352-360.  | No child internalising outcomes or not a major goal |
| 751. | Hutchings, J., Bywater, T., Williams, M. E., Lane, E., & Whitaker, C. J. (2012). Improvements in maternal depression as a mediator of child behaviour change. <i>Psychology</i> , 3(9A), 795-801. doi: 10.4236/psych.2012.329120  | Targets externalising                               |
| 752. | Hutchings, J., Gardner, F., Bywater, T., Daley, D., Whitaker, C., Jones, K., et al. (2007). Parenting intervention in Sure Start services for children at risk of developing conduct disorder: pragmatic randomised controlled trial. <i>BMJ</i> , 334(7595), 678. doi: bmj.39126.620799.55                       | No child internalising outcomes or not a major goal |
| 753. | Hutchings, J., Lane, E., & Kelly, J. (2004). Comparison of two treatments for children with severely disruptive behaviours: A four-year follow-up. <i>Behavioural and Cognitive Psychotherapy</i> , 32, 15–30.  | Targets externalising                               |
| 754. | Hwang W-C, Wood JJ and Fujimoto K. 2010. Acculturative family distancing (AFD) and depression in Chinese American families. <i>Journal of Consulting and Clinical Psychology</i> . 78(5):655-67.  | Not a parenting intervention                        |
| 755. | Ialongo, N. S., Horn, W. F., Pascoe, J. M., Greenberg, G., Packard, T., Lopez, M., et al. (1993). The effects of a multimodal intervention with attention-deficit hyperactivity disorder children: a 9-month follow-up. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , (1), 182-189. | Parent component too small                          |
| 756. | Ialongo, N. S., Werthamer, L., Kellam, S. G., Brown, C. H., Wang, S., & Lin, Y. (1999). Proximal impact of two first-grade preventive interventions on the early risk behaviors for later substance abuse, depression, and antisocial behavior. <i>Am J Community Psychol</i> , 27(5), 599-641.                   | No child internalising outcomes or not a major goal |
| 757. | IHDP. (1990). Enhancing the outcomes of low-birth-weight, premature infants: A multisite, randomized trial. <i>JAMA</i> , 263, 3035-3042.   | Parent component too small; No long term follow-up  |
| 758. | Ihle W and Jahnke Dr. 2005. The efficacy of family involvement in the treatment of anxiety disorders and depressive disorders in childhood and adolescence: Current state of evidence-based psychotherapy. <i>Kindheit und Entwicklung</i> . 14(1):12-20.   | Review  |
| 759. | Iloabachie, C., Wells, C., Goodwin, B., Baldwin, M., Vanderplough-Booth, K., Gladstone, T., Murray, M., Fogel, J., & Van Voorhees, B. W. (2011). Adolescent and parent experiences with a primary care/Internet-based depression prevention intervention (CATCH-IT). <i>Gen Hosp Psychiatry</i> , 33, 543-555.    | Not a parenting intervention                        |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 760. | In-Albon T and Schneider S. 2006. Psychotherapy of Childhood Anxiety Disorders: A Meta-Analysis. <i>Psychotherapy and Psychosomatics</i> . 76(1):15-24.  | Not a parenting intervention                        |
| 761. | Indrio, F., Di Mauro, A., Riezzo, G., Civardi, E., Intini, C., Corvaglia, L., ... & Francavilla, R. (2014). Prophylactic use of a probiotic in the prevention of colic, regurgitation, and functional constipation: a randomized clinical trial. <i>JAMA pediatrics</i> , 168(3), 228-233. | Not a parenting intervention                        |
| 762. | Ingadottir E and Thome M. 2006. Evaluation of a web-based course for community nurses on postpartum emotional distress. <i>Scand J Caring Sci</i> . 20(1):86-92.   | No child internalising outcomes or not a major goal |
| 763. | Iobst EA, Alderfer MA, Sahler OJ, Askins MA, Fairclough DL, Katz ER, Butler RW, Dolgin MJ and Noll RB. 2009. Problem solving and maternal distress at the time of a child's diagnosis of cancer in two-parent versus lone-parent households. <i>J Pediatr Psychol</i> . 34(8):817-21.      | Not a parenting intervention                        |
| 764. | Ireys HT, Chernoff R, DeVet KA and Kim Y. 2001. Maternal outcomes of a randomized controlled trial of a community-based support program for families of children with chronic illnesses. <i>Arch Pediatr Adolesc Med</i> . 155(7):771-7.   | No child internalising outcomes or not a major goal |
| 765. | Ireys HT, Sills EM, Kolodner KB and Walsh BB. 1996. A social support intervention for parents of children with juvenile rheumatoid arthritis: results of a randomized trial. <i>Journal of Pediatric Psychology</i> , 21(5), 633-641.  | No child internalising outcomes or not a major goal |
| 766. | Irvine, A. B., Biglan, A., Smolkowski, K., Metzler, C. W., & Ary, D. V. (1999). The effectiveness of a parenting skills program for parents of middle school students in small communities. <i>Journal of consulting and clinical psychology</i> , (6), 811-825.                           | Targets externalising                               |
| 767. | Ise, E., Kierfeld, F., & Döpfner, M. (2015). One-Year Follow-Up of Guided Self-Help for Parents of Preschool Children With Externalizing Behavior. <i>The journal of primary prevention</i> , 36(1), 33-40.  | Targets externalising                               |
| 768. | Isler L. Effects of gender on treatment outcome in young children with ADHD. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> . [Dissertation Abstract; Dissertation]. 2008;69(1-B):659.   | Comparison condition not a minimal control          |
| 769. | J. Powell;R. Fraser;J. A. Brockway;N. Temkin;K. Bell, (2014). Improving quality-of-life and emotional well-being for caregivers of persons with traumatic brain injury: A randomized controlled trial. <i>Brain injury</i> , 28 (5-6), 798.  | Not a parenting intervention                        |
| 770. | Jackson, B., & Goodman, E. (2011). Low social status markers: Do they predict depressive symptoms in adolescence? <i>Race and Social Problems</i> , 3, 119-128.  | Not a parenting intervention                        |
| 771. | Jackson, C., Cheater, F. M., Harrison, W., Peacock, R., Bekker, H., West, R., & Leese, B. (2011). Randomised cluster trial to support informed parental decision-making for the MMR vaccine. <i>BMC public health</i> , 11(1), 475.  | No child internalising outcomes or not a major goal |
| 772. | Jacobs AK, Roberts MC, Vernberg EM, Nyre JE, Randall CJ and Puddy RW. 2008. Factors related to outcome in a school-based intensive mental health program: An examination of nonresponders. <i>Journal of Child and Family Studies</i> . 17(2):219-31.                                      | Not a parenting intervention                        |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 773. | Jacobs RH, Klein JB, Reinecke MA, Silva SG, Tonev S, Breland-Noble A, Martinovich Z, Kratochvil CJ, Rezac AJ, Jones J and March JS. 2008. Ethnic differences in attributions and treatment expectancies for adolescent depression. <i>International Journal of Cognitive Therapy</i> . 1(2):163-78.  | No child internalising outcomes or not a major goal   |
| 774. | Jafari Mianaei, S., Alaei Karahroudy, F., Rasouli, M., & Zayeri, F. (2011). The effect of creating opportunities for parent empowerment (C.O.P.E.) program on maternal stress, anxiety and participation in NICUs. <i>Pediatric Critical Care Medicine</i> , 12, A101.   | No child internalising outcomes or not a major goal   |
| 775. | Jans T, Philipsen A, Graf E, Schwenck C, Gerlach M and Warnke A. 2008. The impact of attention deficit/hyperactivity disorder (ADHD) in mothers on the treatment of their ADHD children - Review and summary of the study protocol of a randomized controlled multi-centre trial on parent training. <i>Zeitschrift fur Kinder- und Jugendpsychiatrie und Psychotherapie</i> . 36(5):335-43. | Review  |
| 776. | Jansen, M., van Doorn, M. M., Lichtwarck-Aschoff, A., Kuijpers, R. C., Theunissen, H., Korte, M., van Rossum, J., Wauben, A., & Granic, I. (2012). Effectiveness of a cognitive-behavioral therapy (CBT) manualized program for clinically anxious children: study protocol of a randomized controlled trial. <i>BMC Psychiatry</i> , 12, 16.  | Not a parenting intervention;<br>Data not available/reported (protocol only)  |
| 777. | Jarrett, M. A., & Ollendick, T. H. (2012). Treatment of comorbid attention-deficit/hyperactivity disorder and anxiety in children: A multiple baseline design analysis. <i>J Consult Clin Psychol</i> , 80, 239-244.   | Not an RCT  |
| 778. | Jaspers M, De Winter AF, De Meer G, Stewart RE, Verhulst FC, Ormel J and Reijneveld SA. 2010. Early findings of preventive child healthcare professionals predict psychosocial problems in preadolescence: The TRAILS study. <i>The Journal of Pediatrics</i> . 157(2):316-21.   | Not a parenting intervention  |
| 779. | Jay SM and Elliott CH. 1990. A stress inoculation program for parents whose children are undergoing painful medical procedures. <i>J Consult Clin Psychol</i> . 58(6):799-804.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 780. | Jaycox LH, Reivich KJ, Gillham J and Seligman ME. 1994. Prevention of depressive symptoms in school children. <i>Behav Res Ther</i> . 32(8):801-16.  | Not a parenting intervention  |
| 781. | Jensen PS and Kenny DT. 2004. The effects of yoga on the attention and behavior of boys with Attention-Deficit/ hyperactivity Disorder (ADHD). <i>Journal of Attention Disorders</i> , 7(4), 205-216.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 782. | Jensen PS, Youngstrom EA, Steiner H, Findling RL, Meyer RE, Malone RP, Carlson GA, Cocco EF, Aman MG, Blair J, Dougherty D, Ferris C, Flynn L, Green E, Hoagwood K, Hutchinson J, Laughren T, Leve LD, Novins DK and Vitiello B. 2007. Consensus Report on Impulsive Aggression as a Symptom Across Diagnostic Categories in Child Psychiatry: Implications for Medication Studies. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 46(3):309-22. | Not a parenting intervention  |
| 783. | Jensen, M. R., Wong, J. J., Gonzales, N. A., Dumka, L. E., Millsap, R., & Coxe, S. (2014). Long-term effects of a universal family intervention: Mediation through parent-adolescent conflict. <i>Journal of Clinical Child &amp; Adolescent Psychology</i> , 43(3), 415-427.   | Parent component too small  |
| 784. | Jensen, P. S., Hinshaw, S. P., Swanson, J. M., Greenhill, L. L., Conners, C. K., Arnold, L. E., et al. (2001). Findings from the NIMH Multimodal Treatment Study of ADHD (MTA): implications and applications for primary care providers. <i>Journal of developmental and behavioral pediatrics : JDBP</i> , (1), 60-73.  | No long term follow-up  |
| 785. | Johnson CA, Pentz MA, Weber MD, Dwyer JH, Baer N, MacKinnon DP, Hansen WB and Flay BR. 1990. Relative effectiveness of comprehensive community programming for drug abuse prevention with high-risk and low-risk adolescents. <i>Journal of Consulting and Clinical Psychology</i> , 58(4), 447.  | Not a parenting intervention  |
| 786. | Johnson JG, Cohen P, Smailes EM, Skodol AE, Brown J and Oldham JM. 2001. Childhood verbal abuse and risk for personality disorders during adolescence and early adulthood. <i>Comprehensive Psychiatry</i> . 42(1):16-23.   | Not an RCT  |
| 787. | Johnson Z, Howell F, Molloy B. Community mothers' programme: randomised controlled trial of non-professional intervention in parenting. <i>BMJ</i> 1993;306(6890):1449-52.  | No child internalising outcomes or not a major goal   |
| 788. | Johnson, E. R., Davies, S. L., Aban, I., Mugavero, M. J., Shrestha, S., & Kempf, M. C. (2015). Improving Parental Stress Levels Among Mothers Living with HIV: A Randomized Control Group Intervention Study. <i>AIDS patient care and STDs</i> , 29(4), 220-228.   | No child internalising outcomes or not a major goal   |
| 789. | Johnston BD, Huebner CE, Tyll LT, Barlow WE and Thompson RS. 2004. Expanding developmental and behavioral services for newborns in primary care; Effects on parental well-being, practice, and satisfaction. <i>American journal of preventive medicine</i> , 26(4), 356-366.   | Follow-up less than 6 months  |
| 790. | Johnston, B. D., Huebner, C. E., Anderson, M. L., Tyll, L. T., & Thompson, R. S. (2006). Healthy steps in an integrated delivery system: child and parent outcomes at 30 months. <i>Arch Pediatr Adolesc Med</i> , 160(8), 793-800. doi: 160/8/793  | Not an RCT - randomisation is between 2 active conditions. Control condition not randomly assigned. |
| 791. | Jomeen J and Martin C. 2004. Is the hospital anxiety and depression scale (HAPS) a reliable screening tool in early pregnancy? <i>Psychology &amp; Health</i> . 19(6):787-800.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 792. | Jones D, Godwin J, Dodge KA, Bierman KL, Coie JD, Greenberg MT, Lochman JE, McMahon RJ and Pinderhughes EE. 2010. Impact of the fast track prevention program on health services use by conduct-problem youth. <i>Pediatrics</i> , 125(1), e130-e136.  | No child internalising outcomes or not a major goal                                       |
| 793. | Jones D, Macias RL, Gold PB, Barreira P and Fisher W. 2008. When parents with severe mental illness lose contact with their children: Are psychiatric symptoms or substance use to blame? <i>Journal of Loss and Trauma</i> . 13(4):261-87.  | Not a parenting intervention  |
| 794. | Jones, D. J., Olson, A. L., Forehand, R., Gaffney, C. A., Zens, M. S., & Bau, J. J. (2005). A Family-Focused Randomized Controlled Trial to Prevent Adolescent Alcohol and Tobacco Use: The Moderating Roles of Positive Parenting and Adolescent Gender. <i>Behavior Therapy</i> , 36(4), 347-355. doi: 10.1016/s0005-7894(05)80116-9 | No child internalising outcomes or not a major goal (Targets prevention of substance use) |
| 795. | Jones, K., Daley, D., Hutchings, J., Bywater, T., & Eames, C. (2007). Efficacy of the Incredible Years Basic parent training programme as an early intervention for children with conduct problems and ADHD. <i>Child Care Health and Development</i> , 33(6), 749-756.  | No long term follow-up  |
| 796. | Jones, K., Daley, D., Hutchings, J., Bywater, T., & Eames, C. (2008). Efficacy of the incredible years programme as an early intervention for children with conduct problems and ADHD: Long-term follow-up. <i>Child: Care, Health and Development</i> , 34(3), 380-390.   | No child internalising outcomes or not a major goal                                       |
| 797. | Jones, S., Calam, R., Sanders, M., Diggle, P. J., Dempsey, R., & Sadhnani, V. (2014). A pilot web based positive parenting intervention to help bipolar parents to improve perceived parenting skills and child outcomes. <i>Behavioural and cognitive psychotherapy</i> , 42(03), 283-296.  | No long term follow-up  |
| 798. | Jonsson, U., Goodman, A., von Knorring, A.-L., von Knorring, L., & Koupil, I. (2012). School performance and hospital admission due to unipolar depression: A three-generational study of social causation and social selection. <i>Social Psychiatry and Psychiatric Epidemiology</i> , 47, 1695-1706.                                | Not a parenting intervention  |
| 799. | Jorm AF, Morgan AJ and Wright A. 2008. Interventions that are helpful for depression and anxiety in young people: A comparison of clinicians' beliefs with those of youth and their parents. <i>Journal of Affective Disorders</i> . 111(2-3):227-34.  | Not a parenting intervention  |
| 800. | Jotzo M and Poets CF. 2005. Helping parents cope with the trauma of premature birth: an evaluation of a trauma-preventive psychological intervention. <i>Pediatrics</i> . 115(4):915-9.  | No child internalising outcomes or not a major goal                                       |
| 801. | Jouriles, E. N., McDonald, R., Rosenfield, D., Stephens, N., Corbitt-Shindler, D., & Miller, P. C. (2009). Reducing conduct problems among children exposed to intimate partner violence: a randomized clinical trial examining effects of Project Support. <i>J Consult Clin Psychol</i> , 77(4), 705-717. doi: 2009-11168-010        | Targets externalising   |
| 802. | Joutsenniemi, K., Laaksonen, M. A., Knekt, P., Haaramo, P., & Lindfors, O. (2012). Prediction of the outcome of short- and long-term psychotherapy based on socio-demographic factors. <i>J Affect Disord</i> , 141(2-3), 331-342. doi: 10.1016/j.jad.2012.03.027  | Not a parenting intervention  |



## Appendix B: List of excluded papers and reason(s) for exclusion

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| 803. | Joyce Marie, R. (1995). Emotional relief for parents: Is rational-emotive parent education effective? <i>Journal-of-Rational-Emotive-and-Cognitive-Behavior-Therapy</i> , (1), 55-75.   | No long term follow-up  |
| 804. | Judge Santacroce, S., Asmus, K., Kadan-Lottick, N., & Grey, M. (2010). Feasibility and preliminary outcomes from a pilot study of coping skills training for adolescent--young adult survivors of childhood cancer and their parents. <i>J Pediatr Oncol Nurs</i> , 27(1), 10-20. doi: 1043454209340325   | No long term follow-up  |
| 805. | Juffer, F., Bakermans-Kranenburg, M. J., & van Ijzendoorn, M. H. (2005). The importance of parenting in the development of disorganized attachment: Evidence from a preventive intervention study in adoptive families. <i>Journal of Child Psychology and Psychiatry and Allied Disciplines</i> , 46(3), 263-274.  | No child internalising outcomes or not a major goal   |
| 806. | Juffer, F., Hoksbergen, R. A. C., Riksen-Walraven, J. M., & Kohnstamm, G. A. (1997). Early intervention in adoptive families: Supporting maternal sensitive responsiveness, infant-mother attachment, and infant competence. <i>Journal of Child Psychology and Psychiatry and Allied Disciplines</i> , 38, 1039 – 1050.  | No child internalising outcomes or not a major goal; No long term follow-up; Not an RCT   |
| 807. | Jungbluth NJ and Shirk SR. 2009. Therapist strategies for building involvement in cognitive,Äbehavioral therapy for adolescent depression. <i>Journal of Consulting and Clinical Psychology</i> . 77(6):1179-84.  | Not a parenting intervention  |
| 808. | Kaale, A., Smith, L., & Sponheim, E. (2012). A randomized controlled trial of preschool?based joint attention intervention for children with autism. <i>Journal of Child Psychology and Psychiatry</i> , 53, 97-105.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 809. | Kable, J. A., Coles, C. D., & Taddeo, E. (2007). Socio-cognitive habilitation using the math interactive learning experience program for alcohol-affected children. <i>Alcohol Clin Exp Res</i> , 31(8), 1425-1434. doi: ACER431  | No long term follow-up; Parent component too small  |
| 810. | Kahn James, V. (1978). A Comparison of Manual and Oral Language Training with Mute Retardates. Final Report. Illinois State Dept. of Mental Health and Developmental Disabilities. Retrieved from <a href="http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/680/CN-00241680/frame.html">http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/680/CN-00241680/frame.html</a> | No child internalising outcomes or not a major goal   |

**Appendix B: List of excluded papers and reason(s) for exclusion**

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| 811. | Kain ZN, Caldwell-Andrews AA, Mayes LC, Weinberg ME, Wang SM, MacLaren JE and Blount RL. 2007. Family-centered preparation for surgery improves perioperative outcomes in children: a randomized controlled trial. <i>Anesthesiology</i> . 106(1):65-74. | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 812. | Kain ZN, Caramico LA, Mayes LC, Genevro JL, Bornstein MH and Hofstadter MB. 1998. Preoperative preparation programs in children: a comparative examination. <i>Anesth Analg</i> . 87(6):1249-55.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 813. | Kain ZN, Mayes LC and Caramico LA. 1996. Preoperative preparation in children: a cross-sectional study. <i>J Clin Anesth</i> . 8(6):508-14.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |

**Appendix B: List of excluded papers and reason(s) for exclusion**

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| 814. | Kain ZN, Mayes LC, Caramico LA, Silver D, Spieker M, Nygren MM, Anderson G and Rimar S. 1996. Parental presence during induction of anesthesia. A randomized controlled trial. <i>Anesthesiology</i> , 84(5), 1060-1067.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 815. | Kain ZN, Mayes LC, Wang SM, Caramico LA and Hofstadter MB. 1998. Parental presence during induction of anesthesia versus sedative premedication: which intervention is more effective? <i>The Journal of the American Society of Anesthesiologists</i> , 89(5), 1147-1156. | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 816. | Kain ZN, Mayes LC, Wang SM, Caramico LA, Krivutza DM and Hofstadter MB. 2000. Parental presence and a sedative premedicant for children undergoing surgery: a hierarchical study. <i>Anesthesiology</i> , 92(4), 939-46.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |

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| 817. | Kain ZN, Wang SM, Caramico LA, Hofstadter M and Mayes LC. 1997. Parental desire for perioperative information and informed consent: a two-phase study. <i>Anesthesia &amp; Analgesia</i> , 84(2), 299-306.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 818. | Kalinauskiene, L., Cekuoliene, D., Van Ijzendoorn, M. H., Bakermans-Kranenburg, M. J., Juffer, F., & Kusakovskaja, I. (2009). Supporting insensitive mothers: the Vilnius randomized control trial of video-feedback intervention to promote maternal sensitivity and infant attachment security. <i>Child: care, health and development</i> , (5), 613-623. | No long term follow-up; No child internalising outcomes (attachment only)   |
| 819. | Kamon J, Budney A and Stanger C. 2005. A contingency management intervention for adolescent marijuana abuse and conduct problems. <i>J Am Acad Child Adolesc Psychiatry</i> . 44(6):513-21.  | Not an RCT  |
| 820. | Kang EY, Fields HW, Kiyak A, Beck FM and Firestone AR. 2009. Informed consent recall and comprehension in orthodontics: traditional vs improved readability and processability methods. <i>Am J Orthod Dentofacial Orthop</i> . 136(4):488 e1-13; discussion-9.  | Not a parenting intervention  |
| 821. | Kang R, Barnard K, Hammond M, Oshio S, Spencer C, Thibodeaux B and Williams J. 1995. Preterm infant follow-up project: a multi-site field experiment of hospital and home intervention programs for mothers and preterm infants. <i>Public Health Nursing</i> , 12(3), 171-180.  | No long term follow-up  |
| 822. | Kapornai, K., & Vetro, A. (2008). Depression in children. <i>Curr Opin Psychiatry</i> , 21(1), 1-7. doi:10.1097/YCO.0b013e3282f25b01   | Review  |
| 823. | Karmaliani, R., Shehzad, S., Hirani, S. S., Asad, N., Akbar Ali Hirani, S., & McFarlane, J. (2011). Meeting the 2015 Millennium Development Goals with new interventions for abused women. <i>Nurs Clin North Am</i> , 46, 485-493, vii.   | Not a parenting intervention  |
| 824. | Karp, E. A., Kuo, A. A. (2015). Maternal mental health after a child's diagnosis of autism spectrum disorder. <i>JAMA - Journal of the American Medical Association</i> , 313 (1), 81-2.   | No child internalising outcomes or not a major goal   |
| 825. | Karver M, Shirk S, Handelsman JB, Fields S, Crisp H, Gudmundsen G and McMakin D. 2008. Relationship processes in youth psychotherapy: Measuring alliance, alliance-building behaviors, and client involvement. <i>Journal of Emotional and Behavioral Disorders</i> . 16(1):15-28.   | Not a parenting intervention  |

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| 826. | Kawamura, T., Kawamura, K., Hirose, M., Hashimoto, T., Higashide, T., Kashihara, Y., . . . Harai, H. (2012). Training of motivational interviewing to parents improved the glycemic control of the childhood and adolescent type 1 diabetes: A prospective randomized control trial. [Conference Abstract]. <i>Pediatric Diabetes</i> , 13, 26. doi: <a href="http://dx.doi.org/10.1111/j.1399-5448.2012.00918.x">http://dx.doi.org/10.1111/j.1399-5448.2012.00918.x</a> | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 827. | Kazak AE, Simms S, Alderfer MA, Rourke MT, Crump T, McClure K, Jones P, Rodriguez A, Boeving A, Hwang WT and Reilly A. 2005. Feasibility and preliminary outcomes from a pilot study of a brief psychological intervention for families of children newly diagnosed with cancer. <i>J Pediatr Psychol</i> . 30(8):644-55.  | Follow-up less than 6 months  |
| 828. | Kazak AE, Simms S, Barakat L, Hobbie W, Foley B, Golomb V and Best M. 1999. Surviving cancer competently intervention program (SCCIP): a cognitive-behavioral and family therapy intervention for adolescent survivors of childhood cancer and their families. <i>Fam Process</i> . 38(2):175-91.  | Not an RCT  |
| 829. | Kazak, A. E., Alderfer, M. A., Streisand, R., Simms, S., Rourke, M. T., Barakat, L. P., et al. (2004). Treatment of posttraumatic stress symptoms in adolescent survivors of childhood cancer and their families: a randomized clinical trial. <i>J Fam Psychol</i> , 18(3), 493-504. doi: 10.1037/0893-3200.18.3.493  | Follow-up less than 6 months  |
| 830. | Kazdin AE, Esveldt-Dawson K, French NH and Unis AS. 1987. Problem-solving skills training and relationship therapy in the treatment of antisocial child behavior. <i>Journal of Consulting and Clinical Psychology</i> . 55(1):76-85.  | Not a parenting intervention  |
| 831. | Kazdin, A. E. (1997). Parent Management Training: Evidence, Outcomes, and Issues. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> 36(10): 1349-1356.   | Review  |
| 832. | Kazdin, A. E., Esveldt-Dawson, K., French, N. H., & Unis, A. S. (1987). Effects of parent management training and problem-solving skills training combined in the treatment of antisocial child behavior. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 26(3), 416-424. doi: 10.1097/00004583-198705000-00024  | Targets externalising (antisocial behaviour)  |
| 833. | Kazdin, A. E., Mazurick, J. L., & Bass, D. (1993). Risk for Attrition in Treatment of Antisocial Children and Families. <i>Journal of Clinical Child Psychology</i> , 22(1), 2-16.   | Not an RCT  |
| 834. | Kazdin, A. E., Siegel, T. C., & Bass, D. (1992). Cognitive problem-solving skills training and parent management training in the treatment of antisocial behavior in children. <i>J Consult Clin Psychol</i> , 60(5), 733-747.   | Targets externalising   |
| 835. | Kazdin, A., & Whitley, M. (2006). Comorbidity, case complexity, and effects of evidence-based treatment for children referred for disruptive behavior. <i>Journal of Consulting and Clinical Psychology</i> , 74, 455–467.   | Not an RCT  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 836. | Kellam 1994. The course and malleability of aggressive behavior from early first grade into middle school: Results of a developmental epidemiologically-based preventive trial. <i>J Child Psychology &amp; Psychiatry</i> , 35(2), 259-282.   | Not a parenting intervention  |
| 837. | Kelley ML, Fals-Stewart W. Couples- versus individual-based therapy for alcoholism and drug abuse: Effects on children's psychosocial functioning. <i>Journal of Consulting and Clinical Psychology</i> 2002;70:417-427.   | No child internalising outcomes or not a major goal                         |
| 838. | Kelsberg G and St. Anna L. 2006. What are effective treatments for oppositional defiant behaviors in adolescents? <i>Journal of Family Practice</i> . 55(10):911-3.  | Review  |
| 839. | Kemp, L., Harris, E., McMahon, C., Matthey, S., Vimpani, G., Anderson, T., Schmied, V., Aslam, H., & Zapart, S. (2011). Child and family outcomes of a long-term nurse home visitation programme: a randomised controlled trial. <i>Archives of disease in childhood</i> , 96(6), 533. | No child internalising outcomes or not a major goal; No long term follow-up |
| 840. | Kenardy, J., Thompson, K., Le Brocq, R., & Olsson, K. (2008). Information-provision intervention for children and their parents following pediatric accidental injury. <i>Eur Child Adolesc Psychiatry</i> , 17(5), 316-325. doi: 10.1007/s00787-007-0673-5                            | Parent component too small  |
| 841. | Kendall PC and Southam-Gerow MA. 1996. Long-term follow-up of a cognitive,Àbehavioral therapy for anxiety-disordered youth. <i>Journal of Consulting and Clinical Psychology</i> . 64(4):724-30.   | Not a parenting intervention  |
| 842. | Kendall PC, Brady EU and Verduin TL. 2001. Comorbidity in childhood anxiety disorders and treatment outcome. <i>J Am Acad Child Adolesc Psychiatry</i> . 40(7):787-94.   | Not a parenting intervention  |
| 843. | Kendall PC, Flannery-Schroeder E, Panichelli-Mindel SM, Southam-Gerow M, Henin A and Warman M. 1997. Therapy for youths with anxiety disorders: A second randomized clinical trial. <i>Journal of Consulting and Clinical Psychology</i> . 65(3):366-80.                               | Not a parenting intervention  |
| 844. | Kendall PC, Hudson JL, Gosch E, Flannery-Schroeder E, Suveg C. Cognitive-behavioral therapy for anxiety disordered youth: a randomized clinical trial evaluating child and family modalities. <i>J Consult Clin Psychol</i> . 2008 Apr;76(2):282-97.                                   | Parent component too small  |
| 845. | Kendall PC, Khanna MS, Edson A, Cummings C and Harris MS. 2011. Computers and psychosocial treatment for child anxiety: Recent advances and ongoing efforts. <i>Depression and Anxiety</i> . 28(1):58-66.  | Review  |
| 846. | Kendall PC, Safford S, Flannery-Schroeder E and Webb A. 2004. Child Anxiety Treatment: Outcomes in Adolescence and Impact on Substance Use and Depression at 7.4-Year Follow-Up. <i>Journal of Consulting and Clinical Psychology</i> . 72(2):276-87.                                  | Not a parenting intervention  |
| 847. | Kendall, P. C. (1994). Treating Anxiety Disorders in Children - Results of a Randomized Clinical-Trial. <i>Journal of Consulting and Clinical Psychology</i> , 62(1), 100-110.   | Not a parenting intervention  |
| 848. | Kennard, B., et al. (2008). Maternal Depressive Symptoms in Pediatric Major Depressive Disorder: Relationship to Acute Treatment Outcome. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> 47(6): 694-699.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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|------|---|---|
| 849. | Kennedy CM and Riddle, II. 1989. The influence of the timing of preparation on the anxiety of preschool children experiencing surgery. <i>Matern Child Nurs J.</i> 18(2):117-32.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 850. | Kennedy SJ, Rapee RM, Edwards SL. A selective intervention program for inhibited preschool-aged children of parents with an anxiety disorder: effects on current anxiety disorders and temperament. <i>J Am Acad Child Adolesc Psychiatry.</i> 2009 Jun;48(6):602-9.  | Follow-up less than 6 months  |
| 851. | Kern JK, West EY, Grannemann BD, Greer TL, Snell LM, Cline LL, VanBeveren TT, Heartwell SF, Kleiber BA and Trivedi MH. 2004. Reductions in Stress and Depressive Symptoms in Mothers of Substance-Exposed Infants, Participating in a Psychosocial Program. <i>Maternal and Child Health Journal.</i> 8(3):127-36.  | No child internalising outcomes or not a major goal   |
| 852. | Kerr, S. M., Jowett, S. A., & Smith, L. N. (1996). Preventing sleep problems in infants: a randomized controlled trial. <i>Journal of advanced nursing</i> , (5), 938-942.  | No child internalising outcomes or not a major goal   |
| 853. | Kersting, A., Dolemeier, R., Steinig, J., Walter, F., Kroker, K., Baust, K., Wagner, B. (2013). Brief Internet-based intervention reduces posttraumatic stress and prolonged grief in parents after the loss of a child during pregnancy: A randomized controlled trial. <i>Psychotherapy and Psychosomatics</i> , 82 (6), 372-381.   | Not a parenting intervention  |
| 854. | Kersting, A., Kroker, K., Schlicht, S., Baust, K., & Wagner, B. (2011). Efficacy of cognitive behavioral internet-based therapy in parents after the loss of a child during pregnancy: pilot data from a randomized controlled trial. <i>Arch Womens Ment Health</i> , 14, 465-477.   | No child internalising outcomes or not a major goal   |
| 855. | Keshavarzi, Z., Bajoghli, H., Mohamadi, M. R., Salmanian, M., Kirov, R., Gerber, M., ... & Brand, S. (2014). In a randomized case-control trial with 10-years olds suffering from attention deficit/hyperactivity disorder (ADHD) sleep and psychological functioning improved during a 12-week sleep-training program. <i>The World Journal of Biological Psychiatry</i> , 15(8), 609-619. | No long term follow-up  |
| 856. | Kettinger LA, Nair P and Schuler ME. 2000. Exposure to environmental risk factors and parenting attitudes among substance-abusing women. <i>Am J Drug Alcohol Abuse.</i> 26(1):1-11.  | Not a parenting intervention  |
| 857. | Keyes, K. M., Vo, T., Wall, M. M., Caetano, R., Suglia, S. F., Martins, S. S., ... & Hasin, D. (2015). Racial/ethnic differences in use of alcohol, tobacco, and marijuana: Is there a cross-over from adolescence to adulthood?. <i>Social Science &amp; Medicine</i> , 124, 132-141.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 858. | Khanna MS and Kendall PC. 2010. Computer-assisted cognitive behavioral therapy for child anxiety: results of a randomized clinical trial. <i>J Consult Clin Psychol</i> . 78(5):737-45.  | Not a parenting intervention                        |
| 859. | Khanna, M. S., & Kendall, P. C. (2009). Exploring the role of parent training in the treatment of childhood anxiety. <i>J Consult Clin Psychol</i> , 77(5), 981-986. doi: 2009-17643-018   | No long term follow-up                              |
| 860. | Khodabakhshi Koolaee, A., & Shahi, A. (2011). The effects of the triple P-positive parenting program to on schoolage children with ADHD. <i>European Psychiatry</i> , 26, 311.   | Targets externalising                               |
| 861. | Kieckhefer, G. M., Trahms, C. M., Churchill, S. S., Kratz, L., Uding, N., & Villareale, N. (2014). A randomized clinical trial of the Building on Family Strengths program: An education program for parents of children with chronic health conditions. <i>Maternal and Child Health Journal</i> , 18(3), 563-574. doi: 10.1007/s10995-013-1273-2 | No child internalising outcomes or not a major goal |
| 862. | Kierfeld, F., & Döpfner, M. (2006). [Bibliotherapy as a self-help program for parents of children with externalizing problem behavior]. <i>Zeitschrift für Kinder-und Jugendpsychiatrie und Psychotherapie</i> , 34(5), 377-85.  | Not an RCT  |
| 863. | Kierfeld, F., Ise, E., Hanisch, C., Görtz-Dorten, A., & Döpfner, M. (2013). Effectiveness of telephone-assisted parent-administered behavioural family intervention for preschool children with externalizing problem behaviour: a randomized controlled trial. <i>European child &amp; adolescent psychiatry</i> , 22(9), 553-565.                | Targets externalising; Follow-up less than 6 months |
| 864. | Kim, J. (2011). Patterns of parent-child relationship quality, parent depression and adolescent development outcomes (Order No. 3485591). Available from ProQuest Central; ProQuest Dissertations & Theses Global. (909633794).  | Not a parenting intervention                        |
| 865. | Kim, M., & Park, I. J. K. (2011). Testing the moderating effect of parent-adolescent communication on the acculturation gap-distress relation in Korean American families. <i>Journal of Youth and Adolescence</i> , 40, 1661-1673.  | Not a parenting intervention                        |
| 866. | Kim, S. E., Le Blanc, A. J., Michalopoulos, C., Azocar, F., Ludman, E. J., Butler, D. M., & Simon, G. E. (2011). Does telephone care management help Medicaid beneficiaries with depression? <i>Am J Manag Care</i> , 17, e375-382.  | Not a parenting intervention                        |
| 867. | Kincaid, C., Jones, D. J., Cuellar, J., & Gonzalez, M. (2011). Psychological control associated with youth adjustment and risky behavior in African American single mother families. <i>Journal of Child and Family Studies</i> , 20, 102-110.   | Not a parenting intervention                        |
| 868. | Kindt, K., Kleinjan, M., Janssens, J. M., & Scholte, R. H. (2014). Evaluation of a school-based depression prevention program among adolescents from low-income areas: A randomized controlled effectiveness trial. <i>International journal of environmental research and public health</i> , 11(5), 5273-5293.                                   | Not a parenting intervention                        |
| 869. | King CA, Kramer A, Preuss L, Kerr DC, Weisse L and Venkataraman S. 2006. Youth-Nominated Support Team for Suicidal Adolescents (Version 1): a randomized controlled trial. <i>J Consult Clin Psychol</i> . 74(1):199-206.  | Not a parenting intervention                        |



## Appendix B: List of excluded papers and reason(s) for exclusion

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| 870. | King NJ, Tonge BJ, Heyne D, Pritchard M, Rollings S, Young D, Myerson N and Ollendick TH. 1998. Cognitive-behavioral treatment of school-refusing children: a controlled evaluation. <i>J Am Acad Child Adolesc Psychiatry</i> . 37(4):395-403.   | Follow-up less than 6 months  |
| 871. | Kingree JB and Thompson M. 2000. Mutual help groups, perceived status benefits, and well-being: a test with adult children of alcoholics with personal substance abuse problems. <i>Am J Community Psychol</i> . 28(3):325-42.  | Not a parenting intervention  |
| 872. | Kingston, D., Austin, M. P., Hegadoren, K., Lasiuk, G., McDonald, S., Heaman, M., Biringer, A., Sword, W., Giallo, R., Patel, T., Lane-Smith, M., Zanten, S. V. (2014). Study protocol for a randomized, controlled, superiority trial comparing the clinical and cost-effectiveness of integrated online mental health assessment-referral-care in pregnancy to usual prenatal care on prenatal and postnatal mental health and infant health and development: The Integrated Maternal Psychosocial Assessment to Care Trial (IMPACT). <i>Trials</i> , 15 (1), | Data not available/reported   |
| 873. | Kirby, J. N., & Sanders, M. R. (2014). A randomized controlled trial evaluating a parenting program designed specifically for grandparents. <i>Behaviour research and therapy</i> , 52, 35-44.  | No child internalising outcomes or not a major goal; Not a parenting intervention |
| 874. | Kitzman, H., Olds, D. L., Henderson, C. R., Hanks, C., Cole, R., Tatelbaum, R., . . . Barnard, K. (1997). Effect of Prenatal and Infancy Home Visitation by Nurses on Pregnancy Outcomes, Childhood Injuries, and Repeated Childbearing. <i>JAMA: The Journal of the American Medical Association</i> , 278(8), 644-652. doi: 10.1001/jama.1997.03550080054039  | No child internalising outcomes or not a major goal                               |
| 875. | Kjellstrand JM and Eddy JM. 2011. Parental incarceration during childhood, family context, and youth problem behavior across adolescence. <i>Journal of Offender Rehabilitation</i> . 50(1):18-36.  | Not a parenting intervention  |
| 876. | Kjøbli J and Hagen KA. 2009. A mediation model of interparental collaboration, parenting practices, and child externalizing behavior in a clinical sample. <i>Family Relations: An Interdisciplinary Journal of Applied Family Studies</i> . 58(3):275-88.  | Not an RCT  |
| 877. | Kjøbli J and Ogden T. 2009. Gender differences in intake characteristics and behavior change among children in families receiving parent management training. <i>Children and Youth Services Review</i> . 31(8):823-30.   | No long term follow-up  |
| 878. | Kjøbli, J., Nærde, A., Bjørnebekk, G., & Askeland, E. (2014). Maternal mental distress influences child outcomes in brief parent training. <i>Child and Adolescent Mental Health</i> , 19(3), 171-177.  | No long term follow-up  |
| 879. | Klaassen MA, Veerkamp JS and Hoogstraten J. 2009. Young children's Oral Health-Related Quality of Life and dental fear after treatment under general anaesthesia: a randomized controlled trial. <i>European journal of oral sciences</i> , 117(3), 273-278.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 880. | Kleefman, M., Jansen, D. E., & Reijneveld, S. A. (2011). The effectiveness of Stepping Stones Triple P: the design of a randomised controlled trial on a parenting programme regarding children with mild intellectual disability and psychosocial problems versus care as usual. <i>BMC public health</i> , 11(1), 676.                               | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions; Data not available/report ed (protocol) |
| 881. | Kleiber C, Craft-Rosenberg M and Harper DC. 2001. Parents as distraction coaches during IV insertion: A randomized study. <i>Journal of Pain and Symptom Management</i> . 22(4):851-61.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions  |
| 882. | Klein, M. D., Alcamo, A. M., Beck, A. F., O'Toole, J. K., McLinden, D., Henize, A., & Kahn, R. S. (2014). Can a video curriculum on the social determinants of health affect residents' practice and families' perceptions of care?. <i>Academic pediatrics</i> , 14(2), 159-166.  | Not a parenting intervention   |
| 883. | Klemetti S, Kinnunen I, Suominen T, Antila H, Vahlberg T, Grenman R and Leino-Kilpi H. 2010. The effect of preoperative nutritional face-to-face counseling about child's fasting on parental knowledge, preoperative need-for-information, and anxiety, in pediatric ambulatory tonsillectomy. <i>Patient Education and Counseling</i> . 80(1):64-70. | No child internalising outcomes or not a major goal  |
| 884. | Klingman, A. (1988). Biblioguidance with kindergartners: Evaluation of a primary prevention program to reduce fear of the dark. <i>Journal of Clinical Child Psychology</i> , 17, 237-241.   | Not a parenting intervention; No long term follow-up   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 885. | Klosky JL, Garces-Webb DM, Buscemi J, Schum L, Tyc VL and Merchant TE. 2007. Examination of an interactive-educational intervention in improving parent and child distress outcomes associated with pediatric radiation therapy procedures. <i>Children's Healthcare</i> , 36(4), 323-334.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 886. | Knoche, L. L., Sheridan, S. M., Clarke, B. L., Edwards, C. P., Marvin, C. A., Cline, K. D., & Kupzyk, K. A. (2012). Getting ready: Results of a randomized trial of a relationship-focused intervention on the parent-infant relationship in rural early head start. <i>Infant mental health journal</i> , 33(5), 439-458. doi:10.1002/imhj.21320                           | No child internalising outcomes or not a major goal   |
| 887. | Knox, M., Burkhart, K., & Howe, T. (2011). Effects of the ACT raising safe kids parenting program on children's externalizing problems. <i>Family Relations: An Interdisciplinary Journal of Applied Family Studies</i> , 60, 491-503.  | Targets externalising   |
| 888. | Koh TH, Butow PN, Coory M, Budge D, Collie LA, Whitehall J and Tattersall MH. 2007. Provision of taped conversations with neonatologists to mothers of babies in intensive care: randomised controlled trial. <i>BMJ</i> . 334(7583):28.  | No child internalising outcomes or not a major goal   |
| 889. | Kohl, P. L., Kagotho, J. N., & Dixon, D. (2011). Parenting practices among depressed mothers in the child welfare system. <i>Social Work Research</i> , 35, 215-225.  | Not a parenting intervention  |
| 890. | Kolko DJ, Dorn LD, Bukstein OG, Pardini D, Holden EA and Hart J. 2009. Community vs. clinic-based modular treatment of children with early-onset ODD or CD: A clinical trial with 3-year follow-up. <i>Journal of Abnormal Child Psychology: An official publication of the International Society for Research in Child and Adolescent Psychopathology</i> . 37(5):591-609. | Not a parenting intervention  |
| 891. | Kolko, D. J., Campo, J. V., Kilbourne, A. M., & Kelleher, K. (2012). Doctor-office collaborative care for pediatric behavioral problems: a preliminary clinical trial. In <i>Archives of pediatrics &amp; adolescent medicine</i> (pp. 224-231).  | No long term follow-up  |
| 892. | Kolko, D. J., Lindhiem, O., Hart, J., & Bukstein, O. G. (2014). Evaluation of a booster intervention three years after acute treatment for early-onset disruptive behavior disorders. <i>Journal of abnormal child psychology</i> , 42(3), 383-398.   | Not a parenting intervention  |
| 893. | Kollins S, Greenhill L, Swanson J, Wigal S, Abikoff H, McCracken J, Riddle M, McGough J, Vitiello B, Wigal T, Skrobala A, Posner K, Ghuman J, Davies M, Cunningham C and Bauzo A. 2006. Rationale, design, and methods of the Preschool ADHD Treatment Study (PATs). <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 45(11), 1275-1283.       | Data not available/report ed (protocol)   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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|------|--|---|
| 894. | Koniak-Griffin D, Anderson NLR, Verzemnieks I and Brecht ML. 2000. A public health nursing early intervention program for adolescent mothers: Outcomes from pregnancy through 6 weeks postpartum. <i>Nursing Research</i> . 49(3):130-8.   | No child internalising outcomes or not a major goal; No long term follow-up |
| 895. | Kosterman, R., Hawkins, J. D., Spoth, R., Haggerty, K. P., & Zhu, K. (1997). Effects of a preventive parent-training intervention on observed family interactions: Proximal outcomes from Preparing for the Drug Free Years. <i>Journal of Community Psychology</i> , 25, 337–352.   | No child internalising outcomes or not a major goal                         |
| 896. | Kötter, C., Stemmler, M., Lösel, F., Bühler, A., & Jaursch, S. (2011). Mittelfristige Effekte des Präventions-programms EFFEKT-E für emotional belastete Mütter und ihre Kinder unter besonderer Berücksichtigung psychosozialer Risikofaktoren. <i>Zeitschrift für Gesundheitspsychologie</i> , 19, 122-133.                          | Not in English (duplicate of Bühler 2011)                                   |
| 897. | Koushede, V., Brixval, C. S., Axelsen, S. F., Lindschou, J., Winkel, P., Maimburg, R. D., & Due, P. (2013). Group-based antenatal birth and parent preparation for improving birth outcomes and parenting resources: study protocol for a randomised trial. <i>Sex Reprod Healthc</i> , 4(3), 121-126. doi: 10.1016/j.srhc.2013.08.003 | No child internalising outcomes or not a major goal                         |
| 898. | Krain A, Hudson J, Coles M and Kendall P. 2002. The case of Molly L.: Use of a family cognitive-behavioral treatment for childhood anxiety. <i>Clinical Case Studies</i> . 1(4):271-98.  | Not an RCT  |
| 899. | Kramer L, Washo CA. Evaluation of a court-mandated prevention program for divorcing parents: The Children First program. <i>Fam Relat</i> . 1993;43:179 –186   | Not an RCT  |
| 900. | Kratochwill TR, Elliott SN, Loitz PA, Sladeczek I and Carlson JS. 2003. Conjoint Consultation Using Self-Administered Manual and Videotape Parent-Teacher Training: Effects on Children's Behavioral Difficulties. <i>School Psychology Quarterly</i> . 18(3):269-302.   | No long term follow-up  |
| 901. | Krishnakumar A and Black MM. 2003. Family processes within three-generation households and adolescent mothers' satisfaction with father involvement. <i>J Fam Psychol</i> . 17(4):488-98.  | Not an RCT  |
| 902. | Kronmüller, K. T., Postelnicu, I., Hartmann, M., Stefani, A., Geiser-Elze, A., Gerhold, M., ... & Winkelmann, K. (2005). [Efficacy of psychodynamic short-term psychotherapy for children and adolescents with anxiety disorders]. <i>Praxis der Kinderpsychologie und Kinderpsychiatrie</i> , 54(7), 559-577.                         | Not a parenting intervention  |
| 903. | Kumar, M. M., Cowan, H. R., Kaufman, M., & Hick, K. M. (2014). Reading and adolescent parents: A clinical reading intervention. [Conference Abstract]. <i>Journal of Adolescent Health</i> , 1), S34-S35. doi: <a href="http://dx.doi.org/10.1016/j.jadohealth.2013.10.082">http://dx.doi.org/10.1016/j.jadohealth.2013.10.082</a>     | No child internalising outcomes or not a major goal                         |
| 904. | Kumpfer, K. L., Pinyuchon, M., de Melo, A. T., & Whiteside, H. O. (2008). Cultural Adaptation Process for International Dissemination of the Strengthening Families Program. <i>Evaluation &amp; the Health Professions</i> , 31, 226-239.   | Not an RCT  |
| 905. | Kurz H, Neunteufl R, Eichler F, Urschitz M and Tiefenthaler M. 2002. Does professional counseling improve infant home monitoring? Evaluation of an intensive instruction program for families using home monitoring on their babies. <i>Wien Klin Wochenschr</i> . 114(17-18):801-6.   | No child internalising outcomes or not a major goal                         |

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| 906. | Kuschel, A., Heinrichs, N., & Hahlweg, K. (2009). Is a preventive parenting program effective in reducing a child's externalizing behavior? <i>European Journal of Developmental Science</i> , 3(3), 299-303.  | No child internalising outcomes or not a major goal   |
| 907. | Kushnir, J., & Sadeh, A. (2012). Assessment of brief interventions for nighttime fears in preschool children. <i>European journal of pediatrics</i> , 171(1), 67-75. doi:10.1007/s00431-011-1488-4   | No child internalising outcomes or not a major goal   |
| 908. | Kutcher S, Aman M, Brooks SJ, Buitelaar J, van Daalen E, Fegert Jr, Findling RL, Fisman S, Greenhill LL, Huss M, Kusumakar V, Pine D, Taylor E and Tyano S. 2004. International consensus statement on attention-deficit/hyperactivity disorder (ADHD) and disruptive behaviour disorders (DBDs): Clinical implications and treatment practice suggestions. <i>European Neuropsychopharmacology</i> . 14(1):11-28. | Not an RCT  |
| 909. | Kwon, J. A., Lee, M., Yoo, K. B., & Park, E. C. (2013). Does the duration and time of sleep increase the risk of allergic rhinitis? Results of the 6-year nationwide Korea youth risk behavior web-based survey. <i>PLoS One</i> , 8(8), e72507. doi: 10.1371/journal.pone.0072507   | Not a parenting intervention  |
| 910. | Kwon, K., Kim, E., & Sheridan, S. (2012). Behavioral competence and academic functioning among early elementary children with externalizing problems. <i>School Psychology Review</i> , 41, 123-140.   | Review  |
| 911. | Lachenmyer, L. L., Anderson, J. J., Clayton, D. B., Thomas, J. C., Pope, I. J., Adams, M. C., . . . Tanaka, S. T. (2013). Analysis of an intervention to reduce parental anxiety prior to voiding cystourethrogram. <i>Journal of pediatric urology</i> , 9(6 part b), 1223-1228. doi:10.1016/j.jpuro.2013.05.015  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 912. | LaFreniere, P. J., & Capuano, F. (1997). Preventive intervention as means of clarifying direction of effects in socialization: Anxious-withdrawn preschoolers case. <i>Development and Psychopathology</i> , 9, 551-564.   | No long term follow-up  |
| 913. | Lam P, Hiscock H, Wake M. Outcomes of infant sleep problems: a longitudinal study of sleep, behavior, and maternal wellbeing. <i>Pediatrics</i> . 2003;111(3).   | No child internalising outcomes or not a major goal   |
| 914. | Lambert, K., & Spinath, B. (2013). [Changes in psychological stress after interventions in children and adolescents with mathematical learning disabilities]. <i>Z Kinder Jugendpsychiatr Psychother</i> , 41(1), 23-34. doi: 10.1024/1422-4917/a000207  | Not a parenting intervention  |

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|------|--|---|
| 915. | Landry, S. H., Smith, K. E., Swank, P. R., & Guttentag, C. (2008). A responsive parenting intervention: the optimal timing across early childhood for impacting maternal behaviors and child outcomes. <i>Developmental psychology</i> , (5), 1335-1353.   | No child internalising outcomes or not a major goal; Follow-up less than 6 months   |
| 916. | Landsem, I. P., Handegård, B. H., Tunby, J., Ulvund, S. E., & Rønning, J. A. (2014). Early intervention program reduces stress in parents of pre-terms during childhood, a randomized controlled trial. <i>Trials</i> , 15(1), 387.  | No child internalising outcomes or not a major goal   |
| 917. | Landsem, I. P., Handegård, B. H., Ulvund, S. E., Kaaresen, P. I., & Rønning, J. A. (2015). Early intervention influences positively quality of life as reported by prematurely born children at age nine and their parents; a randomized clinical trial. <i>Health and quality of life outcomes</i> , 13(1), 25. | Secondary analysis  |
| 918. | Langley JM, Halperin SA and Smith B. 2003. A pilot study to quantify parental anxiety associated with enrollment of an infant or toddler in a phase III vaccine trial. <i>Vaccine</i> . 21(25-26):3863-6.  | No child internalising outcomes or not a major goal   |
| 919. | Lanning, B. A., Baier, M. E. M., Ivey-Hatz, J., Krennek, N., & Tubbs, J. D. (2014). Effects of Equine Assisted Activities on Autism Spectrum Disorder. <i>Journal of autism and developmental disorders</i> , 44(8), 1897-1907.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 920. | Lansford JE, Criss MM, Laird RD, Shaw DS, Pettit GS, Bates JE and Dodge KA. 2011. Reciprocal relations between parents' physical discipline and children's externalizing behavior during middle childhood and adolescence. <i>Development and Psychopathology</i> . 23(1):225-38.                                | Not a parenting intervention  |
| 921. | Lardner DR, Dick BD, Psych R and Crawford S. 2010. The effects of parental presence in the postanesthetic care unit on children's postoperative behavior: a prospective, randomized, controlled study. <i>Anesth Analg</i> . 110(4):1102-8.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 922. | Larsson, B., Fossum, S., Clifford, G., Drugli, M. B., Handegård, B. H., & Mørch, W. T. (2009). Treatment of oppositional defiant and conduct problems in young Norwegian children : results of a randomized controlled trial. <i>European child &amp; adolescent psychiatry</i> , (1), 42-52. | Targets externalising (ODD or CD)                   |
| 923. | Last, C. G., Hansen, C., & Franco, N. (1998). Cognitive-behavioral treatment of school phobia. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 37(4), 404-411.  | Not a parenting intervention                        |
| 924. | Lau, A. S., Fung, J. J., & Yung, V. (2010). Group parent training with immigrant chinese families: enhancing engagement and augmenting skills training. <i>Journal Of Clinical Psychology</i> , 66, 880-894.  | Not an RCT  |
| 925. | Lau, A. S., Fung, J. J., Ho, L. Y., Liu, L. L., & Gudiño, O. G. (2011). Parent training with high-risk immigrant Chinese families: A pilot group randomized trial yielding practice-based evidence. <i>Behav Ther</i> , 42, 413-426.  | Follow-up data collected only in active group       |
| 926. | Lau, J. Y., Pettit, E., & Creswell, C. (2013). Reducing children's social anxiety symptoms: exploring a novel parent-administered cognitive bias modification training intervention. <i>Behaviour research and therapy</i> , 51(7), 333-337. doi:10.1016/j.brat.2013.03.008                   | Not an RCT  |
| 927. | Lavigne, J. V., Lebailly, S. A., Gouze, K. R., Cicchetti, C., Jessup, B. W., Arend, R., et al. (2008). Predictor and moderator effects in the treatment of oppositional defiant disorder in pediatric primary care. <i>J Pediatr Psychol</i> , 33(5), 462-472. doi: jsm075                    | Targets externalising (ODD)                         |
| 928. | Lavigne, J. V., Lebailly, S. A., Gouze, K. R., Cicchetti, C., Pochlyly, J., Arend, R., et al. (2008). Treating oppositional defiant disorder in primary care: a comparison of three models. <i>J Pediatr Psychol</i> , 33(5), 449-461. doi: jsm074  | Targets externalising                               |
| 929. | Lavoie M-P, Monfette M-E and Boisvert J-M. 2005. Comparative efficacy of in vivo exposure and social skills training in adolescents with social phobia. <i>Revue Francophone de Clinique Comportementale et Cognitive</i> . 10(3):7-16.   | Not a parenting intervention                        |
| 930. | Lawes G. Individual parent training implemented by nursery nurses: evaluation of a programme for mothers of pre-school children. <i>Behav Psychother</i> 1992;20:239–56.  | No long term follow-up                              |
| 931. | Lay B, Blanz B and Schmidt MH. 2001. Effectiveness of home treatment in children and adolescents with externalizing psychiatric disorders. <i>European Child &amp; Adolescent Psychiatry</i> . 10(5):I80-I90.   | Not an RCT  |
| 932. | Layne AE, Bernstein GA, Egan EA and Kushner MG. 2003. Predictors of treatment response in anxious-depressed adolescents with school refusal. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 42(3):319-26.  | Not a parenting intervention                        |
| 933. | Lazer, S. (2013). Do callous and unemotional traits in young children predict change in parenting and child behavior in response to behavioral parent training? <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 73 (8-B E).                            | No child internalising outcomes or not a major goal |
| 934. | Le H-N, Zmuda J, Perry DF and Muv±oz RF. 2010. Transforming an evidence-based intervention to prevent perinatal depression for low-income Latina immigrants. <i>American Journal of Orthopsychiatry</i> . 80(1):34-45.  | Not a parenting intervention                        |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 935. | Leathers SJ. 2006. Placement disruption and negative placement outcomes among adolescents in long-term foster care: The role of behavior problems. <i>Child Abuse &amp; Neglect</i> . 30(3):307-24.  | Not a parenting intervention   |
| 936. | Leathers, S. J., Spielfogel, J. E., Gleeson, J. P., & Rolock, N. (2012). Behavior problems, foster home integration, and evidence-based behavioral interventions: What predicts adoption of foster children? <i>Children and Youth Services Review</i> , 34, 891-899.                        | No child internalising outcomes or not a major goal                                    |
| 937. | Leathers, S. J., Spielfogel, J. E., McMeel, L. S., & Atkins, M. S. (2011). Use of a parent management training intervention with urban foster parents: A pilot study. <i>Children and Youth Services Review</i> , 33, 1270-1279.   | Not an RCT; Follow-up less than 6 months   |
| 938. | Lee ML, Cohen SE, Stuber ML and Nade K. 1994. Parent-child interactions with pediatric bone marrow transplant patients. <i>Journal of Psychosocial Oncology</i> . 12(4):43-60.   | Not an RCT   |
| 939. | Lee, K. (2003). Maternal Coping Skills as a Moderator Between Depression and Stressful Life Events: Effects on Children's Behavioral Problems in an Intervention Program. <i>Journal of Child and Family Studies</i> , 12(4), 425-437. doi:10.1023/a:1026064007253                           | No long term follow-up (intervention lasts for 36 months)                              |
| 940. | Lee, S. J., Detels, R., Rotheram-Borus, M. J., & Duan, N. (2007). The effect of social support on mental and behavioral outcomes among adolescents with parents with HIV/AIDS. <i>American journal of public health</i> , (10), 1820-1826.   | Secondary analysis (re-analysis of data in Rotheram-Borus 2001 using SEM, no new data) |
| 941. | Legerstee, J. S., Huizink, A. C., van Gastel, W., Liber, J. M., Treffers, P. D., Verhulst, F. C., et al. (2008). Maternal anxiety predicts favourable treatment outcomes in anxiety-disordered adolescents. <i>Acta Psychiatr Scand</i> , 117(4), 289-298. doi: ACP1161                      | Parent component too small   |
| 942. | Lehrer JA, Buka S, Gortmaker S and Shrier LA. 2006. Depressive symptomatology as a predictor of exposure to intimate partner violence among US female adolescents and young adults. <i>Archives of Pediatrics and Adolescent Medicine</i> . 160(3):270-6.                                    | Not an RCT   |
| 943. | Leifer, A. D., et al. (1972). EFFECTS OF MOTHER-INFANT SEPARATION ON MATERNAL ATTACHMENT BEHAVIOR. <i>Child Development</i> 43(4): 1203-1218.  | Not an RCT; Not a parenting intervention   |
| 944. | Leitch, D. B. (1999). Mother-infant interaction: achieving synchrony. <i>Nursing research</i> , (1), 55-58.  | No long term follow-up   |
| 945. | Lemanek, K. L., Ranalli, M., & Lukens, C. (2009). A randomized controlled trial of massage therapy in children with sickle cell disease. <i>J Pediatr Psychol</i> , 34(10), 1091-1096. doi: jsp015   | No long term follow-up   |
| 946. | Lemmon CR, Ludwig DA, Howe CA, Ferguson-Smith A and Barbeau P. 2007. Correlates of adherence to a physical activity program in young African-American girls. <i>Obesity (Silver Spring)</i> . 15(3):695-703.   | Not a parenting intervention   |
| 947. | Lenior, M. E., Dingemans, P. M. A. J., Linszen, D. H., de Haan, L., & Schene, A. H. (2001). Social functioning and the course of early-onset schizophrenia: Five-year follow-up of a psychosocial intervention. <i>British Journal of Psychiatry</i> , 179, 53-58. doi: 10.1192/bjp.179.1.53 | Not in children 0 - 18   |



## Appendix B: List of excluded papers and reason(s) for exclusion

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| 948. | Lenze SN, Pautsch J and Luby J. 2011. Parent-child interaction therapy emotion development: A novel treatment for depression in preschool children. <i>Depression and Anxiety</i> . 28(2):153-9.   | Not an RCT  |
| 949. | Leonard NR, Gwadz MV, Cleland CM, Vekaria PC and Ferns B. 2008. Maternal substance use and HIV status: adolescent risk and resilience. <i>Journal of adolescence</i> , 31(3), 389-405.   | Not an RCT  |
| 950. | Leong J, Cobham VE, de Groot J, McDermott B. Comparing different modes of delivery: A pilot evaluation of a family-focused, cognitive-behavioral intervention for anxiety-disordered children. <i>European Child &amp; Adolescent Psychiatry</i> . 2009 Apr;18(4):231-9.   | Comparison condition not a minimal control; Parent component too small  |
| 951. | Leschied AW, Chiodo D, Whitehead PC and Hurley D. 2005. The relationship between maternal depression and child outcomes in a child welfare sample: Implications for treatment and policy. <i>Child &amp; Family Social Work</i> . 10(4):281-91.  | Not a parenting intervention  |
| 952. | Lesser, J., Koniak-Griffin, D., Huang, R., Takayanagi, S., & Cumberland, W. G. (2009). Parental protectiveness and unprotected sexual activity among Latino adolescent mothers and fathers. <i>AIDS education and prevention : official publication of the International Society for AIDS Education</i> , (5 Suppl), 88-102. | No child internalising outcomes or not a major goal   |
| 953. | Lester P, Rotheram-Borus MJ, Lee S-J, Comulada S, Cantwell S, Wu N and Lin YY. 2006. Rates and predictors of anxiety and depressive disorders in adolescents of parents with HIV. <i>Vulnerable Children and Youth Studies</i> . 1(1):81-101.  | Not a parenting intervention  |
| 954. | Leung DW and Slep AMS. 2006. Predicting inept discipline: The role of parental depressive symptoms, anger, and attributions. <i>Journal of Consulting and Clinical Psychology</i> . 74(3):524-34.  | Not a parenting intervention  |
| 955. | Leung, C., Sanders, M. R., Leung, S., Mak, R., & Lau, J. (2003). An Outcome Evaluation of the Implementation of the Triple P-Positive Parenting Program in Hong Kong. <i>Family Process</i> , 42(4), 531-544. doi: 10.1111/j.1545-5300.2003.00531.x  | No long term follow-up  |
| 956. | Levy, R. L., Langer, S. L., Romano, J. M., Labus, J., Walker, L. S., Murphy, T. B., ... & Whitehead, W. E. (2014). Cognitive mediators of treatment outcomes in pediatric functional abdominal pain. <i>The Clinical journal of pain</i> , 30(12), 1033-1043.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 957. | Levy-Frank, I., Hasson-Ohayon, I., Kravetz, S., & Roe, D. (2011). Family psychoeducation and therapeutic alliance focused interventions for parents of a daughter or son with a severe mental illness. <i>Psychiatry research</i> , 189(2), 173-179.   | No long term follow-up  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 958. | Lewin, A. B., Peris, T. S., De Nadai, A. S., McCracken, J. T., & Piacentini, J. (2012). Agreement between therapists, parents, patients, and independent evaluators on clinical improvement in pediatric obsessive-compulsive disorder. <i>J Consult Clin Psychol</i> , 80(6), 1103-1107. doi: 10.1037/a0029991 | Not a parenting intervention  |
| 959. | Lewinsohn, P. M., Clarke, G. N., Hops, H., & Andrews, J. (1990). Cognitive-behavioral treatment for depressed adolescents. <i>Behav. Ther.</i> , (4), 385-401.  | Parent component too small  |
| 960. | Lewis CC, Pantell RH and Sharp L. 1991. Increasing patient knowledge, satisfaction, and involvement: randomized trial of a communication intervention. <i>Pediatrics</i> . 88(2):351-8.   | Not a parenting intervention  |
| 961. | Lewis FM, Casey SM, Brandt PA, Shands ME and Zahlis EH. 2006. The enhancing connections program: pilot study of a cognitive-behavioral intervention for mothers and children affected by breast cancer. <i>Psychooncology</i> . 15(6):486-97.   | Not an RCT  |
| 962. | Lewis MA, Hatton CL, Salas I, Leake B and Chiofalo N. 1991. Impact of the Children's Epilepsy Program on parents. <i>Epilepsia</i> . 32(3):365-74.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 963. | Lewis-Jones S. 2006. Quality of life and childhood atopic dermatitis: The misery of living with childhood eczema. <i>International Journal of Clinical Practice</i> . 60(8):984-92.   | Review  |
| 964. | Li G and Dai X-Y. 2009. Control study of cognitive-behavior therapy in adolescents with Internet addiction disorder. <i>Chinese Mental Health Journal</i> . 23(7):457-70.   | Not a parenting intervention  |
| 965. | Li HC and Lopez V. 2008. Effectiveness and appropriateness of therapeutic play intervention in preparing children for surgery: a randomized controlled trial study. <i>J Spec Pediatr Nurs</i> . 13(2):63-73.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 966. | Li HC, Lopez V and Lee TL. 2007. Psychoeducational preparation of children for surgery: the importance of parental involvement. <i>Patient Educ Couns</i> . 65(1):34-41.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 967. | Li Q, Guang Y and Yue G. 2005. [Influence of rehabilitation education on the psychological status of parents of children with schizophrenia]. <i>Zhongguo Linchuang Kangfu</i> . 8:98-9.   | No child internalising outcomes or not a major goal   |
| 968. | Liber JM, McLeod BD, Van Widenfelt BM, Goedhart AW, van der Leeden AJM, Utens EMWJ and Treffers PDA. 2010. Examining the relation between the therapeutic alliance, treatment adherence, and outcome of cognitive behavioral therapy for children with anxiety disorders. <i>Behavior Therapy</i> . 41(2):172-86.                                    | Not a parenting intervention  |
| 969. | Liber JM, van Widenfelt BM, Goedhart AW, Utens EMWJ, van der Leeden AJM, Markus MT and Treffers PDA. 2008. Parenting and parental anxiety and depression as predictors of treatment outcome for childhood anxiety disorders: Has the role of fathers been underestimated? <i>Journal of Clinical Child and Adolescent Psychology</i> . 37(4):747-58. | Not a parenting intervention  |
| 970. | Liber JM, Van Widenfelt BM, Utens EMWJ, Ferdinand RF, Van der Leeden AJM, Van Gastel W and Treffers PDA. 2008. No differences between group versus individual treatment of childhood anxiety disorders in a randomised clinical trial. <i>Journal of Child Psychology and Psychiatry</i> . 49(8):886-93.   | Not a parenting intervention  |
| 971. | Lieberman, A. F., Van Horn, P., & Ippen, C. G. (2005). Toward evidence-based treatment: child-parent psychotherapy with preschoolers exposed to marital violence. <i>J Am Acad Child Adolesc Psychiatry</i> , 44(12), 1241-1248. doi:S0890-8567(09)62235-8   | No long term follow-up  |
| 972. | Lieberman, A. F., Weston, D. R., & Pawl, J. H. (1991). Preventive intervention and outcome with anxiously attached dyads. <i>Child Development</i> , 62, 199-209.  | No long term follow-up  |
| 973. | Lieu TA, Glauber JH, Fuentes-Afflick E and Lo B. 1994. Effects of vaccine information pamphlets on parents' attitudes. <i>Archives of pediatrics &amp; adolescent medicine</i> , 148(9), 921-925.  | No child internalising outcomes or not a major goal   |
| 974. | Liew, J., Johnson, A. Y., Smith, T. R., & Thoemmes, F. (2011). Parental expressivity, child physiological and behavioral regulation, and child adjustment: Testing a three-path mediation model. <i>Early Education and Development</i> , 22, 549-573.   | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 975. | Liles, B. D., Newman, E., LaGasse, L. L., Derauf, C., Shah, R., Smith, L. M., Arria, A. M., Huestis, M. A., Haning, W., Strauss, A., DellaGrotta, S., Dansereau, L. M., Neal, C., & Lester, B. M. (2012). Perceived child behavior problems, parenting stress, and maternal depressive symptoms among prenatal methamphetamine users. <i>Child Psychiatry and Human Development</i> , 43, 943-957.                         | Not a parenting intervention  |
| 976. | Lillehoj CJ, Trudeau L, Spoth R and Madon S. 2005. Externalizing behaviors as predictors of substance initiation trajectories among rural adolescents. <i>Journal of Adolescent Health</i> . 37(6):493-501.  | Not a parenting intervention  |
| 977. | Lillehoj CJ, Trudeau L, Spoth R and Wickrama KAS. 2004. Internalizing, Social Competence, and Substance Initiation: Influence of Gender Moderation and a Preventive Intervention. <i>Substance Use &amp; Misuse</i> . 39(6):963-91.  | Not a parenting intervention  |
| 978. | Linares, L. O., Jimenez, J., Nesci, C., Pearson, E., Beller, S., Edwards, N., & Levin-Rector, A. (2014). Reducing sibling conflict in maltreated children placed in foster homes. <i>Prevention Science</i> , 16(2), 211-221.  | Targets externalising   |
| 979. | Linares, L. O., Montalto, D., Li, M., & Oza, V. S. (2006). A promising parenting intervention in foster care. <i>J Consult Clin Psychol</i> , 74(1), 32-41. doi: 2006-03253-004  | Follow-up less than 6 months  |
| 980. | Lindwall, J. J., Russell, K., Huang, Q., Zhang, H., Vannatta, K., Barrera, M., ... & Phipps, S. (2014). Adjustment in parents of children undergoing stem cell transplantation. <i>Biology of Blood and Marrow Transplantation</i> , 20(4), 543-548.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 981. | Lipman, E. L., & Boyle, M. H. (2005). Social support and education groups for single mothers: a randomized controlled trial of a community-based program. <i>CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne</i> , (12), 1451-1456.   | No child internalising outcomes or not a major goal   |
| 982. | Lipman, E. L., Boyle, M. H., Cunningham, C., Kenny, M., Sniderman, C., Duku, E., et al. (2006). Testing effectiveness of a community-based aggression management program for children 7 to 11 years old and their families. <i>J Am Acad Child Adolesc Psychiatry</i> , 45(9), 1085-1093. doi:10.1097/01.chi.0000228132.64579.73   | No long term follow-up; Parent component too small  |
| 983. | Lipscomb, S. T., Laurent, H., Neiderhiser, J. M., Shaw, D. S., Natsuaki, M. N., Reiss, D., & Leve, L. D. (2014). Genetic vulnerability interacts with parenting and early care and education to predict increasing externalizing behavior. <i>International Journal of Behavioral Development</i> , 38(1), 70-80. doi: <a href="http://dx.doi.org/10.1177/0165025413508708">http://dx.doi.org/10.1177/0165025413508708</a> | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 984. | Lipsitz, J. D., Gur, M., Albano, A. M., & Sherman, B. (2011). A psychological intervention for pediatric chest pain: development and open trial. <i>J Dev Behav Pediatr</i> , 32, 153-157.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 985. | Little M, Sandler IN, Wolchik SA, Tein J-Y and Ayers TS. 2009. Comparing cognitive, relational and stress mechanisms underlying gender differences in recovery from bereavement-related internalizing problems. <i>Journal of Clinical Child and Adolescent Psychology</i> . 38(4):486-500.                         | Not an RCT  |
| 986. | Liu C, Wang Y, Xuan X, Xu T, Wang XJ, Tang GZ, Zhao YM and Wang YF. 2009. [A multi-center randomized controlled trial of social skills training among children with behavior problems]. <i>Zhonghua yi xue za zhi</i> , 89(35), 2468-2471.  | Not a parenting intervention  |
| 987. | Liu J, Raine A, Venables PH and Mednick SA. 2004. Malnutrition at age 3 years and externalizing behavior problems at ages 8, 11, and 17 years. <i>The American Journal of Psychiatry</i> . 161(11):2005-13.   | Not an RCT  |
| 988. | Liu, C., & Feekery, C. (2001). Can asthma education improve clinical outcomes? An evaluation of a pediatric asthma education program. <i>J Asthma</i> , 38(3), 269-278.   | No child internalising outcomes or not a major goal   |
| 989. | Llewellyn G, McConnell D, Honey A, Mayes R and Russo D. 2003. Promoting health and home safety for children of parents with intellectual disability: a randomized controlled trial. <i>Research in Developmental Disabilities</i> , 24(6), 405-431.   | No child internalising outcomes or not a major goal   |
| 990. | Loader S, Shields C, Levenkron JC, Fishel R and Rowley PT. 2002. Patient vs. physician as the target of educational outreach about screening for an inherited susceptibility to colorectal cancer. <i>Genet Test</i> . 6(4):281-90.   | Not a parenting intervention  |
| 991. | Lochman JE, Boxmeyer C, Powell N, Qu L, Wells K and Windle M. 2009. Dissemination of the Coping Power program: Importance of intensity of counselor training. <i>Journal of Consulting and Clinical Psychology</i> . 77(3):397-409.   | Not a parenting intervention  |
| 992. | Lochman JE. Parent and family skills training in targeted prevention programs for at-risk youth. <i>J Prim Prev</i> . 2000;21:253–265   | Review  |
| 993. | Lochman, J. E., Baden, R. E., Boxmeyer, C. L., Powell, N. P., Qu, L., Salekin, K. L., & Windle, M. (2014). Does a booster intervention augment the preventive effects of an abbreviated version of the Coping Power Program for aggressive children?. <i>Journal of abnormal child psychology</i> , 42(3), 367-381. | Targets externalising   |

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| 994.  | Lock, S., & Barrett, P. M. (2003). A Longitudinal Study of Developmental Differences in Universal Preventive Intervention for Child Anxiety. <i>Behaviour Change</i> , 20, 183-199.   | Not a parenting intervention                        |
| 995.  | Loeber R and Farrington DP. 1994. Problems and solutions in longitudinal and experimental treatment studies of child psychopathology and delinquency. <i>Journal of Consulting and Clinical Psychology</i> . 62(5):887-900.   | Review  |
| 996.  | Logsdon MC, Birkimer JC, Simpson T and Looney S. 2005. Postpartum depression and social support in adolescents. <i>J Obstet Gynecol Neonatal Nurs</i> . 34(1):46-54.  | No child internalising outcomes or not a major goal |
| 997.  | Logsdon MC, Foltz MP, Stein B, Usui W and Josephson A. 2010. Adapting and testing telephone-based depression care management intervention for adolescent mothers. <i>Arch Womens Ment Health</i> . 13(4):307-17.  | No child internalising outcomes or not a major goal |
| 998.  | Loitz PA. 2000. Conjoint behavioral consultation using self-administered manual and videotape parent-teacher training: Effects on children's behavioral difficulties. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> . 61(2-B). | No long term follow-up                              |
| 999.  | Long, P., Forehand, R., Wierson, M., & Morgan, A. (1994). Does parent training with young noncompliant children have long-term effects?. <i>Behaviour Research and Therapy</i> , 32(1), 101-107. doi: 10.1016/0005-7967(94)90088-4                                    | Not an RCT  |
| 1000. | Loper, A. B., & Tuerk, E. H. (2011). Improving the emotional adjustment and communication patterns of incarcerated mothers: Effectiveness of a prison parenting intervention. <i>Journal of Child and Family Studies</i> , 20(1), 89-101.                             | No child internalising outcomes or not a major goal |
| 1001. | Lopez MA, Toprac MG, Crismon ML, Boemer C and Baumgartner J. 2005. A Psychoeducational Program for Children with ADHD or Depression and their Families: Results from the CMAP Feasibility Study. <i>Community Mental Health Journal</i> . 41(1):51-66.                | Not an RCT  |
| 1002. | Losel, F., Stemmler, M., Bender, D. (2013). Long-term evaluation of a bimodal universal prevention program: Effects on antisocial development from kindergarten to adolescence. <i>Journal of Experimental Criminology</i> , 9 (4), 429-449.                          | Targets externalising                               |
| 1003. | Loue S and Sajatovic M. 2008. Research with severely mentally ill Latinas: Successful recruitment and retention strategies. <i>Journal of Immigrant and Minority Health</i> . 10(2):145-53.   | No child internalising outcomes or not a major goal |
| 1004. | Love, J. M., Kisker, E. E., Ross, C., Raikes, H., Constantine, J., Boller, K., et al. (2005). The effectiveness of early head start for 3-year-old children and their parents: lessons for policy and programs. <i>Developmental psychology</i> , (6), 885-901.       | No child internalising outcomes or not a major goal |
| 1005. | Lown A, Dvorak C, Acree M, Dunn E, Abrahms D, Horn B, Degelman M, Cowan M and Mehling W. 2011. Massage provides relief for symptoms in pediatric hematopoietic transplant patients. <i>Psycho-Oncology</i> . 20(1):70-1.  | No long term follow-up                              |
| 1006. | Lowry-Webster HM, Barrett PM and Dadds MR. 2001. A universal prevention trial of anxiety and depressive symptomatology in childhood: Preliminary data from an Australian study. <i>Behaviour Change</i> . 18(1):36-50.  | No long term follow-up                              |

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| 1007. | Lowry-Webster, H. M., Barrett, P. M., & Lock, S. (2003). A universal prevention trial of anxiety symptomology during childhood: Results at 1-year follow-up. <i>Behaviour Change</i> , 20(1), 25-43. doi: 10.1375/behc.20.1.25.24843                                       | Parent component too small                          |
| 1008. | Lu Q, Tsao JCI, Myers CD, Kim SC and Zeltzer LK. 2007. Coping predictors of children's laboratory-induced pain tolerance, intensity, and unpleasantness. <i>The Journal of Pain</i> . 8(9):708-17.   | Not a parenting intervention                        |
| 1009. | Luby, J., Lenze, S., & Tillman, R. (2012). A novel early intervention for preschool depression: findings from a pilot randomized controlled trial. <i>J Child Psychol Psychiatry</i> , 53, 313-322.  | No long term follow-up                              |
| 1010. | Luecken, L. J., Hagan, M. J., Sandler, I. N., Tein, J. Y., Ayers, T. S., & Wolchik, S. A. (2014). Longitudinal mediators of a randomized prevention program effect on cortisol for youth from parentally bereaved families. <i>Prevention science</i> , 15(2), 224-232.    | No child internalising outcomes or not a major goal |
| 1011. | Luecken, L. J., Hagan, M. J., Sandler, I. N., Tein, J.-Y., Ayers, T. S., & Wolchik, S. A. (2010). Cortisol levels six-years after participation in the family bereavement program. <i>Psychoneuroendocrinology</i> , 35(5), 785-789. doi: 10.1016/j.psyneuen.2009.11.002   | No child internalising outcomes or not a major goal |
| 1012. | Luepker RV, Perry CL, Murray DM and Mullis R. 1988. Hypertension prevention through nutrition education in youth: a school-based program involving parents. <i>Health Psychology</i> , 7(S), 233.  | Not a parenting intervention                        |
| 1013. | Lukin, K. (2011). Predictors and moderators of treatment adherence in depressed youths (Order No. 3476152). Available from ProQuest Dissertations & Theses Global. (894118916)   | Not a parenting intervention                        |
| 1014. | Lumpkin PW, Silverman WK, Weems CF, Markham MR and Kurtines WM. 2002. Treating a heterogeneous set of anxiety disorders in youths with group cognitive behavioral therapy: A partially nonconcurrent multiple-baseline evaluation. <i>Behavior Therapy</i> . 33(1):163-77. | Not a parenting intervention                        |
| 1015. | Lundahl, B., Riser, H. J., & Lovejoy, M. C. (2006). A meta-analysis of parent training: Moderators and follow-up effects. <i>Clinical Psychology Review</i> , 26, 86–104.  | Review  |
| 1016. | Lynch FL, Hornbrook M, Clarke GN, Perrin N, Polen MR, O'Connor E and Dickerson J. 2005. Cost-effectiveness of an intervention to prevent depression in at-risk teens. <i>Arch Gen Psychiatry</i> . 62(11):1241-8.  | Not a parenting intervention                        |
| 1017. | Lyneham, H. J., & Rapee, R. M. (2006). Evaluation of therapist-supported parent-implemented CBT for anxiety disorders in rural children. <i>Behaviour Research and Therapy</i> , 44(9), 1287-1300. doi: 10.1016/j.brat.2005.09.009   | Follow-up data collected only in active group       |
| 1018. | Lyon AR and Budd KS. 2010. A community mental health implementation of Parent-Child Interaction Therapy (PCIT). <i>Journal of Child and Family Studies</i> . 19(5):654-68.   | Not an RCT  |
| 1019. | Lytle LA, Kubik MY, Perry C, Story M, Birnbaum AS and Murray DM. 2006. Influencing healthful food choices in school and home environments: Results from the TEENS study. <i>Preventive Medicine: An International Journal Devoted to Practice and Theory</i> . 43(1):8-13. | Not a parenting intervention                        |
| 1020. | Mabe PA, Turner MK and Josephson AM. 2001. Parent management training. <i>Child and Adolescent Psychiatric Clinics of North America</i> . 10(3):451-64.  | Review  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1021. | MacMillan, H. L., & Canadian Task Force on Preventive Health Care. (2000). Preventive health care, 2000 update: prevention of child maltreatment. CMAJ: Canadian Medical Association journal= journal de l'Association medicale canadienne, 163(11), 1451.  | Review  |
| 1022. | MacNeill, V., Nwokoro, C., Griffiths, C., Grigg, J., & Seale, C. (2013). Recruiting ethnic minority participants to a clinical trial: A qualitative study. BMJ Open, 3(4). doi: <a href="http://dx.doi.org/10.1136/bmjopen-2013-002750">http://dx.doi.org/10.1136/bmjopen-2013-002750</a>             | Not an RCT  |
| 1023. | Madigan, S., Vaillancourt, K., McKibbin, A., & Benoit, D. (2015). Trauma and traumatic loss in pregnant adolescents: the impact of Trauma-Focused Cognitive Behavior Therapy on maternal unresolved states of mind and Posttraumatic Stress Disorder. Attachment & Human Development, 17(2), 175-198. | No child internalising outcomes or not a major goal   |
| 1024. | Mager W, Milich R, Harris MJ and Howard A. 2005. Intervention groups for adolescents with conduct problems: is aggregation harmful or helpful? J Abnorm Child Psychol. 33(3):349-62.  | Not a parenting intervention  |
| 1025. | Mahajan L, Wyllie R, Steffen R, Kay M, Kitaoka G, Dettorre J, Sarigol S and McCue K. 1998. The effects of a psychological preparation program on anxiety in children and adolescents undergoing gastrointestinal endoscopy. J Pediatr Gastroenterol Nutr. 27(2):161-5.                                | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1026. | Maid R, Smokowski P and Bacallao M. 2008. Family treatment of childhood anxiety. Child & Family Social Work. 13(4):433-42.  | Review  |
| 1027. | Mallery, C. J. (2011). The effects of neighborhood context and parenting factors on adolescent mental health: A multilevel investigation (Order No. 3434888). Available from ProQuest Dissertations & Theses Global. (847800149).   | Not a parenting intervention  |
| 1028. | Malti, T., Ribeaud, D., & Eisner, M. P. (2011). The effectiveness of two universal preventive interventions in reducing children's externalizing behavior: A cluster randomized controlled trial. Journal of Clinical Child and Adolescent Psychology, 40, 677-692.                                   | Targets externalising   |
| 1029. | Manassis K, Wilansky-Traynor P, Farzan N, Kleiman V, Parker K and Sanford M. 2010. The feelings club: Randomized controlled evaluation of school-based CBT for anxious or depressive symptoms. Depression and Anxiety. 27(10):945-52.   | Not a parenting intervention  |
| 1030. | Manassis, K., Mendlowitz, S. L., Scapillato, D., Avery, D., Fiksenbaum, L., Freire, M., et al. (2002). Group and individual cognitive-behavioral therapy for childhood anxiety disorders: a randomized trial. J Am Acad Child Adolesc Psychiatry, 41(12), 1423-1430. doi: S0890-8567(09)60736-X       | Parent component too small  |
| 1031. | Manber R, Blasey C and Allen JJB. 2008. Depression symptoms during pregnancy. Archives of Women's Mental Health. 11(1):43-8.  | Not a parenting intervention  |



## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1032. Manber R, Schnyer RN, Allen JJB, Rush AJ and Blasey CM. 2004. Acupuncture: A promising treatment for depression during pregnancy. <i>Journal of Affective Disorders</i> . 83(1):89-95.  | Not a parenting intervention  |
| 1033. Mansson ME, Fredrikzon B and Rosberg B. 1992. Comparison of preparation and narcotic-sedative premedication in children undergoing surgery. <i>Pediatr Nurs</i> . 18(4):337-42.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1034. Marcenko MO, Spence M. Home visitation services for at-risk pregnant and postpartum women: a randomized trial. <i>AmJOrthopsychiatry</i> .1994;64:468-478.  | No long term follow-up; No child internalising outcomes or not a major goal   |
| 1035. March, S., Spence, S. H., & Donovan, C. L. (2009). The efficacy of an internet-based cognitive-behavioral therapy intervention for child anxiety disorders. <i>J Pediatr Psychol</i> , 34(5), 474-487. doi: jsn099  | Parent component too small  |
| 1036. Marco, C. A., Wolfson, A. R., Sparling, M., & Azuaje, A. (2011). Family socioeconomic status and sleep patterns of young adolescents. <i>Behavioral Sleep Medicine</i> , 10, 70-80.   | Not a parenting intervention  |
| 1037. Margolis JO, Ginsberg B, Dear GL, Ross AK, Goral JE and Bailey AG. 1998. Paediatric preoperative teaching: effects at induction and postoperatively. <i>Paediatr Anaesth</i> . 8(1):17-23.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1038. Margolis PA, Stevens R, Bordley WC, Stuart J, Harlan C, Keyes-Elstein L and Wisseh S. 2001. From concept to application: the impact of a community-wide intervention to improve the delivery of preventive services to children. <i>Pediatrics</i> , 108(3), e42-e42.   | Not an RCT  |
| 1039. Margolis, K. L. (2014). A pilot feasibility and effectiveness trial of the family check-up parenting intervention with Spanish preadolescents and their families: A cultural adaptation and feasibility study to enhance evidence-based intervention research in Spain. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 74 (11-B E). | Follow-up less than 6 months; Targets externalising   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1040. | Markie-Dadds, C., & Sanders, M. R. (2006). Self-directed Triple P (Positive Parenting Program) for mothers with children at-risk of developing conduct problems. <i>Behavioural and Cognitive Psychotherapy</i> , 34(03), 259-275.   | No child internalising outcomes or not a major goal; Follow-up data collected only in active group   |
| 1041. | Markle-Ried, M., Browne, G., Roberts, J., Gafni, A., & Byrne, C. (2002). The 2-year costs and effects of a public health nursing case management intervention on mood-disordered single parents on social assistance. <i>Journal of Evaluation in Clinical Practice</i> , 8(1), 45-59. doi: 10.1046/j.1365-2753.2002.00316.x | No child internalising outcomes or not a major goal  |
| 1042. | Markowitz JC, Patel SR, Balan IC, Bell MA, Blanco C, Heart MYHB, Sosa SB and Fernández RL. 2009. Toward an adaptation of interpersonal psychotherapy for Hispanic patients with DSM-IV major depressive disorder. <i>Journal of Clinical Psychiatry</i> . 70(2):214-22.  | Not a parenting intervention   |
| 1043. | Marquis, R. (2014). The gender effects of a foster parent-delivered tutoring program on foster children's academic skills and mental health: A randomized field trial. Dissertation Abstracts International Section A: Humanities and Social Sciences Dissertation Abstracts International, 75 (1-a(e).                      | No child internalising outcomes or not a major goal; No long term follow-up; Not a parenting program |
| 1044. | Marsac, M. L., Hildenbrand, A. K., Kohser, K. L., Winston, F. K., Li, Y., & Kassam-Adams, N. (2013). Preventing posttraumatic stress following pediatric injury: A randomized controlled trial of a web-based psycho-educational intervention for parents. <i>Journal of Pediatric Psychology</i> , 38(10), 1101-1111.       | Follow-up less than 6 months   |
| 1045. | Martí, A. C., & Barrachina, M. T. M. 2009. The effects of mindfulness-based cognitive therapy: A qualitative approach. <i>Psychology in Spain</i> . 13(1):9-16.  | Not a parenting intervention   |
| 1046. | Martin, S. R., Chorney, J. M., Tan, E. T., Fortier, M. A., Blount, R. L., Wald, S. H., Shapiro, N. L., Strom, S. L., Patel, S., & Kain, Z. N. (2011). Changing healthcare providers' behavior during pediatric inductions with an empirically based intervention. <i>Anesthesiology</i> , 115, 18-27.                        | Not a parenting intervention   |
| 1047. | Martinez, C. R., & Forgatch, M. S. (2001). Preventing problems with boys' noncompliance: Effects of a parent training intervention for divorcing mothers. <i>Journal of Consulting and Clinical Psychology</i> , 69(3), 416-428.   | No child internalising outcomes or not a major goal  |
| 1048. | Martinez, C. R., Jr., & Eddy, J. M. (2005). Effects of culturally adapted parent management training on Latino youth behavioral health outcomes. <i>J Consult Clin Psychol</i> , 73(5), 841-851. doi: 2005-13740-007   | No long term follow-up   |
| 1049. | Martyn KK, Loveland-Cherry CJ, Villarruel AM, Cabriaes EG, Zhou Y, Ronis DL and Eakin B. 2009. Mexican adolescents' alcohol use, family intimacy, and parent-adolescent communication. <i>Journal of Family Nursing</i> . 15(2):152-70.  | Not a parenting intervention   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1050. | Masia CL, Klein RG, Storch EA and Corda B. 2001. School-based behavioral treatment for social anxiety disorder in adolescents: Results of a pilot study. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 40(7):780-6.  | Not a parenting intervention                        |
| 1051. | Masia Warner C, Fisher PH, Shrout PE, Rathor S and Klein RG. 2007. Treating adolescents with social anxiety disorder in school: An attention control trial. <i>Journal of Child Psychology and Psychiatry</i> . 48(7):676-86.  | Not a parenting intervention                        |
| 1052. | Masia-Warner C, Klein RG, Dent HC, Fisher PH, Alvir J, Albano AM and Guardino M. 2005. School-based intervention for adolescents with social anxiety disorder: Results of a controlled study. <i>Journal of Abnormal Child Psychology: An official publication of the International Society for Research in Child and Adolescent Psychopathology</i> . 33(6):707-22. | Not a parenting intervention                        |
| 1053. | Mason MJ, Cheung I and Walker L. 2004. The Social Ecology of Urban Adolescent Substance Use: A Case Study Utilizing Geographic Information Systems. <i>The Journal of Primary Prevention</i> . 25(2):271-82.   | Not a parenting intervention                        |
| 1054. | Mason WA, Kosterman R, Haggerty KP, Hawkins JD, Redmond C, Spoth RL and Shin C. 2008. Dimensions of adolescent alcohol involvement as predictors of young-adult major depression. <i>Journal of Studies on Alcohol and Drugs</i> . 69(2):275-85.   | Not a parenting intervention                        |
| 1055. | Mason, W. A., Haggerty, K. P., Fleming, A. P., & Casey-Goldstein, M. (2012). Family intervention to prevent depression and substance use among adolescents of depressed parents. <i>Journal of Child and Family Studies</i> , 21(6), 891-905. doi: 10.1007/s10826-011-9549-x   | Follow-up less than 6 months                        |
| 1056. | Mason, W. A., Kosterman, R., Hawkins, J. D., Haggerty, K. P., & Spoth, R. (2003). Reducing adolescents' growth in substance use and delinquency: Randomized trial effects of a preventive parent-training intervention. <i>Prevention Science</i> , 4, 203–213.  | No child internalising outcomes or not a major goal |
| 1057. | Masuko, I., Futamura, M., Hahashi, K., Ito, K., & Ohya, Y. (2009). A randomized evaluator-blinded trial of behavioral modification program for mothers of children with atopic dermatitis. <i>Journal of Allergy and Clinical Immunology</i> , 123(2), S47.  | No child internalising outcomes or not a major goal |
| 1058. | Matos M, Torres R, Santiago R, Jurado M and Rodríguez I. 2006. Adaptation of Parent-Child Interaction Therapy for Puerto Rican Families: A Preliminary Study. <i>Family Process</i> . 45(2):205-22.  | Not an RCT  |
| 1059. | Matos, M., Bauermeister, J. J., & Bernal, G. (2009). Parent-Child Interaction Therapy for Puerto Rican Preschool Children with ADHD and Behavior Problems: A Pilot Efficacy Study. <i>Family Process</i> , 48, 232-252.  | No long term follow-up                              |
| 1060. | Matson ML, Mahan S and Matson JL. 2009. Parent training: A review of methods for children with autism spectrum disorders. <i>Research in Autism Spectrum Disorders</i> . 3(4):868-75.  | Review  |
| 1061. | Matson, J. L., & Ollendick, T. H. (1977). Issues in toilet training normal children. <i>Behavior Therapy</i> , 8(4), 549-553.  | No child internalising outcomes or not a major goal |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1062. | Matsumoto, Y., Sofronoff, K., & Sanders, M. R. (2007). The Efficacy and Acceptability of the Triple P-Positive Parenting Program With Japanese Parents. [Article]. Behaviour Change, 24(4), 205-218. doi: 10.1375/behc.24.4.205        | No long term follow-up  |
| 1063. | Matthey S, Kavanagh DJ, Howie P, Barnett B and Charles M. 2004. Prevention of postnatal distress or depression: an evaluation of an intervention at preparation for parenthood classes. J Affect Disord. 79(1-3):113-26.               | No child internalising outcomes or not a major goal   |
| 1064. | Mc Conachie H. 2009. Making sense of autism: What works for children. Developmental Medicine and Child Neurology. 51:2-3.  | Review  |
| 1065. | McCabe KM, Lucchini SE, Hough RL, Yeh M and Hazen A. 2005. The Relation between Violence Exposure and Conduct Problems among Adolescents: A Prospective Study. American Journal of Orthopsychiatry. 75(4):575-84.                      | Not an RCT  |
| 1066. | McCabe, K. M., Yeh, M., Garland, A. F., Lau, A. S., & Chavez, G. (2005). The GANA Program: A Tailoring Approach to Adapting Parent Child Interaction Therapy for Mexican Americans. Education & Treatment of Children, 28(2), 111-129. | Not an RCT  |
| 1067. | McCabe, K., & Yeh, M. (2009). Parent-child interaction therapy for Mexican Americans: a randomized clinical trial. Journal Of Clinical Child And Adolescent Psychology, 38, 753-759.   | No long term follow-up  |
| 1068. | McCart MR. 2007. Reducing violence/victimization among assaulted urban youth. Dissertation Abstracts International: Section B: The Sciences and Engineering. 67(9-B).  | Follow-up less than 6 months  |
| 1069. | McCarthy AM, Cool VA and Hanrahan K. 1998. Cognitive behavioral interventions for children during painful procedures: research challenges and program development. J Pediatr Nurs. 13(1):55-63.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1070. | McCarthy AM, Kleiber C, Hanrahan K, Zimmerman MB, Westhus N and Allen S. 2010. Impact of parent-provided distraction on child responses to an IV insertion. Children's Health Care. 39(2):125-41.                                      | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |

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| 1071. McCarthy, A. M., Kleiber, C., Hanrahan, K., Zimmerman, M. B., Ersig, A., Westhus, N., & Allen, S. (2014). Matching Doses of Distraction With Child Risk for Distress During a Medical Procedure: A Randomized Clinical Trial. <i>Nursing research</i> , 63(6), 397-407.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1072. McCarton CM, Wallace IF, Bennett FC. Preventive interventions with low birth weight premature infants: an evaluation of their success. <i>Semin Perinatol</i> 1995;19:330–40   | Review  |
| 1073. McCarton, C. M., Brooks-Gunn, J., Wallace, I. F., Bauer, C. R., Bennett, F. C., Bernbaum, J. C., Broyles, R. S., Casey, P. H., McCormick, M. C., Scott, D. T., Tyson, J., Tonascia, J., & Meinert, C. L. (1997). Results at age 8 years of early intervention for low-birth-weight premature infants. The Infant Health and Development Program. <i>JAMA</i> , 277, 126-132. | Parent component too small  |
| 1074. McCarty, C. A., Violette, H. D., Duong, M. T., Cruz, R. A., & McCauley, E. (2013). A randomized trial of the Positive Thoughts and Action program for depression among early adolescents. <i>J Clin Child Adolesc Psychol</i> , 42(4), 554-563. doi:10.1080/15374416.2013.782817   | Not a parenting intervention  |
| 1075. McConaughy, S. H., Kay, P. J., & Fitzgerald, M. (1999). The achieving, Behaving, Caring project for preventing ED: Two-year outcomes. <i>Journal of Emotional and Behavioral Disorders</i> , 7(4), 224-239. doi: 10.1177/106342669900700405  | No long term follow-up (intervention lasts for 2 years)   |
| 1076. McCormick, E., Kerns, S. E., McPhillips, H., Wright, J., Christakis, D. A., & Rivara, F. P. (2014). Training Pediatric Residents to Provide Parent Education: A Randomized Controlled Trial. <i>Academic pediatrics</i> , 14(4), 353-360.  | No child internalising outcomes or not a major goal   |
| 1077. McCusker, C. G., Doherty, N. N., Molloy, B., Rooney, N., Mulholland, C., Sands, A., et al. (2010). A controlled trial of early interventions to promote maternal adjustment and development in infants born with severe congenital heart disease. <i>Child: Care, Health and Development</i> , 36(1), 110-117.   | No child internalising outcomes or not a major goal   |
| 1078. McDonald, L., & Sayger, T. V. (1998). Impact of a Family and School Based Prevention Program on Protective Factors for High Risk Youth. <i>Drugs &amp; Society</i> , 12, 61-85.  | Not an RCT  |
| 1079. McDonald, R., Dodson, M. C., Rosenfield, D., & Jouriles, E. N. (2011). Effects of a parenting intervention on features of psychopathy in children. <i>Journal of Abnormal Child Psychology</i> , 39, 1013-1023.  | Targets externalising   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1080. McEwen A, Moorthy C, Quantock C, Rose H and Kavanagh R. 2007. The effect of videotaped preoperative information on parental anxiety during anesthesia induction for elective pediatric procedures. <i>Paediatr Anaesth</i> . 17(6):534-9.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1081. McGilloway, S., Ni Mhaille, G., Bywater, T., Furlong, M., Leckey, Y., Kelly, P., . . . Donnelly, M. (2012). A parenting intervention for childhood behavioral problems: a randomized controlled trial in disadvantaged community-based settings. <i>Journal of consulting and clinical psychology</i> , 80(1), 116-127. doi:10.1037/a0026304                 | Targets externalising   |
| 1082. McGilloway, S., NiMhaille, G., Bywater, T., Leckey, Y., Kelly, P., Furlong, M., ... & Donnelly, M. (2014). Reducing child conduct disordered behaviour and improving parent mental health in disadvantaged families: a 12-month follow-up and cost analysis of a parenting intervention. <i>European child &amp; adolescent psychiatry</i> , 23(9), 783-794. | No child internalising outcomes or not a major goal   |
| 1083. McIntosh E, Barlow J, Davis H and Stewart-Brown S. 2009. Economic evaluation of an intensive home visiting programme for vulnerable families: a cost-effectiveness analysis of a public health intervention. <i>Journal of public health</i> , 31(3), 423-433.   | No child internalising outcomes or not a major goal   |
| 1084. McKee, L. G., Parent, J., Forehand, R., Rakow, A., Watson, K. H., Dunbar, J. P., ... & Compas, B. E. (2014). Reducing youth internalizing symptoms: Effects of a family-based preventive intervention on parental guilt induction and youth cognitive style. <i>Development and psychopathology</i> , 26(02), 319-332.                                       | Parent component too small  |
| 1085. McLaughlin, A. E., Campbell, F. A., Pungello, E. P., & Skinner, M. (2007). Depressive Symptoms in Young Adults: The Influences of the Early Home Environment and Early Educational Child Care. <i>Child Development</i> , 78(3), 746-756. doi:10.1111/j.1467-8624.2007.01030.x   | Not a parenting intervention  |
| 1086. McLaughlin, K. A., Zeanah, C. H., Fox, N. A., & Nelson, C. A. (2012). Attachment security as a mechanism linking foster care placement to improved mental health outcomes in previously institutionalized children. In <i>J Child Psychol Psychiatry</i> (pp. 46-55).  | No long term follow-up  |
| 1087. McLeod BD and Weisz JR. 2005. The Therapy Process Observational Coding System-Alliance Scale: Measure Characteristics and Prediction of Outcome in Usual Clinical Practice. <i>Journal of Consulting and Clinical Psychology</i> . 73(2):323-33.   | Not an RCT  |
| 1088. McLoyd, V. C. (2011). How money matters for children's socioemotional adjustment: Family processes and parental investment. In <i>Health disparities in youth and families</i> (pp. 33-72). Springer New York.   | Not a parenting intervention  |

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| 1089. McMahon B, Holly L, Harrington R, Roberts C and Green J. 2008. Do larger studies find smaller effects? The example of studies for the prevention of conduct disorder. <i>European Child &amp; Adolescent Psychiatry</i> . 17(7):432-7.  | Review  |
| 1090. McMahon RJ. 1994. Diagnosis, assessment, and treatment of externalizing problems in children: The role of longitudinal data. <i>Journal of Consulting and Clinical Psychology</i> . 62(5):901-17.   | Review  |
| 1091. McNeil, C. B., Capage, L. C., Bahl, A., & Blanc, H. (1999). Importance of early intervention for disruptive behavior problems: Comparison of treatment and waitlist-control groups. <i>Early Education and Development</i> , 10, 445– 454.  | No long term follow-up  |
| 1092. McNeil, C. B., Herschell, A. D., Gurwitch, R. H., & Clemens-Mowrer, L. (2005). Training Foster Parents in Parent-Child Interaction Therapy. [Article]. <i>Education &amp; Treatment of Children</i> , 28(2), 182-196.   | Not an RCT  |
| 1093. McRury JM and Zolotor AJ. 2010. A randomized, controlled trial of a behavioral intervention to reduce crying among infants. <i>J Am Board Fam Med</i> . 23(3):315-22.   | No child internalising outcomes or not a major goal; Follow-up less than 6 months   |
| 1094. Meeske, K. A., Sherman-Bien, S., Hamilton, A. S., Olson, A. R., Slaughter, R., Kuperberg, A., & Milam, J. (2013). Mental health disparities between Hispanic and non-Hispanic parents of childhood cancer survivors. <i>Pediatr Blood Cancer</i> , 60(9), 1470-1477. doi: 10.1002/pbc.24527   | Not an RCT  |
| 1095. Mehling, W. E., Lown, E. A., Dvorak, C. C., Cowan, M. J., Horn, B. N., Dunn, E. A., . . . Hecht, F. M. (2012). Hematopoietic cell transplant and use of massage for improved symptom management: Results from a pilot randomized control trial. <i>Evidence-based Complementary and Alternative Medicine</i> . doi:10.1155/2012/450150  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1096. Meiser-Stedman R, Smith P, Glucksman E, Yule W and Dalgleish T. 2007. Parent and child agreement for acute stress disorder, post-traumatic stress disorder and other psychopathology in a prospective study of children and adolescents exposed to single-event trauma. <i>Journal of Abnormal Child Psychology: An official publication of the International Society for Research in Child and Adolescent Psychopathology</i> . 35(2):191-201. | Not a parenting intervention  |
| 1097. Mellin LM, Slinkard LA and Irwin CE, Jr. 1987. Adolescent obesity intervention: validation of the SHAPEDOWN program. <i>J Am Diet Assoc</i> . 87(3):333-8.  | Not a parenting intervention  |
| 1098. Melman, K. N. (1984). Post-divorce interventions: Facilitating childrens' adjustment. <i>Dissertation Abstracts International</i> , (7-b), 2252-2253.   | No long term follow-up  |

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| 1099. | Melnyk BM, Alpert-Gillis L, Feinstein NF, Fairbanks E, Schultz-Czarniak J, Hust D, Sherman L, LeMoine C, Moldenhauer Z, Small L, Bender N and Sinkin RA. 2001. Improving cognitive development of low-birth-weight premature infants with the COPE program: a pilot study of the benefit of early NICU intervention with mothers. <i>Research in nursing &amp; health</i> , 24(5), 373-389. | No child internalising outcomes or not a major goal  |
| 1100. | Melnyk BM, Alpert-Gillis LJ, Hensel PB, Cable-Beiling RC and Rubenstein JS. 1997. Helping mothers cope with a critically ill child: a pilot test of the COPE intervention. <i>Res Nurs Health</i> . 20(1):3-14.   | Follow-up less than 6 months   |
| 1101. | Melnyk BM, Crean HF, Feinstein NF and Fairbanks E. 2008. Maternal anxiety and depression after a premature infant's discharge from the neonatal intensive care unit: explanatory effects of the creating opportunities for parent empowerment program. <i>Nurs Res</i> . 57(6):383-94.  | No child internalising outcomes or not a major goal  |
| 1102. | Melnyk BM, Crean HF, Feinstein NF, Fairbanks E and Alpert-Gillis LJ. 2007. Testing the theoretical framework of the COPE program for mothers of critically ill children: an integrative model of young children's post-hospital adjustment behaviors. <i>J Pediatr Psychol</i> . 32(4):463-74.  | Follow-up less than 6 months   |
| 1103. | Melnyk BM, Feinstein NF, Alpert-Gillis L, Fairbanks E, Crean HF, Sinkin RA, Stone PW, Small L, Tu X and Gross SJ. 2006. Reducing premature infants' length of stay and improving parents' mental health outcomes with the Creating Opportunities for Parent Empowerment (COPE) neonatal intensive care unit program: a randomized, controlled trial. <i>Pediatrics</i> . 118(5):e1414-27.   | Follow-up less than 6 months   |
| 1104. | Melnyk BM. 1994. Coping with unplanned childhood hospitalization: effects of informational interventions on mothers and children. <i>Nurs Res</i> . 43(1):50-5.   | Not a parenting intervention   |
| 1105. | Melnyk, B. M., & Feinstein, N. F. (2001). Mediating functions of maternal anxiety and participation in care on young children's posthospital adjustment. <i>Res Nurs Health</i> , 24(1), 18-26. doi: 10.1002/1098-240X(200102)24:1<18::AID-NUR1003>3.0.CO;2-5   | No child internalising outcomes or not a major goal  |
| 1106. | Mendenhall, A. N., Fristad, M. A., & Early, T. J. (2009). Factors influencing service utilization and mood symptom severity in children with mood disorders: effects of multifamily psychoeducation groups (MFPGs). <i>Journal of consulting and clinical psychology</i> , (3), 463-473.  | Secondary analysis of study already excluded because Parent component too small (Fristad et al 2009) |
| 1107. | Mendez, X., Orgiles, M., & Espada, J. P. (2003). Tratamiento psicológico de la fobia a la oscuridad en un contexto lúdico: un ensayo controlado. / Psychological treatment of the phobia of the dark in a game situation: A controlled essay. <i>Revista de psicopatología y psicología clínica</i> , 8(3), 199-210.  | Not in English   |
| 1108. | Mendlowitz, S. L. (1997). Coping strategies in children with anxiety disorders: A cognitive-behavioral therapy outcome study. [Dissertation Abstract; Dissertation]. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 57(8-B).  | No long term follow-up   |



## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1109. Mendlowitz, S. L., Manassis, K., Bradley, S., Scapillato, D., Mieztis, S., & Shaw, B. F. (1999). Cognitive-behavioral group treatments in childhood anxiety disorders: The role of parental involvement. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 38(10), 1223-1229. doi:10.1097/00004583-199910000-00010 | No long term follow-up  |
| 1110. Merry, S. N., McDowell, H. H., Hetrick, S. E., Bir, J. J., & Muller, N. (2004). Psychological and/or educational interventions for the prevention of depression in children and adolescents. <i>Cochrane Database of Systematic Reviews</i> , (2). doi:10.1002/14651858.CD003380.pub2  | Review  |
| 1111. Metternich, T. W., Plück, J., Wieczorrek, E., Freund-Braier, I., Hautmann, C., Brix, G., & Döpfner, M. (2002). PEP: A prevention program for 3- to 6-year-old children with externalizing problem behavior. <i>Kindheit und Entwicklung</i> , 11(2):98-106.  | Review  |
| 1112. Meyer EC, Coll CT, Lester BM, Boukydis CF, McDonough SM and Oh W. 1994. Family-based intervention improves maternal psychological well-being and feeding interaction of preterm infants. <i>Pediatrics</i> . 93(2):241-6.  | No child internalising outcomes or not a major goal; No long term follow-up |
| 1113. Mian, N. D., Eisenhower, A. S., & Carter, A. S. (2015). Targeted Prevention of Childhood Anxiety: Engaging Parents in an Underserved Community. <i>American journal of community psychology</i> , 55(1-2), 58-69.  | Not an RCT  |
| 1114. Mianaei, S. J., Karahroudy, F. A., Rassouli, M., & Tafreshi, M. Z. (2014). The effect of Creating Opportunities for Parent Empowerment program on maternal stress, anxiety, and participation in NICU wards in Iran. <i>Iran J Nurs Midwifery Res</i> , 19(1), 94-100.   | No child internalising outcomes or not a major goal                         |
| 1115. Midmer D, Wilson L and Cummings S. 1995. A randomized, controlled trial of the influence of prenatal parenting education on postpartum anxiety and marital adjustment. <i>Fam Med</i> . 27(3):200-5.   | No child internalising outcomes or not a major goal                         |
| 1116. Mifsud, C., & Rapee, R. M. (2005). Early intervention for childhood anxiety in a school setting: outcomes for an economically disadvantaged population. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , (10), 996-1004.  | Follow-up less than 6 months  |
| 1117. Mikirtichan GL and Dzharman OA. 2005. [Sociomedical characteristics of the family of a child with tuberculosis]. <i>Problemy tuberkuleza i boleznei legkikh</i> , (7), 28-32.  | Not a parenting intervention  |
| 1118. Miklowitz DJ, Axelson DA, George EL, Taylor DO, Schneck CD, Sullivan AE, et al. Expressed emotion moderates the effects of family-focused treatment for bipolar adolescents. <i>J Am Acad Child Adolesc Psychiatry</i> . 2009 Jun;48(6):643-51.  | Parent component too small  |
| 1119. Miklowitz, D. J., Chang, K. D., Taylor, D. O., George, E. L., Singh, M. K., Schneck, C. D., Dickinson, L. M., Howe, M. E., & Garber, J. (2011). Early psychosocial intervention for youth at risk for bipolar I or II disorder: a one-year treatment development trial. <i>Bipolar Disord</i> , 13, 67-75.                                     | Not an RCT  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1120. Miklowitz, D. J., Schneck, C. D., Singh, M. K., Taylor, D. O., George, E. L., Cosgrove, V. E., ... & Chang, K. D. (2013). Early intervention for symptomatic youth at risk for bipolar disorder: a randomized trial of family-focused therapy. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 52(2), 121-131. | Parent component too small;<br>Comparison condition not a minimal control |
| 1121. Milan S, Kershaw TS, Lewis J, Westdahl C, Rising SS, Patrikios M and Ickovics JR. 2007. Cargiving history and prenatal depressive symptoms in low-income adolescent and young adult women: Moderating and mediating effects. <i>Psychology of Women Quarterly</i> . 31(3):241-51.  | Not an RCT  |
| 1122. Milgrom J, Ericksen J, McCarthy R and Gemmill AW. 2006. Stressful impact of depression on early mother-infant relations. <i>Stress and Health: Journal of the International Society for the Investigation of Stress</i> . 22(4):229-38.  | Not an RCT  |
| 1123. Milgrom J, Schembri C, Ericksen J, Ross J and Gemmill AW. 2010. Towards parenthood: An antenatal intervention to reduce depression, anxiety and parenting difficulties. <i>Journal of affective disorders</i> , 130(3), 385-394.   | No child internalising outcomes or not a major goal                       |
| 1124. Millar Y, Glaser D, Reilly-Johnson NL, Hurst S-L, Harris K, Skerry C and Charman T. 2010. Delivering child community psychology services in the community: Experiences from the NIPPERS project. <i>Child and Adolescent Mental Health</i> . 15(3):134-41.   | Not an RCT  |
| 1125. Miller GE and Prinz RJ. 2003. Engagement of Families in Treatment for Childhood Conduct Problems. <i>Behavior Therapy. Special Issue: Behaviorally Oriented Interventions for Children With Aggressive Behavior and/or Conduct Problems</i> . 34(4):517-34.  | No child internalising outcomes or not a major goal                       |
| 1126. Miller L, Gur M, Shanok A and Weissman M. 2008. Interpersonal psychotherapy with pregnant adolescents: Two pilot studies. <i>Journal of Child Psychology and Psychiatry</i> . 49(7):733-42.  | Not a parenting intervention  |
| 1127. Miller VA and Feeny NC. 2003. Modification of Cognitive-Behavioral Techniques in the Treatment of a Five Year-Old Girl with Social Phobia. <i>Journal of Contemporary Psychotherapy</i> . 33(4):303-19.  | Not an RCT  |
| 1128. Miller, L. D., Laye-Gindhu, A., Liu, Y., March, J. S., Thordarson, D. S., & Garland, E. J. (2011). Evaluation of a preventive intervention for child anxiety in two randomized attention-control school trials. <i>Behav Res Ther</i> , 49, 315-323.   | Not a parenting intervention  |
| 1129. Miller, L. S. (1994). Primary prevention of conduct disorder. <i>Psychiatric Quarterly</i> , 65, 273–285.  | Review  |
| 1130. Milot T, Éthier LS, St-Laurent D and Provost MA. 2010. The role of trauma symptoms in the development of behavioral problems in maltreated preschoolers. <i>Child Abuse &amp; Neglect</i> . 34(4):225-34.  | Not a parenting intervention  |
| 1131. Minde, K., et al. (1980). Self-help groups in a premature nursery-a controlled evaluation. <i>J Pediatr</i> 96(5): 933-940.  | No child internalising outcomes or not a major goal                       |
| 1132. Minkovitz, C. S., Hughart, N., Strobino, D., Scharfstein, D., Grason, H., Hou, W., et al. (2003). A practice-based intervention to enhance quality of care in the first 3 years of life: the Healthy Steps for Young Children Program. <i>JAMA</i> , 290(23), 3081-3091. doi: 10.1001/jama.290.23.3081                                       | No long term follow-up (intervention provided over 3 years)               |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1133. | Minor KI and Elrod P. 1994. The effects of a probation intervention on juvenile offenders' self-concepts, loci of control, and perceptions of juvenile justice. <i>Youth &amp; Society</i> , 25(4), 490-511.   | Not a parenting intervention   |
| 1134. | Miranda A, Presentacion MJ and Soriano M. 2002. Effectiveness of a school-based multicomponent program for the treatment of children with ADHD. <i>J Learn Disabil</i> . 35(6):546-62.   | Not a parenting intervention   |
| 1135. | Mirowsky J and Ross CE. 2002. Depression, parenthood, and age at first birth. <i>Social Science &amp; Medicine</i> . 54(8):1281-98.  | Not a parenting intervention   |
| 1136. | Misri S, Kostaras X, Fox D and Kostaras D. 2000. The impact of partner support in the treatment of postpartum depression. <i>Can J Psychiatry</i> . 45(6):554-8.   | No child internalising outcomes or not a major goal  |
| 1137. | Misri S, Reebye P, Milis L and Shah S. 2006. The impact of treatment intervention on parenting stress in postpartum depressed mothers: a prospective study. <i>American journal of orthopsychiatry</i> , 76(1), 115-119.   | No child internalising outcomes or not a major goal  |
| 1138. | Mitchell, J. H., Newall, C., Broeren, S., & Hudson, J. L. (2013). The role of perfectionism in cognitive behaviour therapy outcomes for clinically anxious children. <i>Behav Res Ther</i> , 51(9), 547-554. doi: 10.1016/j.brat.2013.05.015                               | Not a parenting intervention   |
| 1139. | Mitchell, J. L. (2012). Yoga effects on prenatal depression (Doctoral dissertation, Fielding Graduate University).   | No child internalising outcomes or not a major goal  |
| 1140. | Mitrani VB, McCabe BE, Robinson C, Weiss-Laxer NS, Feaster DJ. Structural Ecosystems Therapy for recovering HIV-positive women: Child, mother, and parenting outcomes. <i>Journal of Family Psychology</i> . 2010 Dec;24(6):746-55.  | Secondary analysis of main study that aimed to improve HIV medication adherence and prevent relapse; No child internalising outcomes or not a major goal |
| 1141. | Moeller B, Krattenmacher T and Romer G. 2010. Child mental health prevention in the context of adult medicine: A randomized controlled trial of a manualized preventive counseling program for children of parents with cancer. <i>Psycho-Oncology</i> . 19:S173.          | Data not available/report ed   |
| 1142. | Mohebi, S., Sharifirad, G. H., Shahsiah, M., Botlani, S., Matlabi, M., & Rezaeian, M. (2012). The effect of assertiveness training on student's academic anxiety. <i>J Pak Med Assoc</i> , 62, S37-41.   | Not a parenting intervention   |
| 1143. | Moilanen KL, Shaw DS and Maxwell KL. 2010. Developmental cascades: Externalizing, internalizing, and academic competence from middle childhood to early adolescence. <i>Development and Psychopathology</i> . Special Issue: Developmental cascades: Part 1. 22(3):635-53. | Not a parenting intervention   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1144. | Moldenhauer, Z. (2004). Adolescent depression: A primary care pilot intervention study. [Dissertation Abstract; Dissertation]. Dissertation Abstracts International: Section B: The Sciences and Engineering, 65(2-B), 656.   | follow-up less than 6 months; Parent component too small   |
| 1145. | Monaghan M, Hilliard ME, Cogen FR and Streisand R. 2011. Supporting parents of very young children with type 1 diabetes: Results from a pilot study. Patient Education and Counseling. 82(2):271-4.   | Not an RCT   |
| 1146. | Monga, S., Young, A., & Owens, M. (2009). Evaluating a cognitive behavioral therapy group program for anxious five to seven year old children: A pilot study. Depression and Anxiety, 26(3), 243-250. doi: 10.1002/da.20551   | No long term follow-up   |
| 1147. | Moore L, Moore GF, Tapper K, Lynch R, Desousa C, Hale J, Roberts C and Murphy S. 2007. Free breakfasts in schools: design and conduct of a cluster randomised controlled trial of the Primary School Free Breakfast Initiative in Wales [ISRCTN18336527]. BMC Public Health, 7(1), 258.                       | Not a parenting intervention   |
| 1148. | Moran G and Diamond G. 2008. Generating nonnegative attitudes among parents of depressed adolescents: The power of empathy, concern, and positive regard. Psychother Res. 18(1):97-107.   | Not an RCT   |
| 1149. | Morawska A, Sanders MR. Self-administered behavioral family intervention for parents of toddlers. Part 1: efficacy. J Consult Clin Psychol 2006;74:10-9.  | No child internalising outcomes or not a major goal; Follow-up data collected only in active group |
| 1150. | Morawska, A., Nitschke, F., & Burrows, S. (2011). Do testimonials improve parental perceptions and participation in parenting programmes? Results of two studies. Journal of Child Health Care, 1367493510397625.   | No child internalising outcomes or not a major goal  |
| 1151. | Moretti MM, Obsuth I. Effectiveness of an attachment-focused manualized intervention for parents of teens at risk for aggressive behaviour: The Connect Program. Journal of Adolescence. 2009 Dec;32(6):1347-57.  | Not an RCT   |
| 1152. | Moretti, M. M., Obsuth, I., Craig, S. G., & Bartolo, T. (2015). An attachment-based intervention for parents of adolescents at risk: mechanisms of change. Attachment & human development, 17(2), 119-135.  | Not an RCT   |
| 1153. | Morgan JF. 2009. Mothers were less likely to be depressed after a structured behavioural intervention for infant sleep problems. Evidence-Based Medicine. 14(2):45.   | Not an RCT   |
| 1154. | Morgan, C., Novak, I., Dale, R. C., Guzzetta, A., & Badawi, N. (2014). GAME (Goals-Activity-Motor Enrichment): protocol of a single blind randomised controlled trial of motor training, parent education and environmental enrichment for infants at high risk of cerebral palsy. BMC neurology, 14(1), 203. | Data not available/report ed   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1155. | Morrell CJ, Slade P, Warner R, Paley G, Dixon S, Walters SJ, Brugha T, Barkham M, Parry GJ and Nicholl J. 2009. Clinical effectiveness of health visitor training in psychologically informed approaches for depression in postnatal women: pragmatic cluster randomised trial in primary care. <i>BMJ</i> . 338:a3045.   | No child internalising outcomes or not a major goal |
| 1156. | Morris PA and Hendra R. 2009. Losing the safety net: how a time-limited welfare policy affects families at risk of reaching time limits. <i>Dev Psychol</i> . 45(2):383-400.  | Not an RCT  |
| 1157. | Morris PA. 2008. Welfare program implementation and parents, depression. <i>Social Service Review</i> . 82(4):579-614.  | Not a parenting intervention                        |
| 1158. | Morris, P., & Michalopoulos, C. (2000). The Self-Sufficiency Project at 36 Months: Effects on Children of a Program That Increased Parental Employment and Income. Ontario: Social Research and Demonstration Corporation, 3-29. Retrieved from <a href="http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/343/CN-00635343/frame.html">http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/343/CN-00635343/frame.html</a> | No long term follow-up                              |
| 1159. | Morrison-Beedy D, Carey MP, Côté-Arsenault D, Seibold-Simpson S and Robinson KA. 2008. Understanding sexual abstinence in urban adolescent girls. <i>Journal of Obstetric, Gynecologic, &amp; Neonatal Nursing: Clinical Scholarship for the Care of Women, Childbearing Families, &amp; Newborns</i> . 37(2):185-95.   | Not a parenting intervention                        |
| 1160. | Mosack KE, Gore-Felton C, Chartier M and McGarvey E. 2007. Individual, peer, and family variables associated with risky sexual behavior among male and female incarcerated adolescents. <i>Journal of HIV/AIDS Prevention in Children &amp; Youth</i> . 8(1):115-33.  | Not a parenting intervention                        |
| 1161. | Moser DK, Dracup K and Doering LV. 1999. Effect of cardiopulmonary resuscitation training for parents of high-risk neonates on perceived anxiety, control, and burden. <i>Heart Lung</i> . 28(5):326-33.  | No child internalising outcomes or not a major goal |
| 1162. | Moser DK, Dracup K and Doering LV. 2000. Factors differentiating dropouts from completers in a longitudinal, multicenter clinical trial. <i>Nurs Res</i> . 49(2):109-16.  | No child internalising outcomes or not a major goal |
| 1163. | Moss E, Dubois-Comtois K, Cyr C, Tarabulsy GM, St-Laurent D and Bernier A. 2011. Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: A randomized control trial. <i>Development and Psychopathology</i> . 23(1):195-210.   | No long term follow-up                              |
| 1164. | Moss E, Smolla N, Guerra I, Mazzarello T, Chayer D and Berthiaume C. 2006. Attachment and self-reported internalizing and externalizing behavior problems in a school period. <i>Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement</i> . 38(2):142-57.  | Not a parenting intervention                        |
| 1165. | Motlagh MZ, Jazayeri AR, Khoshabi K, Mazaheri MA and Karimlou M. 2009. Effectiveness of attachment based therapy on reduction of symptoms in separation anxiety disorder. <i>Iranian Journal of Psychiatry and Clinical Psychology</i> . 14(4):380-8.   | Not an RCT  |
| 1166. | Mueller, J., Alie, C., Jonas, B., Brown, E., & Sherr, L. (2011). A quasi-experimental evaluation of a community-based art therapy intervention exploring the psychosocial health of children affected by HIV in South Africa. <i>Trop Med Int Health</i> , 16, 57-66.   | Not a parenting intervention                        |

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| 1167. | Mufson L, Weissman MM, Moreau D and Garfinkel R. 1999. Efficacy of interpersonal psychotherapy for depressed adolescents. Archives of General Psychiatry. 56(6):573-9.  | Not a parenting intervention                        |
| 1168. | Mulkens, S., Fleuren, D., Nederkoorn, C., & Meijers, J. (2007). RealFit: Een multidisciplinaire groepsbehandeling voor jongeren met overgewicht. / RealFit: A multidisciplinary (CBT) group treatment for obese youngsters. Gedragstherapie, 40(1), 27-48.  | No long term follow-up                              |
| 1169. | Mullany, B., Barlow, A., Neault, N., Billy, T., Jones, T., Tortice, I., . . . Walkup, J. (2012). The Family Spirit trial for American Indian teen mothers and their children: CBPR rationale, design, methods and baseline characteristics. Prevention science, 13(5), 504-518. doi:10.1007/s11121-012-0277-2 | Data not available/reported (protocol)              |
| 1170. | Mullin E, Quigley K, Glanville BA. Controlled evaluation of the impact of a parent training program on child behavior and mothers' general well-being. Couns Psychol Quart 1994;7:167-79.   | Follow-up data collected only in active group       |
| 1171. | Munsch S, Roth B, Michael T, Meyer AH, Biedert E, Roth S, et al. Randomized controlled comparison of two cognitive behavioral therapies for obese children: mother versus mother-child cognitive behavioral therapy. Psychother Psychosom. 2008;77(4):235-46.   | Comparison condition not a minimal control          |
| 1172. | Muntz, R., Hutchings, J., Edwards, R. T., Hounscome, B., & O'Ceilleachair, A. (2004). Economic evaluation of treatments for children with severe behavioural problems. J Ment Health Policy Econ, 7(4), 177-189.  | No child internalising outcomes or not a major goal |
| 1173. | Muris P, Meesters C and van Melick M. 2002. Treatment of childhood anxiety disorders; A preliminary comparison between cognitive-behavioral group therapy and a psychological placebo intervention. Journal of Behavior Therapy and Experimental Psychiatry. 33(3-4):143-58.                                  | Not a parenting intervention                        |
| 1174. | Murphy SA, Johnson C, Cain KC, Gupta AD, Dimond M, Lohan J and Baugher R. 1998. Broad-spectrum group treatment for parents bereaved by the violent deaths of their 12- to 28-yr-old children: a randomized controlled trial. Death Studies, 22(3), 209-235.   | No child internalising outcomes or not a major goal |
| 1175. | Murphy SA. 1997. A bereavement intervention for parents following the sudden, violent deaths of their 12-28-year-old children: description and applications to clinical practice. Can J Nurs Res. 29(4):51-72.  | No child internalising outcomes or not a major goal |
| 1176. | Murray DW. 2010. Treatment of preschoolers with attention-deficit/hyperactivity disorder. Current Psychiatry Reports. 12(5):374-81.   | Review  |
| 1177. | Murray, L., Cooper, P., Wilson, A., & Romaniuk, H. (2003). Controlled trial of the short-and long-term effect of psychological treatment of postpartum depression. 2. Impact on the mother-child interaction. British Journal of Psychiatry, 182, 420 – 427.  | No child internalising outcomes or not a major goal |
| 1178. | Muzik, M., Rosenblum, K. L., Alfafara, E. A., Schuster, M. M., Miller, N. M., Waddell, R. M., & Kohler, E. S. (2015). Mom Power: preliminary outcomes of a group intervention to improve mental health and parenting among high-risk mothers. Archives of women's mental health, 18(3), 507-521.              | Not an RCT  |

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| 1179. | Muzik, M., Rosenblum, K., Schuster, M., Stanton, E., Alfafara, E., Ribaud, J., . . . Gorin-Meyer, R. (2013). Mom power: An attachment-based parenting intervention for trauma-exposed mothers of young children. [Conference Abstract]. Archives of Women's Mental Health, 16, S21-S22. doi: <a href="http://dx.doi.org/10.1007/s00737-013-0355-x">http://dx.doi.org/10.1007/s00737-013-0355-x</a> | Follow-up less than 6 months  |
| 1180. | Myrén KJ, Thernlund G, Nylén A, Schacht A and Svanborg P. 2010. Atomoxetine's effect on societal costs in Sweden. Journal of attention disorders, 13(6), 618-28.   | Not a parenting intervention  |
| 1181. | Naar-King S, Podolski C-L, Ellis DA, Frey MA and Templin T. 2006. Social ecological model of illness management in high-risk youths with type 1 diabetes. Journal of Consulting and Clinical Psychology. 74(4):785-9.  | Not a parenting intervention  |
| 1182. | Nair, P., Schuler, M. E., Black, M. M., Kettinger, L., & Harrington, D. (2003). Cumulative environmental risk in substance abusing women: Early intervention, parenting stress, child abuse potential and child development. Child Abuse & Neglect, 27(9), 997-1017. doi: 10.1016/s0145-2134(03)00169-8  | No child internalising outcomes or not a major goal   |
| 1183. | Nash, K., Stevens, S., Greenbaum, R., Weiner, J., Koren, G., & Rovet, J. (2015). Improving executive functioning in children with fetal alcohol spectrum disorders. Child Neuropsychology, 21(2), 191-209.   | Not a parenting intervention  |
| 1184. | Nauta MH, Scholing A, Emmelkamp PM and Minderaa RB. 2003. Cognitive-behavioral therapy for children with anxiety disorders in a clinical setting: no additional effect of a cognitive parent training. J Am Acad Child Adolesc Psychiatry. 42(11):1270-8.  | Follow-up less than 6 months  |
| 1185. | Nauta, M. H., Festen, H., Reichart, C. G., Nolen, W. A., Stant, A. D., Bockting, C. L., van der Wee, N. J., Beekman, A., Doreleijers, T. A., Hartman, C. A., de Jong, P. J., & de Vries, S. O. (2012). Preventing mood and anxiety disorders in youth: a multi-centre RCT in the high risk offspring of depressed and anxious patients. BMC Psychiatry, 12, 31.                                    | Not a parenting intervention  |
| 1186. | Nauta, M. H., Scholing, A., Emmelkamp, P. M., & Minderaa, R. B. (2001). Cognitive-behavioural therapy for anxiety disordered children in a clinical setting: does additional cognitive parent training enhance treatment effectiveness? Clinical Psychology and Psychotherapy, (5), 330-340.   | Parent component too small  |
| 1187. | Naylor D, Coates TJ and Kan J. 1984. Reducing distress in pediatric cardiac catheterization. Am J Dis Child. 138(8):726-9.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |

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| 1188. | Neece, C. L. (2014). Mindfulness-based stress reduction for parents of young children with developmental delays: Implications for parental mental health and child behavior problems. <i>Journal of Applied Research in Intellectual Disabilities</i> , 27(2), 174-186.  | No long term follow-up; Targets externalising        |
| 1189. | Nelson, E., Barnard, M., & Cain, S. (2003). Treating childhood depression over videoconferencing. <i>Telemedicine Journal and e-Health</i> , 9, 49 –55.  | Not a parenting intervention; No long term follow-up |
| 1190. | Nelson, G., Westhues, A., & MacLeod, J. (2003). A meta-analysis of longitudinal research on preschool prevention programs for children. <i>Prevention &amp; Treatment</i> , 6(1), 31a.   | Review   |
| 1191. | Nelson-Gray RO, Keane SP, Hurst RM, Mitchell JT, Warburton JB, Chok JT and Cobb AR. 2006. A modified DBT skills training program for oppositional defiant adolescents: Promising preliminary findings. <i>Behaviour Research and Therapy</i> . 44(12):1811-20.   | Not a parenting intervention                         |
| 1192. | Neto D, Xavier M, Aguiar P, David M, Sardinha L and De Almeida C. 1997. Sequential combined treatment of heroin addicted patients in Portugal with naltrexone and family therapy. <i>European Addiction Research</i> . 3(3):138-45.  | No child internalising outcomes or not a major goal  |
| 1193. | Neuhoff, C. C. (2006). Prescriptive treatment for separation anxiety disorder: Child therapy versus parent training. <i>Dissertation Abstracts International</i> , (12-b), 6931.   | No long term follow-up                               |
| 1194. | Neumark-Sztainer D, Story M, Hannan PJ, Tharp T and Rex J. 2003. Factors associated with changes in physical activity: a cohort study of inactive adolescent girls. <i>Arch Pediatr Adolesc Med</i> . 157(8):803-10.   | Not a parenting intervention                         |
| 1195. | Newcombe, P. A., Dunn, T. L., Casey, L. M., Sheffield, J. K., Petsky, H., Anderson-James, S., & Chang, A. B. (2012). Breathe Easier Online: evaluation of a randomized controlled pilot trial of an Internet-based intervention to improve well-being in children and adolescents with a chronic respiratory condition. <i>J Med Internet Res</i> , 14, e23. | Not a parenting intervention                         |
| 1196. | Ng SM, Li AM, Lou VW, Tso IF, Wan PY and Chan DF. 2008. Incorporating family therapy into asthma group intervention: a randomized waitlist-controlled trial. <i>Fam Process</i> . 47(1):115-30.  | No child internalising outcomes or not a major goal  |
| 1197. | Nguyen, Q. C., Schmidt, N., Glymour, M. M., Rehkopf, D., & Osypuk, T. L. (2012). Did adolescents in higher ses families differentially benefit from a housing mobility intervention? <i>American Journal of Epidemiology</i> , 175, S48.   | Not a parenting intervention                         |
| 1198. | Niccols A. 2009. Immediate and short-term outcomes of the 'COPEing with Toddler Behaviour' parent group. <i>J Child Psychol Psychiatry</i> . 50(5):617-26.   | Follow-up less than 6 months                         |
| 1199. | Niccols, A. (2008). 'Right from the Start': randomized trial comparing an attachment group intervention to supportive home visiting. <i>Journal of child psychology and psychiatry, and allied disciplines</i> , (7), 754-764.   | No child internalising outcomes or not a major goal  |
| 1200. | Nicholson J, Hinden BR, Biebel K, Henry AD and Katz-Leavy J. 2007. A qualitative study of programs for parents with serious mental illness and their children: Building practice-based evidence. <i>The Journal of Behavioral Health Services &amp; Research</i> . 34(4):395-413.  | Review   |



## Appendix B: List of excluded papers and reason(s) for exclusion

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|-------|---|---|
| 1201. | Niebel G, Kallweit C, Lange I and Folster-Holst R. 2000. Direct versus video-based parental education in the treatment of atopic eczema in children. A controlled pilot study. <i>Hautarzt</i> . 51(6):401-11.  | No long term follow-up; No child internalising outcomes or not a major goal |
| 1202. | Niemeijer AS, Smits-Engelsman BC and Schoemaker MM. 2007. Neuromotor task training for children with developmental coordination disorder: a controlled trial. <i>Dev Med Child Neurol</i> . 49(6):406-11.   | Not a parenting intervention  |
| 1203. | Niemelä, M., Repo, J., Wahlberg, K.-E., Hakko, H., & Räsänen, S. (2012). Pilot evaluation of the impact of structured child-centered interventions on psychiatric symptom profile of parents with serious somatic illness: Struggle for Life trial. <i>Journal of Psychosocial Oncology</i> , 30, 316-330.            | No child internalising outcomes or not a major goal                         |
| 1204. | Nievar, M. A., Jacobson, A., Chen, Q., Johnson, U., & Dier, S. (2011). Impact of HIPPY on home learning environments of Latino families. <i>Early Childhood Research Quarterly</i> , 26, 268-277.   | Not an RCT  |
| 1205. | Nilsen, W. (2007). Fostering futures: A preventive intervention program for school-age children in foster care. <i>Clinical Child Psychology and Psychiatry</i> , 12(1), 45-63. doi: 10.1177/1359104507071055   | Not an RCT  |
| 1206. | Nilsson D and Wadsby M. 2010. Symbol drama, a psychotherapeutic method for adolescents with dissociative and PTSD symptoms: A pilot study. <i>Journal of Trauma &amp; Dissociation</i> . 11(3):308-21.  | Not a parenting intervention  |
| 1207. | Nixon RDV, Ellis AA, Nehmy TJ and Ball S-A. 2010. Screening and predicting posttraumatic stress and depression in children following single-incident trauma. <i>Journal of Clinical Child and Adolescent Psychology</i> . 39(4):588-96.   | Not a parenting intervention  |
| 1208. | Nixon, R. D. V., Sweeney, L., Erickson, D. B., & Touyz, S. W. (2003). Parent-child interaction therapy: A comparison of standard and abbreviated treatments for oppositional defiant preschoolers. <i>Journal of Consulting and Clinical Psychology</i> , 71(2), 251-260. doi: 10.1037/0022-006x.71.2.251             | Targets externalising   |
| 1209. | Nixon, R.D., Sweney, L., Erickson, D.B., & Touyz, S.W. (2004). Parent-child interaction therapy: One and two-year follow-up of standard and abbreviated treatments for oppositional preschoolers. <i>Journal of Abnormal Child Psychology</i> , 32, 263–271.  | Follow-up data collected only in active group; Targets externalising        |
| 1210. | Nock MK and Photos V. 2006. Parent Motivation to Participate in Treatment: Assessment and Prediction of Subsequent Participation. <i>Journal of Child and Family Studies</i> . 15(3):345-58.  | No child internalising outcomes or not a major goal                         |
| 1211. | Noether CD, Brown V, Finkelstein N, Russell LA, VanDeMark NR, Morris LS and Graeber C. 2007. Promoting resiliency in children of mothers with co-occurring disorders and histories of trauma: Impact of a skills-based intervention program on child outcomes. <i>Journal of Community Psychology</i> . 35(7):823-43. | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1212. | Norman E, Sherburn M, Osborne RH and Galea MP. 2010. An exercise and education program improves well-being of new mothers: a randomized controlled trial. <i>Phys Ther.</i> 90(3):348-55.  | No child internalising outcomes or not a major goal   |
| 1213. | Nugent K, Brazelton TB. Preventive intervention with infants and families: the NBAS model. <i>Infant Ment Health J</i> 1989;10:84–99.  | Not an RCT  |
| 1214. | Nurcombe, B., et al. (1984). An intervention program for mothers of low-birthweight infants: preliminary results. <i>J Am Acad Child Psychiatry</i> 23(3): 319-325.  | No child internalising outcomes or not a major goal   |
| 1215. | Nyamathi, A., Salem, B. E., Meyer, V., Ganguly, K. K., Sinha, S., & Ramakrishnan, P. (2012). Impact of an Asha intervention on depressive symptoms among rural women living with AIDS in India: comparison of the Asha-Life and Usual Care program. <i>AIDS Educ Prev</i> , 24, 280-293. | Not a parenting intervention  |
| 1216. | O'Donnell J, Hawkins JD, Catalano RF, Abbott RD and Day LE. 1995. PREVENTING SCHOOL FAILURE, DRUG USE, AND DELINQUENCY AMONG LOW-INCOME CHILDREN: Long-Term Intervention in Elementary Schools. <i>American Journal of Orthopsychiatry.</i> 65(1):87-100.                                | No long term follow-up; Parent component too small; No child internalising outcomes or not a major goal   |
| 1217. | Ogden, T., & Hagen, K. A. (2008). Treatment effectiveness of Parent Management Training in Norway: a randomized controlled trial of children with conduct problems. <i>J Consult Clin Psychol</i> , 76(4), 607-621. doi: 2008-09736-007  | No long term follow-up  |
| 1218. | Ohgi S, Akiyama T, Arisawa K and Shigemori K. 2004. Randomised controlled trial of swaddling versus massage in the management of excessive crying in infants with cerebral injuries. <i>Archives of disease in childhood</i> , 89(3), 212-216.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1219. | O'Kearney R, Kang K, Christensen H and Griffiths K. 2009. A controlled trial of a school-based Internet program for reducing depressive symptoms in adolescent girls. <i>Depression and Anxiety.</i> 26(1):65-72.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1220. Olds D, Henderson CR, Cole R, Eckenrode J, Kitzman H, Luckey D, Pettitt L, Sidora K, Morris P and Powers J. 1998. Long-term effects of nurse home visitation on children's criminal and antisocial behavior - 15-year follow-up of a randomized controlled trial. <i>Jama-Journal of the American Medical Association</i> . 280(14):1238-44. | Targets externalising (antisocial behaviour: running away, arrests, sex, substance use, school suspension etc) |
| 1221. Olds D, Henderson CR, Kitzman H and Cole R. 1995. Effects of Prenatal and Infancy Nurse Home Visitation on Surveillance of Child Maltreatment. <i>Pediatrics</i> . 95(3):365-72.   | No child internalising outcomes or not a major goal  |
| 1222. Olds DL, Henderson CR, Kitzman HJ, Eckenrode JJ, Cole RE and Tatelbaum RC. 1999. Prenatal and infancy home visitation by nurses: Recent findings. <i>Future of Children</i> . 9(1):44-65.  | Review of Olds 1995, 1998, no child internalising outcomes or not a major goal                                 |
| 1223. Olds DL, Henderson Jr CR, Chamberlin R, Tatelbaum R. Preventing child abuse and neglect: a randomized trial of nurse home visitation. <i>Pediatrics</i> 1986;78(1):65–78.  | No child internalising outcomes or not a major goal  |
| 1224. Olds, D. L. (2006). The Nurse-Family Partnership: An evidence-based preventive intervention. <i>Infant Mental Health Journal</i> , 27, 5–25.   | Review   |
| 1225. Olds, D. L., Robinson, J., Pettitt, L., Luckey, D. W., Holmberg, J., Ng, R. K., et al. (2004). Effects of home visits by paraprofessionals and by nurses: age 4 follow-up results of a randomized trial. <i>Pediatrics</i> , 114(6), 1560-1568. doi: 114/6/1560  | Targets externalising  |
| 1226. Olds, D.L., Henderson, C.R., & Kitzman, H.J. (1994). Does prenatal and infancy nurse home visitation have enduring effects on qualities of parental caregiving and child health at 25 to 50 months of life? <i>Pediatrics</i> , 93, 89-98.   | No child internalising outcomes or not a major goal  |
| 1227. Olivares, J., Rosa, A. I., & Piqueras, J. A. (2005). Early detection and treatment of adolescents with generalized social phobia. <i>Psicothema</i> , 17(1), 1-8.  | Not a parenting intervention   |
| 1228. Olivares-Olivares PJ, Rosa-Alcázar AI and Olivares-Rodríguez J. 2007. Social validity of adolescent intervention in social phobia: Parents vs. teachers. <i>Terapia psicológica</i> . 25(1):63-71.   | Not a parenting intervention   |
| 1229. Olivares-Olivares PJ, Rosa-Alcázar AI and Olivares-Rodríguez J. 2008. Does individual attention improve the effect of group treatment of adolescents with social phobia? <i>International Journal of Clinical and Health Psychology</i> . 8(2):465-81.   | Not a parenting intervention   |
| 1230. Oliver, B. R., Barker, E. D., Mandy, W. P. L., Skuse, D. H., & Maughan, B. (2011). Social cognition and conduct problems: A developmental approach. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 50, 385-394.   | Not a parenting intervention   |
| 1231. Ollendick TH, Ost LG, Reuterskiöld L, Costa N, Cederlund R, Sirbu C, Davis TE, 3rd and Jarrett MA. 2009. One-session treatment of specific phobias in youth: a randomized clinical trial in the United States and Sweden. <i>J Consult Clin Psychol</i> . 77(3):504-16.  | Not a parenting intervention   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1232. O'Neill-Murphy K, Liebman M and Barnsteiner JH. 2001. Fever education: does it reduce parent fever anxiety? <i>Pediatr Emerg Care.</i> 17(1):47-51.   | No child internalising outcomes or not a major goal                          |
| 1233. Oosterman M and Schuengel C. 2008. Attachment in foster children associated with caregivers' sensitivity and behavioral problems. <i>Infant Mental Health Journal.</i> 29(6):609-23.  | Not a parenting intervention   |
| 1234. Orte, C., Touza, C., Ballester, L., & March, M. (2008). Children of drug-dependent parents: Prevention programme outcomes. <i>Educational Research</i> , 50(3), 249-260. doi: 10.1080/00131880802309390   | Not an RCT; No long term follow-up   |
| 1235. Öst, L. G., Cederlund, R., & Reuterskiöld, L. (2015). Behavioral treatment of social phobia in youth: Does parent education training improve the outcome?. <i>Behaviour research and therapy</i> , 67, 19-29.   | Follow-up data collected only in active group; Parent component is too small |
| 1236. Ostberg, M., & Rydell, A. M. (2012). An efficacy study of a combined parent and teacher management training programme for children with ADHD. <i>Nordic journal of psychiatry</i> , 66(2), 123-130. doi:10.3109/08039488.2011.641587  | Targets externalising  |
| 1237. Østbye, T., Krause, K. M., Stroo, M., Lovelady, C. A., Evenson, K. R., Peterson, B. L., . . . Zucker, N. L. (2012). Parent-focused change to prevent obesity in preschoolers: results from the KAN-DO study. <i>Preventive medicine</i> , 55(3), 188-195. doi:10.1016/j.ypmed.2012.06.005                           | No child internalising outcomes or not a major goal                          |
| 1238. Ostbye, T., Zucker, N. L., Krause, K. M., Lovelady, C. A., Evenson, K. R., Peterson, B. L., Bastian, L. A., Swamy, G. K., West, D. G., & Brouwer, R. J. (2011). Kids and adults now! Defeat Obesity (KAN-DO): rationale, design and baseline characteristics. In <i>Contemporary clinical trials</i> (pp. 461-469). | Data not available/reported (protocol)                                       |
| 1239. Oswald, S. H., Fegert, J. M., & Goldbeck, L. (2013). [Evaluation of a training program for child welfare case workers on trauma sequelae in foster children]. <i>Prax Kinderpsychol Kinderpsychiatr</i> , 62(2), 128-141. doi: 10.13109/prkk.2013.62.2.128  | Not a parenting intervention   |
| 1240. Oswald KL, Biasini FJ, Wilson LL and Mrug S. 2009. Outcomes of a massage intervention on teen mothers: a pilot study. <i>Pediatr Nurs.</i> 35(5):284-9, 317.  | No long term follow-up   |
| 1241. Oswald, K., & Biasini, F. (2011). Effects of infant massage on HIV-infected mothers and their infants. <i>J Spec Pediatr Nurs</i> , 16, 169-178.  | No child internalising outcomes or not a major goal                          |
| 1242. Othman A and Blunden S. 2009. Psychological interventions for parents of children who have cancer: A meta-analytic review. <i>Current Pediatric Reviews.</i> 5(2):118-27.   | No child internalising outcomes or not a major goal                          |
| 1243. Ou S-R. 2008. Do GED recipients differ from graduates and school dropouts?: Findings from an inner-city cohort. <i>Urban Education.</i> 43(1):83-117.   | Not a parenting intervention   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1244. | Overbeek, M. M., de Schipper, J. C., Lamers-Winkelmann, F., & Schuengel, C. (2012). The effectiveness of a trauma-focused psycho-educational secondary prevention program for children exposed to interparental violence: Study protocol for a randomized controlled trial. <i>Trials</i> , 13.                                  | Data not available/reported (protocol)   |
| 1245. | Overbeek, M. M., de Schipper, J. C., Lamers-Winkelmann, F., & Schuengel, C. (2013). Effectiveness of specific factors in community-based intervention for child-witnesses of interparental violence: A randomized trial. <i>Child abuse &amp; neglect</i> , 37(12), 1202-1214.   | Parent component too small   |
| 1246. | Owen, C., Ziebell, L., Lessard, C., Churcher, E., Bourget, V., & Villeneuve, H. (2012). Interprofessional group intervention for parents of children age 3 and younger with feeding difficulties: pilot program evaluation. <i>Nutr Clin Pract</i> , 27, 129-135.  | No child internalising outcomes or not a major goal                            |
| 1247. | Oxford, M. L., Fleming, C. B., Nelson, E. M., Kelly, J. K., Spieker, S. J. (2013). Randomized trial of Promoting First Relationships: Effects on maltreated toddlers' separation distress and sleep regulation after reunification. <i>Children and Youth Services Review</i> , 35 (12), 1988-1992.                              | No child internalising outcomes or not a major goal                            |
| 1248. | Ozcan O, Kilic BG, and Aysev A. 2006. Psychopathology in Parents of Children with School Phobia. <i>Türk psikiyatri dergisi= Turkish journal of psychiatry</i> . 17(3):173-80.   | Not a parenting intervention   |
| 1249. | Ozyurt, G., Gencer, O., Ozturk, Y., Ozbek, A. (2014). Long term effectiveness of Triple P Positive Parenting Program on childhood anxiety disorders: A randomised controlled trial. <i>European Neuropsychopharmacology</i> , 24 S613.   | Follow-up less than 6 months   |
| 1250. | Padilla-Walker, L. M., Christensen, K. J., & Day, R. D. (2011). Proactive parenting practices during early adolescence: A cluster approach. <i>Journal of Adolescence</i> , 34, 203-214.   | Not an RCT   |
| 1251. | Padovani FvHP, Carvalho AEIV, Duarte G, Martinez FEg and Linhares MBM. 2009. Anxiety, dysphoria, and depression symptoms in mothers of preterm infants. <i>Psychological Reports</i> . 104(2):667-79.  | No child internalising outcomes or not a major goal                            |
| 1252. | Paine S, Gradisar M, Dohnt H, Starkey K, Gardner G, Trenowden S, et al. A randomized controlled trial of cognitive-behaviour therapy for behavioural insomnia of childhood in school-aged children. <i>Journal of Sleep Research</i> . 2010;19:30.   | Follow-up data collected only in active group;<br>Not a parenting intervention |
| 1253. | Palermo MT, Di Luigi M, Dal Forno G, Dominici C, Vicomandi D, Sambucioni A, Proietti L and Pasqualetti P. 2006. Externalizing and Oppositional Behaviors and Karate- <i>do</i> : The <i>Way</i> of Crime Prevention: A Pilot Study. <i>International Journal of Offender Therapy and Comparative Criminology</i> . 50(6):654-60. | Not a parenting intervention   |
| 1254. | Palermo T and Long A. 2009. Randomized controlled trial of a web-based psychological treatment for pediatric chronic pain. <i>Journal of Pain</i> . 10(4):S72.   | No long term follow-up   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1255. | Palermo TM and Drotar DD. 1999. Coping with pediatric ambulatory surgery: Effectiveness of parent- implemented behavioral distraction strategies. Behavior therapy, 30(4), 657-671.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1256. | Palermo TM, Wilson AC, Peters M, Lewandowski A and Somhegyi H. 2009. Randomized controlled trial of an Internet-delivered family cognitive-behavioral therapy intervention for children and adolescents with chronic pain. Pain. 146(1-2):205-13.  | Not a parenting intervention  |
| 1257. | Palinkas LA, Aarons GA, Chorpita BF, Hoagwood K, Landsverk J and Weisz JR. 2009. Cultural exchange and the implementation of evidence-based practices: Two case studies. Research on Social Work Practice. 19(5):602-12.   | No child internalising outcomes or not a major goal   |
| 1258. | Pan D, Huey SJ, Jr. and Hernandez D. 2011. Culturally adapted versus standard exposure treatment for phobic Asian Americans: Treatment efficacy, moderators, and predictors. Cultural Diversity and Ethnic Minority Psychology. 17(1):11-22.   | Not a parenting intervention  |
| 1259. | Pantin, H., Coatsworth, J. D., Feaster, D. J., Newman, F. L., Briones, E., Prado, G., et al. (2003). Familias Unidas: the efficacy of an intervention to promote parental investment in Hispanic immigrant families. Prevention science : the official journal of the Society for Prevention Research, (3), 189-201. | Follow-up less than 6 months  |
| 1260. | Pantin, H., Prado, G., Lopez, B., Huang, S., Tapia, M. I., Schwartz, S. J., et al. (2009). A randomized controlled trial of Familias Unidas for Hispanic adolescents with behavior problems. Psychosomatic Medicine, 71(9), 987-995. doi: 10.1097/PSY.0b013e3181bb2913   | No child internalising outcomes or not a major goal   |
| 1261. | Papneja T and Manassis K. 2006. Characterization and treatment response of anxious children with asthma. Can J Psychiatry. 51(6):393-6.  | Not a parenting intervention  |
| 1262. | Pappas DE, Hayden GF and Hendley JO. 2008. Cough and cold treatments for children: Does anything work? Consultant. 48(3):233-8.  | Not a parenting intervention  |
| 1263. | Paradis, H. A., Sandler, M., Manly, J. T., & Valentine, L. (2013). Building healthy children: Evidence-based home visitation integrated with pediatric medical homes. Pediatrics, 132(SUPPL.2), S174-S179. doi: <a href="http://dx.doi.org/10.1542/peds.2013-1021R">http://dx.doi.org/10.1542/peds.2013-1021R</a>    | No child internalising outcomes or not a major goal   |
| 1264. | Parent, J., Forehand, R. L., Merchant, M. J., Long, N., & Jones, D. J. (2011). Predictors of outcome of a parenting group curriculum: a pilot study. Behav Modif, 35, 370-388.   | Targets externalising   |
| 1265. | Park, A. (2011). The impact of exposure to domestic violence on developmental trajectories of depressive symptoms and antisocial behavior across the transition to adulthood (Order No. 3466780). Available from ProQuest Dissertations & Theses Global. (885428286).  | Not a parenting intervention  |

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|-------|--|---|
| 1266. | Park, H. Y., Heo, J., Subramanian, S. V., Kawachi, I., & Oh, J. (2012). Socioeconomic inequalities in adolescent depression in South Korea: A multilevel analysis. <i>PLoS ONE</i> , 7(10). doi: 10.1371/journal.pone.0047025                            | Not an RCT  |
| 1267. | Parker H, Swift PG, Botha JL and Raymond NT. 1994. Early onset diabetes: parents' views. <i>Diabet Med</i> . 11(6):593-6.  | Not an RCT  |
| 1268. | Patterson GR and Fleischman MJ. 1979. Maintenance of Treatment Effects - Some Considerations Concerning Family Systems and Follow-up Data. <i>Behavior Therapy</i> . 10(2):168-85.   | Review  |
| 1269. | Patterson GR, DeGarmo DS, Forgatch MS. Systematic changes in families following prevention trials. <i>Journal of Abnormal Child Psychology</i> 2004;32:621–633.  | No child internalising outcomes or not a major goal   |
| 1270. | Patterson J, Mockford C and Stewart-Brown S. 2005. Parents' perceptions of the value of the Webster-Stratton Parenting Programme: a qualitative study of a general practice based initiative. <i>Child: care, health and development</i> , 31(1), 53-64. | Not an RCT  |
| 1271. | Patterson, G. R., Chamberlain, P. & Reid, J. B. (1982). A comparative evaluation of a parent-training program. <i>Behavior Therapy</i> , 13, 638-650   | No long term follow-up  |
| 1272. | Patterson, J., Barlow, J., Mockford, C., Klimes, I., Pyper, C., & Stewart-Brown, S. (2002). Improving mental health through parenting programmes: block randomised controlled trial. <i>Archives of Disease in Childhood</i> , 87(6), 472-477.           | Targets externalising   |
| 1273. | Pattison, C., & Lynd-Stevenson, R. M. (2001). The Prevention of Depressive Symptoms in Children: The Immediate and Long-term Outcomes of a School-based Program. <i>Behaviour Change</i> , 18, 92-102.   | Not a parenting intervention  |
| 1274. | Patton GC, Coffey C, Posterino M, Carlin JB and Bowes G. 2003. Life events and early onset depression: Cause or consequence? <i>Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences</i> . 33(7):1203-10.                 | Not a parenting intervention  |
| 1275. | Paul F, Jones MC, Hendry C and Adair PM. 2007. The quality of written information for parents regarding the management of a febrile convulsion: a randomized controlled trial. <i>J Clin Nurs</i> . 16(12):2308-22.                                      | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1276. | Paul, I. M., Williams, J. S., Anzman-Frasca, S., Beiler, J. S., Makova, K. D., Marini, M. E., ... & Birch, L. L. (2014). The intervention nurses start infants growing on healthy trajectories (INSIGHT) study. <i>BMC pediatrics</i> , 14(1), 184.      | No child internalising outcomes or not a major goal   |

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|-------|--|---|
| 1277. | Payne KA, Coetzee AR, Mattheyse FJ and Heydenrych JJ. 1992. Behavioural changes in children following minor surgery--is premedication beneficial? <i>Acta Anaesthesiol Belg.</i> 43(3):173-9.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1278. | Pearl ES. 2009. Parent management training for reducing oppositional and aggressive behavior in preschoolers. <i>Aggression and Violent Behavior.</i> 14(5):295-305.   | Review  |
| 1279. | Pederson C. 1996. Promoting parental use of nonpharmacologic techniques with children during lumbar punctures. <i>Journal of Pediatric Oncology Nursing</i> , 13(1), 21-30.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1280. | Pedro-Carroll, J. L., Sutton, S. E., & Wyman, P. A. (1999). A two-year follow-up evaluation of a preventive intervention for young children of divorce. <i>School Psychology Review</i> , 28(3), 467.  | Not a parenting intervention;<br>Not an RCT   |
| 1281. | Pelchat D, Bisson J, Perreault M, Ricard N and Bouchard JM. 1998. [Systematic family nursing intervention applied to the birth of a disabled child: effects on the parents' adaptation]. <i>The Canadian journal of nursing research= Revue canadienne de recherche en sciences infirmieres</i> , 30(3), 99-121. | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |



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| 1282. Pelchat D, Bisson J, Ricard N, Perreault M and Bouchard JM. 1999. Longitudinal effects of an early family intervention programme on the adaptation of parents of children with a disability. <i>Int J Nurs Stud.</i> 36(6):465-77.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1283. Pendergast MM. The effects of brief interventions on children of divorce. <i>Dissertation Abstracts International</i> [serial on the Internet]. 1992; (8-b): Available from: <a href="http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/367/CN-00711367/frame.html">http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/367/CN-00711367/frame.html</a> . | No long term follow-up  |
| 1284. Penney, S. R., & Skilling, T. A. (2012). Moderators of informant agreement in the assessment of adolescent psychopathology: Extension to a forensic sample. <i>Psychological Assessment</i> , 24, 386-401.   | Not a parenting intervention  |
| 1285. Perez-Blasco, J., Viguer, P., & Rodrigo, M. F. (2013). Effects of a mindfulness-based intervention on psychological distress, well-being, and maternal self-efficacy in breast-feeding mothers: results of a pilot study. <i>Arch Womens Ment Health</i> , 16(3), 227-236. doi: 10.1007/s00737-013-0337-z  | No child internalising outcomes or not a major goal   |
| 1286. Perrino, T., Pantin, H., Prado, G., Huang, S., Brincks, A., Howe, G., ... & Brown, C. H. (2014). Preventing internalizing symptoms among Hispanic adolescents: A synthesis across Familias Unidas Trials. <i>Prevention Science</i> , 15(6), 917-928.  | Targets externalising   |
| 1287. Perry-Jenkins, M., Smith, J. Z., Goldberg, A. E., & Logan, J. (2011). Working-class jobs and new parents' mental health. <i>Journal of Marriage and Family</i> , 73, 1117-1132.  | Not a parenting intervention  |
| 1288. Persaud DI, Barnett SE, Weller SC, Baldwin CD, Niebuhr V and McCormick DP. 1996. An asthma self-management program for children, including instruction in peak flow monitoring by school nurses. <i>J Asthma</i> . 33(1):37-43.  | Not a parenting intervention  |
| 1289. Persson G and Nordlund CL. 1985. Agoraphobics and social phobics: differences in background factors, syndrome profiles and therapeutic response. <i>Acta Psychiatr Scand.</i> 71(2):148-59.  | Not a parenting intervention  |
| 1290. Petch J and Halford WK. 2008. Psycho-education to enhance couples' transition to parenthood. <i>Clinical Psychology Review.</i> 28(7):1125-37.   | Review  |
| 1291. Peterson MA, Hamilton EB and Russell AD. 2009. Starting well: Facilitating the middle school transition. <i>Journal of Applied School Psychology.</i> 25(3):286-304.   | Not a parenting intervention  |
| 1292. Pettigrew TF. 1959. Regional differences in anti-Negro prejudice. <i>The Journal of Abnormal and Social Psychology.</i> 59(1):28-36.   | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1293. Pfannenstiel, Annette E, Honig and Alice S. 1988. Father Sensitivity and Empathy with Infants after a Prenatal Information Support Program. Washington, D.C: US Department of Education.   | No child internalising outcomes or not a major goal   |
| 1294. Pfeffer, C. R., Jiang, H., Kakuma, T., Hwang, J., & Metsch, M. (2002). Group intervention for children bereaved by the suicide of a relative. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , (5), 505-513.  | No long term follow-up  |
| 1295. Pfiffner LJ, Jouriles EN, Brown MM, Etscheidt MA and et al. 1990. Effects of problem-solving therapy on outcomes of parent training for single-parent families. <i>Child &amp; Family Behavior Therapy</i> . 12(1):1-11.   | Follow-up less than 6 months  |
| 1296. Pfiffner, L. J., Hinshaw, S. P., Owens, E., Zalecki, C., Kaiser, N. M., Villodas, M., & McBurnett, K. (2014). A two-site randomized clinical trial of integrated psychosocial treatment for ADHD-inattentive type. <i>Journal of consulting and clinical psychology</i> , 82(6), 1115.               | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1297. Pflug, V., Seehagen, S., & Schneider, S. (2012). Nothing new since <<little Hans>> and <<little Peter>>? Psychotherapy for anxiety disorders in childhood and adolescence. <i>Z Kinder Jugendpsychiatr Psychother</i> , 40, 21-28.   | Review  |
| 1298. Phillips SD, Hargis MB, Kramer TL, Lensing SY, Taylor JL, Burns BJ and Robbins JM. 2000. Toward a level playing field: Predicting factors for the outcomes of mental health treatment for adolescents. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 39(12):1485-95. | Not a parenting intervention  |
| 1299. Phipps, S., Peasant, C., Barrera, M., Alderfer, M. A., Huang, Q., & Vannatta, K. (2012). Resilience in children undergoing stem cell transplantation: results of a complementary intervention trial. <i>Pediatrics</i> , 129(3), e762-770. doi:10.1542/peds.2011-1816                                | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1300. Piacentini, J., Bergman, R. L., Chang, S., Langley, A., Peris, T., Wood, J. J., & McCracken, J. (2011). Controlled comparison of family cognitive behavioral therapy and psychoeducation/relaxation training for child obsessive-compulsive disorder. <i>J Am Acad Child Adolesc Psychiatry</i> , 50, 1149-1161.                             | Parent component too small; 6-month follow-up only in responders                  |
| 1301. Piedra, L. M., Byoun, S.-J., Guardini, L., & Cintrón, V. (2012). Improving the parental self-agency of depressed Latino immigrant mothers: Piloted intervention results. <i>Children and Youth Services Review</i> , 34, 126-135.  | Follow-up less than 6 months  |
| 1302. Pierce M, Ridout D, Harding D, Keen H and Bradley C. 2000. More good than harm: a randomised controlled trial of the effect of education about familial risk of diabetes on psychological outcomes. <i>Br J Gen Pract</i> . 50(460):867-71.  | Not a parenting intervention  |
| 1303. Pihkala H and Johansson EE. 2008. Longing and fearing for dialogue with children-Depressed parents' way into Beardslee's preventive family intervention. <i>Nordic Journal of Psychiatry</i> . 62(5):399-404.  | No child internalising outcomes or not a major goal                               |
| 1304. Pina AA, Silverman WK, Fuentes RM, Kurtines WM and Weems CF. 2003. Exposure-based cognitive-behavioral treatment for phobic and anxiety disorders: Treatment effects and maintenance for Hispanic/Latino relative to European-American youths. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 42(10):1179-87. | Not a parenting intervention  |
| 1305. Pina, A. A., Zerr, A. A., Villalta, I. K., & Gonzales, N. A. (2012). Indicated prevention and early intervention for childhood anxiety: A randomized trial with Caucasian and Hispanic/Latino youth. <i>J Consult Clin Psychol</i> , 80, 940-946.  | Comparison condition not a minimal control; Parent component too small            |
| 1306. Pincus DB, Santucci LC, Ehrenreich JT and Eyberg SM. 2008. The implementation of modified parent-child interaction therapy for youth with Separation Anxiety Disorder. <i>Cognitive and Behavioral Practice</i> . 15(2):118-25.  | Not an RCT  |
| 1307. Pincus, D. B., Eyberg, S. M., & Choate, M. L. (2005). Adapting parent-child interaction therapy for young children with separation anxiety disorder. <i>Education &amp; Treatment of Children</i> , 28(2), 163-181.  | Data not available/reported (protocol)  |
| 1308. Pinsker M, Geoffrey K. Comparison of parent-effectiveness training and behavior modification parent training. <i>Fam Rel</i> 1981;30:61–8.   | Not an RCT; No child internalising; Follow-up data collected only in active group |
| 1309. Pisterman, S., McGrath, P., Firestone, P., Goodman, J. T., Webster, I., & Mallory, R. (1989). Outcome of parent-mediated treatment of preschoolers with attention deficit disorder with hyperactivity. <i>Journal of Consulting and Clinical Psychology</i> , 57(5), 628-635. doi: 10.1037/0022-006x.57.5.628                                | Follow-up less than 6 months  |
| 1310. Platt, B., Pietsch, K., Krick, K., Oort, F., & Schulte-Körne, G. (2014). Study protocol for a randomised controlled trial of a cognitive-behavioural prevention programme for the children of parents with depression: the PRODO trial. <i>BMC psychiatry</i> , 14(1), 263.  | Data not available/reported   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1311. | Pless, I. B., Feeley, N., Gottlieb, L., Rowat, K., Dougherty, G., & Willard, B. (1994). A randomized trial of a nursing intervention to promote the adjustment of children with chronic physical disorders. <i>Pediatrics</i> , 94(1), 70-75.   | No long term follow-up                              |
| 1312. | Plueck J, Freund-Braier I, Hautmann C, Beckers G, Wieczorrek E and Doeppfner M. 2010. Recruitment in an indicated prevention program for externalizing behavior - parental participation decisions. <i>Child and Adolescent Psychiatry and Mental Health</i> . 4(28).                   | No child internalising outcomes or not a major goal |
| 1313. | Podorefsky DL, McDonald-Dowdell M and Beardslee WR. 2001. Adaptation of preventive interventions for a low-income, culturally diverse community. <i>J Am Acad Child Adolesc Psychiatry</i> . 40(8):879-86.  | Data not available/reported                         |
| 1314. | Polaha J, Larzelere RE, Shapiro SK and Pettit GS. 2004. Physical Discipline and Child Behavior Problems: A Study of Ethnic Group Differences. <i>Parenting: Science and Practice</i> . 4(4):339-60.   | Not a parenting intervention                        |
| 1315. | Pollard, S., Ward, E. M., & Barkley, R. A. (1984). The Effects of Parent Training and Ritalin on the Parent-Child Interactions of Hyperactive Boys. [doi: 10.1300/J019v05n04_04]. <i>Child &amp; Family Behavior Therapy</i> , 5(4), 51-70. doi: 10.1300/J019v05n04_04                  | Not an RCT  |
| 1316. | Pollitt E, Durnin JV, Husaini M and Jahari A. 2000. Effects of an energy and micronutrient supplement on growth and development in undernourished children in Indonesia: methods. <i>European journal of clinical nutrition</i> , 54, S16-20.   | Not a parenting intervention                        |
| 1317. | Poresky RH and Daniels AM. 2001. Two-year comparison of income, education, and depression among parents participating in regular Head Start or supplementary Family Service Center Services. <i>Psychol Rep</i> . 88(3 Pt 1):787-96.  | Not an RCT  |
| 1318. | Poresky RH, Clark K and Daniels AM. 2000. Longitudinal characteristics of the Center for Epidemiologic Studies--Depression Scale. <i>Psychol Rep</i> . 86(3 Pt 1):819-26.   | No child internalising outcomes or not a major goal |
| 1319. | Post RM, Leverich GS, Fergus E, Miller R and Luckenbaugh D. 2002. Parental attitudes towards early intervention in children at high risk for affective disorders. <i>Journal of Affective Disorders</i> . 70(2):117-24.   | Not an RCT  |
| 1320. | Posthumus, J. A., Raaijmakers, M. A. J., Maassen, G. H., van Engeland, H., & Matthys, W. (2012). Sustained effects of Incredible Years as a preventive intervention in preschool children with conduct problems. <i>Journal of Abnormal Child Psychology</i> , 40, 487-500.             | Targets externalising                               |
| 1321. | Pott W, Albayrak Ö, Hebebrand J and Pauli-Pott U. 2009. Treating childhood obesity: Family background variables and the child's success in a weight-control intervention. <i>International Journal of Eating Disorders</i> . 42(3):284-9.   | Not an RCT  |
| 1322. | Powell L, Gilchrist M and Stapley J. 2008. A journey of self-discovery: an intervention involving massage, yoga and relaxation for children with emotional and behavioural difficulties attending primary schools. <i>European Journal of Special Needs Education</i> , 23(4), 403-412. | Not a parenting intervention                        |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1323. | Powers KS and Rubenstein JS. 1999. Family presence during invasive procedures in the pediatric intensive care unit: a prospective study. Arch Pediatr Adolesc Med. 153(9):955-8.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1324. | Pratila MG, Fischer ME, Alagesan R, Reinsel RA and Pratilas D. 1993. Propofol versus midazolam for monitored sedation: a comparison of intraoperative and recovery parameters. Journal of clinical anesthesia, 5(4), 268-274.  | Not a parenting intervention  |
| 1325. | Presnall, N., Webster-Stratton, C. H., & Constantino, J. N. (2014). Parent Training: Equivalent Improvement in Externalizing Behavior for Children With and Without Familial Risk. Journal of the American Academy of Child & Adolescent Psychiatry, 53(8), 879-887. | Targets externalising   |
| 1326. | Preyde M and Ardal F. 2003. Effectiveness of a parent buddy program for mothers of very preterm infants in a neonatal intensive care unit. Canadian Medical Association Journal. 168(8):969-73.  | No child internalising outcomes or not a major goal   |
| 1327. | Price JLS, Day RD and Yorgason JB. 2009. A longitudinal examination of family processes, demographic variables, and adolescent weight. Marriage & Family Review. 45(2-3):310-30.   | Not a parenting intervention  |
| 1328. | Price, A. M. H., Wake, M., Ukoumunne, O. C., & Hiscock, H. (2012). Five-year follow-up of harms and benefits of behavioral infant sleep intervention: Randomized trial. Pediatrics, 130, 643-651.  | No child internalising outcomes or not a major goal   |
| 1329. | Price, A., Wake, M., Ukoumunne, O., & Hiscock, H. (2011). Effects of an infant sleep intervention at child age 6 years: Randomised controlled trial. Journal of Sleep Research, 20, 8.   | No child internalising outcomes or not a major goal   |
| 1330. | Pridham K, Brown R, Clark R, Limbo RK, Schroeder M, Henriques J and Bohne E. 2005. Effect of guided participation on feeding competencies of mothers and their premature infants. Res Nurs Health. 28(3):252-67.   | No child internalising outcomes or not a major goal   |
| 1331. | Prinz RJ, Sanders MR, Shapiro CJ, Whitaker DJ, Lutzker JR: Population-based prevention of child maltreatment: The U.S. Triple P system population trial. Prevention Science 2009, 10:1-12.   | No child internalising outcomes or not a major goal   |
| 1332. | Prinz, R. J., & Miller, G. E. (1994). Family-Based Treatment for Childhood Antisocial-Behavior - Experimental Influences on Dropout and Engagement. Journal of Consulting and Clinical Psychology, 62(3), 645-650.   | No child internalising outcomes or not a major goal   |

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| 1333. | Puleo CM and Kendall PC. 2011. Anxiety disorders in typically developing youth: Autism spectrum symptoms as a predictor of cognitive-behavioral treatment. <i>Journal of Autism and Developmental Disorders</i> . 41(3):275-86.   | Not a parenting intervention                                    |
| 1334. | Quach, J., Hiscock, H., & Wake, M. (2009). Impact of sleep intervention on child behaviour, learning and parent mental health: A randomised trial. <i>Sleep and Biological Rhythms</i> , 7, A32-A33.  | Data not available/reported (conference abstract) and duplicate |
| 1335. | Quach, J., Hiscock, H., & Wake, M. (2010). Impact of a brief school-entry sleep intervention on child and parent outcomes: Randomised controlled trial. <i>Journal of Paediatrics and Child Health</i> , 46, 11.  | No child internalising outcomes or not a major goal             |
| 1336. | Querido JG, Eyberg SM and Boggs SR. 2001. Revisiting the accuracy hypothesis in families of young children with conduct problems. <i>Journal of Clinical Child Psychology</i> . 30(2):253-61.   | Not a parenting intervention                                    |
| 1337. | Quesnel-Vallée, A., & Taylor, M. (2012). Socioeconomic pathways to depressive symptoms in adulthood: Evidence from the National Longitudinal Survey of Youth 1979. <i>Social Science &amp; Medicine</i> , 74, 734-743.  | Not a parenting intervention                                    |
| 1338. | R. Theise;K. Y. Huang;D. Kamboukos;G. L. Doctoroff;S. Dawson-McClure;J. J. Palamar;L. M. Brotman, (2014). Moderators of Intervention Effects on Parenting Practices in a Randomized Controlled Trial in Early Childhood. <i>Journal of Clinical Child and Adolescent Psychology</i> , 43 (3), 501-509.                                  | Targets externalising   |
| 1339. | Radesky, J. S., Zuckerman, B., Silverstein, M., Rivara, F. P., Barr, M., Taylor, J. A., . . . Barr, R. G. (2013). Inconsolable infant crying and maternal postpartum depressive symptoms. <i>Pediatrics</i> , 131(6), e1857-e1864. doi: <a href="http://dx.doi.org/10.1542/peds.2012-3316">http://dx.doi.org/10.1542/peds.2012-3316</a> | Not a parenting intervention                                    |
| 1340. | Rafferty Y, Griffin KW and Robokos D. 2010. Maternal depression and parental distress among families in the Early Head Start Research and Evaluation Project: Risk factors within the family setting. <i>Infant Mental Health Journal</i> . 31(5):543-69.   | Not a parenting intervention                                    |
| 1341. | Rahman A, Iqbal Z, Roberts C and Husain N. 2009. Cluster randomized trial of a parent-based intervention to support early development of children in a low-income country. <i>Child: care, health and development</i> , 35(1), 56-62.   | No child internalising outcomes or not a major goal             |
| 1342. | Raider MC, Steele W, Delillo-Storey M, Jacobs J and Kuban C. 2008. Structured sensory therapy (SITCAP-ART) for traumatized adjudicated adolescents in residential treatment. <i>Residential Treatment for Children &amp; Youth</i> . 25(2):167-85.  | Not a parenting intervention                                    |
| 1343. | Raine, A., Portnoy, J., Liu, J., Mahomed, T., & Hibbeln, J. R. (2015). Reduction in behavior problems with omega-3 supplementation in children aged 8–16 years: a randomized, double-blind, placebo-controlled, stratified, parallel-group trial. <i>Journal of Child Psychology and Psychiatry</i> , 56(5), 509-520.                   | Not a parenting intervention                                    |
| 1344. | Rakow A, Forehand R, Haker K, McKee LG, Champion JE, Potts J, Hardcastle E, Roberts L and Compas BE. 2011. Use of parental guilt induction among depressed parents. <i>Journal of Family Psychology</i> . 25(1):147-51.   | Not a parenting intervention                                    |

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| 1345. | Rakow, A., Smith, D., Begle, A. M., & Ayer, L. (2011). The association of maternal depressive symptoms with child externalizing problems: The role of maternal support following child sexual abuse. <i>Journal of Child Sexual Abuse: Research, Treatment, &amp; Program Innovations for Victims, Survivors, &amp; Offenders</i> , 20, 467-480. | Targets externalising   |
| 1346. | Ramey, C. T., et al. (1992). Infant Health and Development Program for Low Birth Weight, Premature Infants: Program Elements, Family Participation, and Child Intelligence. <i>Pediatrics</i> 89(3): 454-465.  | No long term follow-up  |
| 1347. | Ramli M, Adlina S, Suthahar A, Edariah AB, Ariff FM, Narimah AHH, Nuraliza AS, Fauzi I and Karuthan C. 2008. Depression among secondary school students: A comparison between urban and rural populations in a Malaysian community. <i>Hong Kong Journal of Psychiatry</i> . 18(2):55-61.  | Not a parenting intervention  |
| 1348. | Ramsauer, B., Lotzin, A., Mühlhan, C., Romer, G., Nolte, T., Fonagy, P., & Powell, B. (2014). A randomized controlled trial comparing Circle of Security Intervention and treatment as usual as interventions to increase attachment security in infants of mentally ill mothers: Study Protocol. <i>BMC psychiatry</i> , 14(1), 24.             | Data not available/reported   |
| 1349. | Rapee RM, Abbott MJ, Lyneham HJ. Bibliotherapy for children with anxiety disorders using written materials for parents: A randomized controlled trial. <i>J Consult Clin Psychol</i> . 2006 Jun;74(3):436-44.  | Follow-up less than 6 months  |
| 1350. | Rapee RM. 2003. The influence of comorbidity on treatment outcome for children and adolescents with anxiety disorders. <i>Behaviour Research and Therapy</i> . 41(1):105-12.   | Not a parenting intervention  |
| 1351. | Rapee, R. M. (2002). The development and modification of temperamental risk for anxiety disorders: prevention of a lifetime of anxiety?. <i>Biological Psychiatry</i> , 52(10), 947-957. doi: 10.1016/S0006-3223(02)01572-X  | No long term follow-up  |
| 1352. | Rau, J., May, T. W., Pfäfflin, M., Heubrock, D., & Petermann, F. (2006). [Education of children with epilepsy and their parents by the modular education program epilepsy for families (FAMOSEs)--results of an evaluation study]. <i>Die Rehabilitation</i> , 45(1), 27-39.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1353. | Rauh, V. A., Achenbach, T. M., Nurcombe, B., Howell, C. T., & Teti, D. M. (1988). Minimizing Adverse Effects of Low Birthweight: Four-Year Results of an Early Intervention Program. <i>Child Development</i> , 59, 544.   | No child internalising outcomes or not a major goal   |
| 1354. | Rauh, V. A., Nurcombe, B., Achenbach, T., & Howell, C. (1990). The Mother-Infant Transaction Program. The content and implications of an intervention for the mothers of low-birthweight infants. <i>Clinics in perinatology</i> , 17, 31-45.  | No child internalising outcomes or not a major goal   |

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| 1355. | Raver CC, Jones SM, Li-Grining C, Zhai F, Metzger MW and Solomon B. 2009. Targeting children's behavior problems in preschool classrooms: A cluster-randomized controlled trial. <i>Journal of Consulting and Clinical Psychology</i> . 77(2):302-16.  | Not a parenting intervention   |
| 1356. | Raviv T and Wadsworth ME. 2010. The efficacy of a pilot prevention program for children and caregivers coping with economic strain. <i>Cognitive Therapy and Research</i> . 34(3):216-28.  | Not an RCT   |
| 1357. | Ravn, I. H., Smith, L., Smeby, N. A., Kynoe, N. M., Sandvik, L., Bunch, E. H., & Lindemann, R. (2012). Effects of early mother-infant intervention on outcomes in mothers and moderately and late preterm infants at age 1 year: a randomized controlled trial. <i>Infant Behav Dev</i> , 35, 36-47. | No child internalising outcomes or not a major goal                        |
| 1358. | Razza RA, Martin A and Brooks-Gunn J. 2010. Associations among family environment, sustained attention, and school readiness for low-income children. <i>Developmental Psychology</i> . 46(6):1528-42.   | Not a parenting intervention   |
| 1359. | Realmuto, G. M., August, G. J., & Egan, E. A. (2004). Testing the goodness-of-fit of a multifaceted preventive intervention for children at risk for conduct disorder. <i>Canadian journal of psychiatry</i> . <i>Revue canadienne de psychiatrie</i> , (11), 743-752.                               | No child internalising outcomes or not a major goal                        |
| 1360. | Reck C, Struben K, Backenstrass M, Stefenelli U, Reinig K, Fuchs T, Sohn C and Mundt C. 2008. Prevalence, onset and comorbidity of postpartum anxiety and depressive disorders. <i>Acta Psychiatrica Scandinavica</i> . 118(6):459-68.   | Not a parenting intervention   |
| 1361. | Records K and Rice M. 2007. Psychosocial correlates of depression symptoms during the third trimester of pregnancy. <i>Journal of Obstetric, Gynecologic, &amp; Neonatal Nursing: Clinical Scholarship for the Care of Women, Childbearing Families, &amp; Newborns</i> . 36(3):231-42.              | Not a parenting intervention   |
| 1362. | Reebye, P. N., & Tzoumakis, S. (2012). Clinical home visitation for children with externalizing disorders: A randomized study. <i>Journal of Social Service Research</i> , 38, 549-560.  | Targets externalising  |
| 1363. | Reed GL and Enright RD. 2006. The effects of forgiveness therapy on depression, anxiety, and posttraumatic stress for women after spousal emotional abuse. <i>Journal of Consulting and Clinical Psychology</i> . Special Issue: Benefit-Finding. 74(5):920-9.                                       | Not a parenting intervention   |
| 1364. | Reedtz, C., Handegård, B. H., & Mørch, W. T. (2011). Promoting positive parenting practices in primary care: outcomes and mechanisms of change in a randomized controlled risk reduction trial. In <i>Scandinavian journal of psychology</i> (pp. 131-137).  | No child internalising outcomes or not a major goal; Targets externalising |
| 1365. | Reese, R. J., Slone, N. C., Soares, N., & Sprang, R. (2012). Telehealth for underserved families: An evidence-based parenting program. <i>Psychological Services</i> , 9, 320-322.   | Not an RCT; No long term follow-up; Targets externalising                  |
| 1366. | Reeves G and Anthony B. 2009. Multimodal treatments versus pharmacotherapy alone in children with psychiatric disorders: Implications of access, effectiveness, and contextual treatment. <i>Pediatric Drugs</i> . 11(3):165-9.  | Review   |



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| 1367. Regev, D., Kedem, D., & Guttman, J. (2012). The effects of mothers' participation in movement therapy on the emotional functioning of their school-age children in Israel. <i>Arts in Psychotherapy</i> , 39(5), 479-488.  | Comparison condition not a minimal control   |
| 1368. Reid JB, Eddy JM, Fetrow RA and Stoolmiller M. 1999. Description and Immediate Impacts of a Preventive Intervention for Conduct Problems. <i>American Journal of Community Psychology</i> . 27(4):483-518.   | No child internalising outcomes or not a major goal; Parent component too small              |
| 1369. Reid MJ, Webster-Stratton C and Beauchaine TP. 2001. Parent Training in Head Start: A Comparison of Program Response Among African American, Asian American, Caucasian, and Hispanic Mothers. <i>Prevention Science</i> . 2(4):209-27.   | Targets externalising  |
| 1370. Reid, G. J., Stewart, M., Vingilis, E., Dozois, D. J., Wetmore, S., Jordan, J., ... & Zaric, G. S. (2013). Randomized trial of distance-based treatment for young children with discipline problems seen in primary health care. <i>Family practice</i> , 30(1), 14-24.  | Targets externalising  |
| 1371. Reid, J., Webster-Stratton, C., & Hammond, M. (2003). Follow-up of children who received the Incredible Years Intervention for oppositional-defiant disorder: Maintenance and prediction of 2-year outcome. <i>Behavior Therapy</i> , 34, 471-491.   | Follow-up data collected only in active group; No internalising outcomes or not a major goal |
| 1372. Reid, M. J., Webster-Stratton, C., & Baydar, N. (2004). Halting the development of conduct problems in head start children: The effects of parent training. <i>Journal of Clinical Child and Adolescent Psychology</i> , 33, 279-291.  | No child internalising outcomes or not a major goal  |
| 1373. Reid, M. J., Webster-Stratton, C., & Hammond, M. (2007). Enhancing a classroom social competence and problem-solving curriculum by offering parent training to families of moderate- to high-risk elementary school children. <i>J Clin Child Adolesc Psychol</i> , 36(4), 605-620. doi: 10.1080/15374410701662741     | No long term follow-up   |
| 1374. Reinert DF. 1999. Group intervention for children of recovering alcoholic parents. <i>Alcoholism Treatment Quarterly</i> . 17(4):15-27.  | Not a parenting intervention   |
| 1375. Renaud, M. (1998). Evaluation of a structured programme of a group intervention with families experiencing parenting difficulties. In 5th World Congress on Innovations in Psychiatry. London, UK. 19th-22nd May (No. 3-4).  | No long term follow-up   |
| 1376. Rennick, J. E., Constantin, E., Stremler, R., Horwood, L., Antonacci, M., Aita, M., & Majnemer, A. (2014). Acceptability and feasibility of an intervention to promote child comfort and psychological well-being during and following PICU hospitalization. <i>Pediatric Critical Care Medicine</i> , 15(4_suppl), 9. | Follow-up less than 6 months   |
| 1377. Resnick MB, Armstrong S, Carter RL. Developmental intervention program for high-risk premature infants: effects on development and parent-infant interactions. <i>Dev Behav Pediatr</i> 1988;9:73-8.   | No long term follow-up   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1378. | Resnick, M. B., et al. (1987). Developmental Intervention for Low Birth Weight Infants: Improved Early Developmental Outcome. <i>Pediatrics</i> 80(1): 68-74.   | No long term follow-up  |
| 1379. | Reuland, M. M., & Teachman, B. A. (2014). Interpretation bias modification for youth and their parents: A novel treatment for early adolescent social anxiety. <i>Journal of anxiety disorders</i> , 28(8), 851-864.  | Comparison condition not a minimal control; Follow-up less than 6 months  |
| 1380. | Reyno SM and McGrath PJ. 2006. Predictors of parent training efficacy for child externalizing behavior problems - A meta-analytic review. <i>Journal of Child Psychology and Psychiatry and Allied Disciplines</i> . 47(1):99-111.  | Review  |
| 1381. | Reyno, S. M. (2011). Contextual risk factors, parent training outcomes and dimensions of parenting behaviors: Implications for parent training interventions (Order No. NR69861). Available from ProQuest Central; ProQuest Dissertations & Theses Global. (850545876).   | Targets externalising   |
| 1382. | Rhodes KV and Iwashyna TJ. 2007. Child injury risks are close to home: Parent psychosocial factors associated with child safety. <i>Maternal and Child Health Journal</i> . 11(3):269-75.   | Not a parenting intervention  |
| 1383. | Rhodes P, Brown J and Madden S. 2009. The Maudsley model of family-based treatment for anorexia nervosa: a qualitative evaluation of parent-to-parent consultation. <i>Journal of marital and family therapy</i> , 35(2), 181-192.  | No child internalising outcomes or not a major goal   |
| 1384. | Ricci G, Bendandi B, Aiazzi R, Patrizi A and Masi M. 2009. Three years of Italian experience of an educational program for parents of young children affected by atopic dermatitis: improving knowledge produces lower anxiety levels in parents of children with atopic dermatitis. <i>Pediatr Dermatol</i> . 26(1):1-5. | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1385. | Rice M, Glasper A, Keeton D and Spargo P. 2008. The effect of a preoperative education programme on perioperative anxiety in children: an observational study. <i>Paediatr Anaesth</i> . 18(5):426-30.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |

## Appendix B: List of excluded papers and reason(s) for exclusion

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|-------|---|---|
| 1386. | Richardson CR. 1997. Parents and pediatric procedures. The Journal of family practice, 44(2), 131.  | No child internalising outcomes or not a major goal; No long term follow-up |
| 1387. | Richardson L, McCauley E and Katon W. 2009. Collaborative care for adolescent depression: A pilot study. General Hospital Psychiatry. 31(1):36-45.  | Not a parenting intervention  |
| 1388. | Richardson, B. B. (2010). Alleviating chronic sleep debt in early adolescence: Can a school based intervention make a difference?(Order No. 3421687). Available from ProQuest Central; ProQuest Dissertations & Theses Global. (753511893).   | Not a parenting intervention  |
| 1389. | Riley AW, Coiro MJ, Broitman M, Colantuoni E, Hurley KM, Bandeen-Roche K and Miranda J. 2009. Mental health of children of low-income depressed mothers: Influences of parenting, family environment, and raters. Psychiatric Services. 60(3):329-36.   | Not a parenting intervention  |
| 1390. | Robbins H, Hundley V and Osman LM. 2003. Minor illness education for parents of young children. J Adv Nurs. 44(3):238-47.   | No child internalising outcomes or not a major goal                         |
| 1391. | Roberts C, Kane R, Thomson H, Bishop B and Hart B. 2003. The prevention of depressive symptoms in rural school children: a randomized controlled trial. J Consult Clin Psychol. 71(3):622-8.  | Not a parenting intervention  |
| 1392. | Roberts CM, Kane R, Bishop B, Cross D, Fenton J and Hart B. 2010. The prevention of anxiety and depression in children from disadvantaged schools. Behav Res Ther. 48(1):68-73.   | Not a parenting intervention  |
| 1393. | Robin, A. L., Siegel, P. T., Koepke, T., Moye, A. W., & Tice, S. (1994). Family therapy versus individual therapy for adolescent females with anorexia nervosa. J Dev Behav Pediatr, 15(2), 111-116.  | No long term follow-up  |
| 1394. | Robinson TN, Matheson DM, Kraemer HC, Wilson DM, Obarzanek E, Thompson NS, Alhassan S, Spencer TR, Haydel KF, Fujimoto M, Varady A and Killen JD. 2010. A randomized controlled trial of culturally tailored dance and reducing screen time to prevent weight gain in low-income African American girls: Stanford GEMS. Arch Pediatr Adolesc Med. 164(11):995-1004. | Not a parenting intervention  |
| 1395. | Robinson, J., & Emde, R. N. (2004). Mental Health Moderators of Early Head Start on Parenting and Child Development: Maternal Depression and Relationship Attitudes. Parenting: Science and Practice, 4(1), 73-97. doi:10.1207/s15327922par0401_4   | No child internalising outcomes or not a major goal                         |
| 1396. | Rodgers, A., & Dunsmuir, S. (2013). A controlled evaluation of the 'FRIENDS for Life' emotional resiliency programme on overall anxiety levels, anxiety subtype levels and school adjustment. Child and Adolescent Mental Health.   | Not a parenting intervention  |
| 1397. | Rodriguez CM and Eden AM. 2008. Disciplinary style and child abuse potential: Association with indicators of positive functioning in children with behavior problems. Child Psychiatry and Human Development. 39(2):123-36.   | Not an RCT  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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|---|---|
| 1398. Rodríguez, G. M., Bagner, D. M., & Graziano, P. A. (2014). Parent training for children born premature: A pilot study examining the moderating role of emotion regulation. <i>Child Psychiatry and Human Development</i> , 45(2), 143-152. doi: 10.1007/s10578-013-0385-7   | Targets externalising   |
| 1399. Rofey DL, Szigethy EM, Noll RB, Dahl RE, Iobst E and Arslanian SA. 2009. Cognitive,Àbehavioral therapy for physical and emotional disturbances in Adolescents with polycystic ovary syndrome: A pilot study. <i>Journal of Pediatric Psychology</i> . 34(2):156-63.   | Not an RCT  |
| 1400. Rogers, S. J., Estes, A., Lord, C., Vismara, L., Winter, J., Fitzpatrick, A., Guo, M., & Dawson, G. (2012). Effects of a brief Early Start Denver Model (ESDM)-based parent intervention on toddlers at risk for autism spectrum disorders: A randomized controlled trial. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 51, 1052-1065. | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1401. Roman LA, Gardiner JC, Lindsay JK, Moore JS, Luo Z, Baer LJ, Goddeeris JH, Shoemaker AL, Barton LR, Fitzgerald HE and Paneth N. 2009. Alleviating perinatal depressive symptoms and stress: A nurse-community health worker randomized trial. <i>Archives of Women's Mental Health</i> . 12(6):379-91.  | Not a parenting intervention  |
| 1402. Rosen, L. A., Gabardi, L., Miller, C. D., & Miller, L. (1990). Home-based treatment of disruptive junior high school students: An analysis of the differential effects of positive and negative consequences. <i>Behavioral Disorders</i> , 15(4), 227-232.   | No long term follow-up  |
| 1403. Roskam, I., & Meunier, J. C. (2012). The determinants of parental childrearing behavior trajectories: The effects of parental and child time-varying and time-invariant predictors. <i>International Journal of Behavioral Development</i> , 36, 186-196.   | Not a parenting intervention  |
| 1404. Ross CE and Mirowsky J. 1999. Parental divorce, life-course disruption and adult depression. <i>Journal of Marriage &amp; the Family</i> . 61(4):1034-45.   | Not a parenting intervention  |
| 1405. Ross, G. S. (1984). HOME INTERVENTION FOR PREMATURE INFANTS OF LOW-INCOME FAMILIES. <i>American Journal of Orthopsychiatry</i> 54(2): 263-270.  | No child internalising outcomes or not a major goal   |
| 1406. Roth I and Reichle B. 2007. [I keep cool: Relationship oriented training of prosocial behaviour and constructive conflict solving for elementary school children]. <i>Prax Kinderpsychol Kinderpsychiatr</i> . 56(5):463-82.  | Not a parenting intervention  |
| 1407. Roth, R. M., Pixley, H. S., Kruck, C. L., Garlinghouse, M. A., Giancola, P. R., & Flashman, L. A. (2012). Performance on the Cognitive Estimation Test in schizophrenia. <i>Applied Neuropsychology</i> , 19, 141-146.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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|-------|---|---|
| 1408. | Rotheram-Borus MJ, Stein JA, Jiraphongsa C, Khumtong S, Lee SJ and Li L. 2010. Benefits of family and social relationships for Thai parents living with HIV. <i>Prev Sci.</i> 11(3):298-307.  | Not a parenting intervention  |
| 1409. | Rotheram-Borus, M. J., Lester, P., Song, J., Lin, Y.-Y., Leonard, N. R., Beckwith, L., et al. (2006). Intergenerational benefits of family-based HIV interventions. <i>Journal of Consulting and Clinical Psychology</i> , 74(3), 622-627. doi: 10.1037/0022-006x.74.3.622  | No child internalising outcomes or not a major goal (grandchildren instead)                 |
| 1410. | Rotheram-Borus, M. J., Rice, E., Comulada, W. S., Best, K., Elia, C., Peters, K., Li, L., Green, S., & Valladares, E. (2012). Intervention outcomes among HIV-affected families over 18 months. <i>AIDS Behav</i> , 16, 1265-1275.  | Parent component too small  |
| 1411. | Rotheram-Borus, M. J., Stein, J. A., & Lin, Y. Y. (2001). Impact of parent death and an intervention on the adjustment of adolescents whose parents have HIV/AIDS. <i>Journal of Consulting &amp; Clinical Psychology</i> , (5), 763-773.   | Secondary analysis (re-analysis of data in Rotheram-Borus 2001 using SEM, data not useable) |
| 1412. | Routh, C. P., Hill, J. W., Steele, H., Elliott, C. E., & Dewey, M. E. (1995). Maternal Attachment Status, Psychosocial Stressors and Problem Behavior - Follow-up after Parent Training Courses for Conduct Disorder. <i>Journal of Child Psychology and Psychiatry and Allied Disciplines</i> , 36(7), 1179-1198.  | Not an RCT  |
| 1413. | Rowe, H., Wynter, K., Lorgelly, P., Amir, L. H., Ranasinha, S., Proimos, J., ... & Fisher, J. (2014). A cluster randomised controlled trial of a brief couple-focused psychoeducational intervention to prevent common postnatal mental disorders among women: study protocol. <i>BMJ open</i> , 4(9), e006436.   | No child internalising outcomes or not a major goal   |
| 1414. | Rozenman, M., Weersing, V. R., & Amir, N. (2011). A case series of attention modification in clinically anxious youths. <i>Behav Res Ther</i> , 49, 324-330.  | Not an RCT  |
| 1415. | Rubin-Vaughan, A. (2011). Interactions between aggressive children and their mothers: Changes through treatment and the role of gender (Order No. NR75683). Available from ProQuest Central; ProQuest Dissertations & Theses Global. (879637789).   | Targets externalising   |
| 1416. | Ruma, P. R., Burke, R. V., & Thompson, R. W. (1996). Group parent training: Is it effective for children of all ages? <i>Behavior Therapy</i> , 27, 159-169.  | Follow-up data collected only in active group   |
| 1417. | Runfola, C. D., Zucker, N. L., Holle, A. V., Mazzeo, S., Hodges, E. A., Perrin, E. M., . . . Bulik, C. M. (2014). NURTURE: Development and pilot testing of a novel parenting intervention for mothers with histories of an eating disorder. <i>International Journal of Eating Disorders</i> , 47(1), 1-12. doi: <a href="http://dx.doi.org/10.1002/eat.22178">http://dx.doi.org/10.1002/eat.22178</a> | Not an RCT  |
| 1418. | Russell, E. (1996). Identification & Prevention of Behavioural Disorders in Children with Learning Disability. Xth World Congress of Psychiatry. Retrieved from <a href="http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/338/CN-00320338/frame.html">http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/338/CN-00320338/frame.html</a>                                 | Data not available/reported   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1419. | Ryan, C. S., McCall, R. B., Robinson, D. R., Groark, C. J., Mulvey, L., & Plemmons, B. W. (2002). Benefits of the Comprehensive Child Development Program as a function of AFDC receipt and SES. <i>Child development</i> , (1), 315-328.  | No child internalising outcomes or not a major goal             |
| 1420. | Ryan, S. R., Stanger, C., Thostenson, J., Whitmore, J. J., & Budney, A. J. (2013). The impact of disruptive behavior disorder on substance use treatment outcome in adolescents. <i>J Subst Abuse Treat</i> , 44(5), 506-514. doi: 10.1016/j.jsat.2012.11.003  | No child internalising outcomes or not a major goal             |
| 1421. | Sagredini, R., Mascheroni, C., Diotto, V., Tranquillini, E., Paracchini, F., & Mercuri, P. (2013). Treatment of anxiety at induction of anaesthesia in children: A randomized controlled trial of non-pharmacological approach versus midazolam or placebo. [Conference Abstract]. <i>Paediatric Anaesthesia</i> , 23 (3), 285. doi: <a href="http://dx.doi.org/10.1111/pan.12097">http://dx.doi.org/10.1111/pan.12097</a> | Not a parenting intervention                                    |
| 1422. | Sahler, O. J., Dolgin, M. J., Phipps, S., Fairclough, D. L., Askins, M. A., Katz, E. R., . . . Butler, R. W. (2013). Specificity of problem-solving skills training in mothers of children newly diagnosed with cancer: results of a multisite randomized clinical trial. <i>J Clin Oncol</i> , 31(10), 1329-1335. doi: 10.1200/jco.2011.39.1870   | Follow-up less than 6 months                                    |
| 1423. | Saias, T., Greacen, T., Tubach, F., Dugravier, R., Marcault, E., Tereno, S., . . . Guedeney, A. (2013). Supporting families in challenging contexts: the CAPEDP project. <i>Glob Health Promot</i> , 20(2 Suppl), 66-70. doi: 10.1177/1757975913483335   | Data not available/reported                                     |
| 1424. | Sajaniemi N, Makela J, Salokorpi T, et al. Cognitive performance and attachment patterns at four years of age in extremely low birth weight infants after early intervention. <i>Eur Child Adolesc Psychiatry</i> 2001;10:122–9  | No child internalising outcomes or not a major goal             |
| 1425. | Saldana, L., Chamberlain, P., & Sheidow, A. (2015). Integrated treatment for mothers involved in child welfare for substance abuse. <i>Drug and Alcohol Dependence</i> , (146), e87.   | No child internalising outcomes or not a major goal             |
| 1426. | Salloum A and Overstreet S. 2008. Evaluation of individual and group grief and trauma interventions for children post disaster. <i>Journal of Clinical Child and Adolescent Psychology</i> . 37(3):459-507.  | Not a parenting intervention                                    |
| 1427. | Salloum, A., & Overstreet, S. (2012). Grief and trauma intervention for children after disaster: Exploring coping skills versus trauma narration. <i>Behav Res Ther</i> , 50, 169-179.   | Not a parenting intervention (child-focused) & non active group |
| 1428. | Salmela-Aro, K., Read, S., Rouhe, H., Halmesmaki, E., Toivanen, R. M., Tokola, M. I., & Saisto, T. (2012). Promoting positive motherhood among nulliparous pregnant women with an intense fear of childbirth: RCT intervention. <i>J Health Psychol</i> , 17, 520-534.   | No child internalising outcomes or not a major goal             |
| 1429. | Salome G, de Tyche C , Lighezzolo J, Caludon P, Rebourg-Roesler C and Flach I. 2009. Evaluation of prevention in perinatalty: A clinical and comparative approach of some determinants involved in therapeutic grip. <i>Bulletin de Psychologie</i> . 62(1):29-50.   | Not a parenting intervention                                    |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1430. Sanders MR, Markie-Dadds C, Tully LA and Bor W. 2000. The Triple P-positive parenting program: A comparison of enhanced, standard, and self-directed behavioral family intervention for parents of children with early onset conduct problems. <i>Journal of Consulting and Clinical Psychology</i> . 68(4):624-40.               | No child internalising outcomes or not a major goal; Follow-up data collected only in active group |
| 1431. Sanders MR, Pidgeon AM, Gravestock F, Connors MD, Brown S and Young RW. 2004. Does parental attributional retraining and anger management enhance the effects of the triple P-positive parenting program with parents at risk of child maltreatment? <i>Behavior Therapy</i> . 35(3):513-35.                                      | Comparison condition not a minimal control   |
| 1432. Sanders MR. 2002. Parenting interventions and the prevention of serious mental health problems in children. <i>Medical Journal of Australia</i> . 177(7 SUPPL.):S87-S92.  | Review   |
| 1433. Sanders, M. R. (1999). Triple P-Positive Parenting Program: Towards an Empirically Validated Multilevel Parenting and Family Support Strategy for the Prevention of Behavior and Emotional Problems in Children. <i>Clinical Child and Family Psychology Review</i> , 2(2), 71-90. doi: 10.1023/a:1021843613840                   | Review   |
| 1434. Sanders, M. R., & McFarland, M. (2000). Treatment of depressed mothers with disruptive children: A controlled evaluation of cognitive behavioral family intervention. <i>Behavior Therapy</i> , 31(1), 89-112. doi: 10.1016/s0005-7894(00)80006-4   | Targets externalising  |
| 1435. Sanders, M. R., Bor, W., & Morawska, A. (2007). Maintenance of treatment gains: a comparison of enhanced, standard, and self-directed Triple P-Positive Parenting Program. <i>J Abnorm Child Psychol</i> , 35(6), 983-998. doi: 10.1007/s10802-007-9148-x   | No child internalising outcomes or not a major goal  |
| 1436. Sanders, M. R., Montgomery, D. T., & Brechman-Toussaint, M. L. (2000). The mass media and the prevention of child behavior problems: the evaluation of a television series to promote positive outcomes for parents and their children. <i>Journal of child psychology and psychiatry, and allied disciplines</i> , (7), 939-948. | No child internalising outcomes or not a major goal  |
| 1437. Sandler I, Miles J, Cookston J and Braver S. 2008. Effects of father and mother parenting on children's mental health in high- and low-conflict divorces. <i>Family Court Review</i> . 46(2):282-96.  | Not a parenting intervention   |
| 1438. Sandler, I. N., Ayers, T. S., Wolchik, S. A., Tein, J. Y., Kwok, O. M., Haine, R. A., et al. (2003). The family bereavement program: efficacy evaluation of a theory-based prevention program for parentally bereaved children and adolescents. <i>J Consult Clin Psychol</i> , 71(3), 587-600.                                   | Parent component too small   |
| 1439. Sandler, I. N., Ma, Y., Tein, J. Y., Ayers, T. S., Wolchik, S., Kennedy, C., et al. (2010). Long-term effects of the family bereavement program on multiple indicators of grief in parentally bereaved children and adolescents. <i>J Consult Clin Psychol</i> , 78(2), 131-143. doi: 2010-05835-001                              | Parent component too small   |
| 1440. Sandler, I. N., West, S. G., Baca, L., Pillow, D. R., Gersten, J. C., Rogosch, F., et al. (1992). Linking empirically based theory and evaluation: the Family Bereavement Program. <i>Am J Community Psychol</i> , 20(4), 491-521.  | No long term follow-up   |

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| 1441. Sandler, I., Ayers, T. S., Tein, J. Y., Wolchik, S., Millsap, R., Khoo, S. T., et al. (2010). Six-year follow-up of a preventive intervention for parentally bereaved youths: a randomized controlled trial. <i>Arch Pediatr Adolesc Med</i> , 164(10), 907-914. doi: 164/10/907   | Parent component too small  |
| 1442. Sanford M, Boyle M, McCleary L, Miller J, Steele M, Duku E and Offord D. 2006. A pilot study of adjunctive family psychoeducation in adolescent major depression: feasibility and treatment effect. <i>J Am Acad Child Adolesc Psychiatry</i> . 45(4):386-495.   | Follow-up less than 6 months  |
| 1443. Sanford, M., Byrne, C., Williams, S., Atley, S., Miller, J., & Allin, H. (2003). A pilot study of a parent-education group for families affected by depression. <i>Can J Psychiatry</i> , 48(2), 78-86.  | Follow-up less than 6 months  |
| 1444. Santelices, M. P., Guzmán, G., Aracena, M., Farkas, C., Armijo, I., Pérez-Salas, C. P., & Borghini, A. (2011). Promoting secure attachment: evaluation of the effectiveness of an early intervention pilot programme with mother–infant dyads in Santiago, Chile. <i>Child: care, health and development</i> , 37(2), 203-210. | No long term follow-up; No child internalising outcomes or not a major goal |
| 1445. Sassmann, H., deHair, M., Danne, T., & Lange, K. (2012). Reducing stress and supporting positive relations in families of young children with type 1 diabetes: A randomized controlled study for evaluating the effects of the DELFIN parenting program. <i>BMC pediatrics</i> , 12(1), 152.                                   | Follow-up data collected only in active group                               |
| 1446. Satterfield, J. H., Satterfield, B. T., & Cantwell, D. P. (1981). Three-year multimodality treatment study of 100 hyperactive boys. <i>The Journal of Pediatrics</i> , 98(4), 650-655. doi: 10.1016/S0022-3476(81)80788-3  | Not a parenting intervention  |
| 1447. Satterfield, J. H., Satterfield, B. T., & Schell, A. M. (1987). Therapeutic Interventions to Prevent Delinquency in Hyperactive Boys. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 26(1), 56-64. [doi:10.1097/00004583-198701000-00012  | Not a parenting intervention  |
| 1448. Sawyer, A. C., Lynch, J., Bowering, K., Jeffs, D., Clark, J., Mpundu-Kaambwa, C., & Sawyer, M. G. (2014). An equivalence evaluation of a nurse-moderated group-based internet support program for new mothers versus standard care: a pragmatic preference randomised controlled trial. <i>BMC pediatrics</i> , 14(1), 119.    | Data not available/reported   |
| 1449. Sayal K, Owen V, White K, Merrell C, Tymms P and Taylor E. 2010. Impact of early school-based screening and intervention programs for ADHD on children's outcomes and access to services: follow-up of a school-based trial at age 10 years. <i>Archives of pediatrics &amp; adolescent medicine</i> , 164(5), 462-469.        | Not a parenting intervention  |



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| 1450. | Scahill, L., McDougle, C. J., Aman, M. G., Johnson, C., Handen, B., Bearss, K., Dziura, J., Butter, E., Swiezy, N. G., Arnold, L. E., Stigler, K. A., Sukhodolsky, D. D., Lecavalier, L., Pozdol, S. L., Nikolov, R., Hollway, J. A., Korzekwa, P., Gavaletz, A., Kohn, A. E., Koenig, K., Grinnon, S., Mulick, J. A., Yu, S., & Vitiello, B. (2012). Effects of risperidone and parent training on adaptive functioning in children with pervasive developmental disorders and serious behavioral problems. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 51, 136-146. | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1451. | Scahill, L., Sukhodolsky, D. G., Bearss, K., Findley, D., Hamrin, V., Carroll, D. H., et al. (2006). Randomized Trial of Parent Management Training in Children With Tic Disorders and Disruptive Behavior. <i>Journal of Child Neurology</i> . Special Issue: Tourette Syndrome, 21(8), 650-656. doi:10.1177/08830738060210080201  | No long term follow-up  |
| 1452. | Scarpa, A., & Reyes, N. M. (2011). Improving emotion regulation with CBT in young children with high functioning autism spectrum disorders: a pilot study. <i>Behav Cogn Psychother</i> , 39, 495-500.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1453. | Schappin, R., Wijnroks, L., Uniken Venema, M., Wijnberg-Williams, B., Veenstra, R., Koopman-Esseboom, C., . . . Jongmans, M. (2013). Brief parenting intervention for parents of NICU graduates: a randomized, clinical trial of Primary Care Triple P. <i>BMC pediatrics</i> , 13, 69. doi:10.1186/1471-2431-13-69   | Follow-up less than 6 months  |
| 1454. | Scharff L, Marcus DA and Masek BJ. 2002. A controlled study of minimal-contact thermal biofeedback treatment in children with migraine. <i>J Pediatr Psychol</i> . 27(2):109-19.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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|-------|---|---|
| 1455. | Schiff WB, Holtz KD, Peterson N and Rakusan T. 2001. Effect of an intervention to reduce procedural pain and distress for children with HIV infection. <i>Journal of Pediatric Psychology</i> . 26(7):417-27.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1456. | Schiff, S. K., & Kellan, S. G. (1969). Parent participation in a community mental health program for first graders. <i>American Journal of Orthopsychiatry</i> , 39, 282-283.   | Data not available/report ed  |
| 1457. | Schinke SP, Cole KCA and Fang L. 2009. Gender-specific intervention to reduce underage drinking among early adolescent girls: A test of a computer-mediated, mother-daughter program. <i>Journal of Studies on Alcohol and Drugs</i> . 70(1):70-7.  | Follow-up less than 6 months  |
| 1458. | Schlessel JS, Rappa HA, Lesser M, Pogge D, Ennis R and Mandel L. 1995. CPR knowledge, self-efficacy, and anticipated anxiety as functions of infant/child CPR training. <i>Ann Emerg Med</i> . 25(5):618-23.  | No child internalising outcomes or not a major goal   |
| 1459. | Schmaling KB and Hernandez DV. 2008. Problem-solving treatment for depression among Mexican Americans in primary care. <i>Journal of Health Care for the Poor and Underserved</i> . 19(2):466-77.   | Not a parenting intervention  |
| 1460. | Schmidt F and Taylor TK. 2002. Putting empirically supported treatment into practice: Lessons learned in a children's mental health center. <i>Professional Psychology: Research and Practice</i> . 33(5):483-9.  | No child internalising outcomes or not a major goal   |
| 1461. | Schmiege, S. J., Khoo, S. T., Sandler, I. N., Ayers, T. S., & Wolchik, S. A. (2006). Symptoms of internalizing and externalizing problems: modeling recovery curves after the death of a parent. <i>Am J Prev Med</i> , 31(6 Suppl 1), S152-160. doi:S0749-3797(06)00245-5  | Parent component too small (re-analysis using latent growth modelling of Sandler et al 2003 which was excluded)   |
| 1462. | Schneider, S., Blatter-Meunier, J., Herren, C., Adornetto, C., In-Albon, T., & Lavalley, K. (2011). Disorder-specific cognitive-behavioral therapy for separation anxiety disorder in young children: A randomized waiting-list-controlled trial. <i>Psychother Psychosom</i> , 80, 206-215.  | Follow-up less than 6 months  |
| 1463. | Schneider, S., Blatter-Meunier, J., Herren, C., In-Albon, T., Adornetto, C., Meyer, A., & Lavalley, K. L. (2013). The efficacy of a family-based cognitive-behavioral treatment for separation anxiety disorder in children aged 8–13: A randomized comparison with a general anxiety program. <i>Journal of Consulting and Clinical Psychology</i> , 81(5), 932-940. doi: 10.1037/a0032678 | Comparison condition not a minimal control  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1464. Schoenfelder, E. (2012). Behavioral and subjective participant responsiveness to a manualized preventive intervention (Order No. 3454652). Available from ProQuest Dissertations & Theses Global. (871064636).  | Secondary analysis of only the active arm of a study previously excluded because Parent component too small |
| 1465. Schoenfelder, E. N., Tein, J. Y., Wolchik, S., & Sandler, I. N. (2015). Effects of the Family Bereavement Program on Academic Outcomes, Educational Expectations and Job Aspirations 6 Years Later: The Mediating Role of Parenting and Youth Mental Health Problems. <i>Journal of abnormal child psychology</i> , 43(2), 229-241.   | No child internalising outcomes or not a major goal   |
| 1466. Scholten, L., Willemen, A. M., Last, B. F., Maurice-Stam, H., van Dijk, E. M., Ensink, E., ... & Grootenhuis, M. A. (2013). Efficacy of psychosocial group intervention for children with chronic illness and their parents. <i>Pediatrics</i> , 131(4), e1196-e1203.   | Parent component too small  |
| 1467. Scholten, L., Willemen, A. M., Napoleone, E., Maurice-Stam, H., Last, B. F., van Dijk-Lokkart, E. M., ... & Schuengel, C. (2015). Moderators of the efficacy of a psychosocial group intervention for children with chronic illness and their parents: what works for whom?. <i>Journal of pediatric psychology</i> , 40(2), 214-227. | Parent component too small  |
| 1468. Schreier H, Ladakakos C, Morabito D, Chapman L and Knudson MM. 2005. Posttraumatic stress symptoms in children after mild to moderate pediatric trauma: a longitudinal examination of symptom prevalence, correlates, and parent-child symptom reporting. <i>J Trauma</i> . 58(2):353-63.   | Not a parenting intervention  |
| 1469. Schuhmann, E. M., Foote, R. C., Eyberg, S. M., Boggs, S. R., & Algina, J. (1998). Efficacy of parent– child interaction therapy: Interim report of a randomized trial with short-term maintenance. <i>Journal of Clinical Child Psychology</i> , 27, 34 – 45.   | Follow-up less than 6 months  |
| 1470. Schultz, C. L., Schultz, N. C., Bruce, E. J., Smyrniotis, K. X., & et al. (1993). Psychoeducational support for parents of children with intellectual disability: An outcome study. <i>International Journal of Disability, Development and Education</i> , 40(3), 205-216. doi: 10.1080/0156655930400307                             | No child internalising outcomes or not a major goal   |
| 1471. Schumann BR. 2005. Effects of child-centered play therapy and curriculum-based small-group guidance on the behaviors of children referred for aggression in an elementary school setting (Texas). Dissertation Abstracts International Section A: Humanities and Social Sciences. 65(12-A).   | Not a parenting intervention  |
| 1472. Schwartz, S. E., Rhodes, J. E., Spencer, R., & Grossman, J. B. (2013). Youth initiated mentoring: investigating a new approach to working with vulnerable adolescents. <i>American journal of community psychology</i> , 52(1-2), 155-169.  | Not a parenting intervention  |
| 1473. Schweinhart, L. J. and D. P. Weikart (1997). The high/scope preschool curriculum comparison study through age 23. <i>Early Childhood Research Quarterly</i> 12(2): 117-143.   | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1474. | Sciberras, E., Fulton, M., Efron, D., Oberklaid, F., & Hiscock, H. (2011). Managing sleep problems in school aged children with ADHD: A pilot randomised controlled trial. <i>Sleep Med</i> , 12, 932-935.  | Follow-up less than 6 months                                       |
| 1475. | Scott S (2005) Do parenting programmes for severe child antisocial behaviour work over the longer term, and for whom? One year follow-up of a multi-centre controlled trial. <i>Behavioural and Cognitive Psychotherapy</i> 33:1–19   | Follow-up data collected only in active group                      |
| 1476. | Scott S. 2008. An update on interventions for conduct disorder. <i>Advances in Psychiatric Treatment</i> . 14(1):61-70.   | Review   |
| 1477. | Scott, K. K., Tepas, J. J., Frykberg, E., Taylor, P. M., & Plotkin, A. J. (2002). Turning point: rethinking violence--evaluation of program efficacy in reducing adolescent violent crime recidivism. <i>The Journal of trauma</i> , (1), 21-27.  | No child internalising outcomes or not a major goal                |
| 1478. | Scott, M.J., Stradling, S.G., 1987. Evaluation of a Group Programme for Parents of Problem Children. <i>Behavioural Psychotherapy</i> 15, 224-239.  | Not an RCT; No child-internalising outcomes measured at follow-up. |
| 1479. | Scott, S., & O'Connor, T. G. (2012). An experimental test of differential susceptibility to parenting among emotionally-dysregulated children in a randomized controlled trial for oppositional behavior. <i>Journal of child psychology and psychiatry, and allied disciplines</i> , 53(11), 1184-1193. doi:10.1111/j.1469-7610.2012.02586.x | Targets externalising  |
| 1480. | Scott, S., Sylva, K., Doolan, M., Price, J., Jacobs, B., Crook, C., et al. (2010). Randomised controlled trial of parent groups for child antisocial behaviour targeting multiple risk factors: the SPOKES project. <i>Journal of child psychology and psychiatry, and allied disciplines</i> , (1), 48-57.                                   | Follow-up less than 6 months                                       |
| 1481. | Scott, S., Webster-Stratton, C., Spender, Q., Doolan, M., Jacobs, B., & Aspland, H. (2001). Multicentre controlled trial of parenting groups for childhood antisocial behaviour in clinical practiceCommentary: nipping conduct problems in the bud. <i>Bmj</i> , 323(7306), 194-198.   | No long term follow-up   |
| 1482. | Sege RD, Perry C, Stigol L, Cohen L, Griffith J, Cohn M and Spivak H. 1997. Short-term effectiveness of anticipatory guidance to reduce early childhood risks for subsequent violence. <i>Archives of pediatrics &amp; adolescent medicine</i> , 151(4), 392-397.   | No child internalising outcomes or not a major goal                |
| 1483. | Semeniuk, Y., Brown, R. L., Riesch, S. K., Zywicki, M., Hopper, J., & Henriques, J. B. (2010). The Strengthening Families Program 10-14: influence on parent and youth problem-solving skill. <i>Journal of psychiatric and mental health nursing</i> , (5), 392-402.   | No child internalising outcomes or not a major goal                |
| 1484. | Serketich, W. J., & Dumas, J. E. (1996). The effectiveness of behavioral parent training to modify antisocial behavior in children: A meta-analysis. <i>Behavior Therapy</i> , 27(2), 171-186. doi: 10.1016/S0005-7894(96)80013-X   | Meta-analysis of studies with no long term follow-up               |
| 1485. | Settle, C. J. (2010). The level of parental conflict and children's behavioral reactions to divorce (Order No. 3432392). Available from ProQuest Dissertations & Theses Global. (822233754).  | Not an RCT   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1486. | Sferrazza, N. (2011). Mothers' attributional biases and its relation to dysfunctional parenting (Order No. 3459714). Available from ProQuest Dissertations & Theses Global. (876014325).  | Not an RCT  |
| 1487. | Shanmugham K, Cano MA, Elliott TR and Davis M. 2009. Social problem-solving abilities, relationship satisfaction and depression among family caregivers of stroke survivors. <i>Brain Injury</i> . 23(2):92-100.  | Not a parenting intervention  |
| 1488. | Shanok AF and Miller L. 2007. Depression and treatment with inner city pregnant and parenting teens. <i>Archives of Women's Mental Health</i> . 10(5):199-210.  | Not a parenting intervention  |
| 1489. | Shapiro, C. J., Kilburn, J., & Hardin, J. W. (2014). Prevention of behavior problems in a selected population: Stepping Stones Triple P for parents of young children with disabilities. <i>Research in developmental disabilities</i> , 35(11), 2958-2975.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1490. | Shaw DS, Schonberg M, Sherrill J, Huffman D, Lukon J, Obrosky D and Kovacs M. 2006. Responsivity to Offspring's Expression of Emotion Among Childhood-Onset Depressed Mothers. <i>Journal of Clinical Child and Adolescent Psychology</i> . 35(4):490-503.  | Not a parenting intervention  |
| 1491. | Shaw RJ, Palmer L, Hyte H, Yorgin P and Sarwal M. 2001. Case study: Treatment adherence in a 13-year-old deaf adolescent male. <i>Clinical Child Psychology and Psychiatry</i> . 6(4):551-62.   | Not an RCT  |
| 1492. | Shaw, D. S., Connell, A., Dishion, T. J., Wilson, M. N., & Gardner, F. (2009). Improvements in maternal depression as a mediator of intervention effects on early childhood problem behavior. <i>Dev Psychopathol</i> , 21(2), 417-439. doi: S0954579409000236  | Targets externalising   |
| 1493. | Shaw, D. S., Dishion, T. J., Supplee, L., Gardner, F., & Arnds, K. (2006). Randomized trial of a family-centered approach to the prevention of early conduct problems: 2-year effects of the family check-up in early childhood. <i>Journal of Consulting and Clinical Psychology</i> , 74(1), 1-9. doi: 10.1037/0022-006x.74.1.1                         | Targets externalising   |
| 1494. | Shaw, R. J., John, N., Lilo, E. A., Jo, B., Benitz, W., Stevenson, D. K., & Horwitz, S. M. (2013). Prevention of traumatic stress in mothers with preterm infants: a randomized controlled trial. <i>Pediatrics</i> , 132(4), e886-894. doi:10.1542/peds.2013-1331  | No child internalising outcomes or not a major goal   |
| 1495. | Shaw, R. J., St John, N., Lilo, E., Jo, B., Benitz, W., Stevenson, D. K., & Horwitz, S. M. (2014). Prevention of traumatic stress in mothers of preterms: 6-month outcomes. <i>Pediatrics</i> , 134(2), e481-e488.  | No child internalising outcomes or not a major goal   |
| 1496. | Shechner, T., Rimon-Chakir, A., Britton, J. C., Lotan, D., Apter, A., Bliese, P. D., . . . Bar-Haim, Y. (2014). Attention bias modification treatment augmenting effects on cognitive behavioral therapy in children with anxiety: randomized controlled trial. <i>J Am Acad Child Adolesc Psychiatry</i> , 53(1), 61-71. doi: 10.1016/j.jaac.2013.09.016 | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1497. | Sheeber LB, Johnston C, Chen M, Leve C, Hops H and Davis B. 2009. Mothers' and fathers' attributions for adolescent behavior: An examination in families of depressed, subdiagnostic, and nondepressed youth. <i>Journal of Family Psychology</i> . 23(6):871-81.   | Not a parenting intervention                        |
| 1498. | Sheeber, L. B., & Johnson, J. H. (1994). Evaluation of a Temperament-Focused, Parent-Training Program. <i>Journal of Clinical Child Psychology</i> , 23(3), 249-259.  | Follow-up less than 6 months                        |
| 1499. | Sheffield, J. K., Spence, S. H., Rapee, R. M., Kowalenko, N., Wignall, A., Davis, A., & McLoone, J. (2006). Evaluation of universal, indicated, and combined cognitive-behavioral approaches to the prevention of depression among adolescents. <i>Journal of Consulting and Clinical Psychology</i> , 74, 66-79. | Not a parenting intervention                        |
| 1500. | Shelton, T. L., Barkley, R. A., Crosswait, C., Moorehouse, M., Fletcher, K., Barrett, S., et al. (2000). Multimethod psychoeducational intervention for preschool children with disruptive behavior: Two-year post-treatment follow-up. <i>Journal of Abnormal Child Psychology</i> , (3), 253-266.               | Targets externalising                               |
| 1501. | Sheridan, S. M., Knoche, L. L., Edwards, C. P., Kupzyk, K. A., Clarke, B. L., & Kim, E. M. (2014). Efficacy of the Getting Ready Intervention and the Role of Parental Depression. <i>Early education and development</i> , 25(5), 746-769.   | No child internalising outcomes or not a major goal |
| 1502. | Sherman, B. J., Duarte, C. S., & Verdelli, H. (2011). Internalizing and externalizing problems in adolescents from Bahia, Brazil: Sociodemographic correlates and family environment in boys and girls. <i>International Journal of Mental Health</i> , 40, 55-76.  | Not a parenting intervention                        |
| 1503. | Sherman, M., & Bowling, U. (2011). Challenges and opportunities for intervening with couples in the aftermath of the global war on terrorism. <i>Journal of Contemporary Psychotherapy</i> , 41, 209-217.   | Review  |
| 1504. | Shernoff ES and Kratochwill TR. 2007. Transporting an evidence-based classroom management program for preschoolers with disruptive behavior problems to a school: An analysis of implementation, outcomes, and contextual variables. <i>School Psychology Quarterly</i> . 22(3):449-72.                           | Not a parenting intervention                        |
| 1505. | Shochet, I. M., Dadds, M. R., Holland, D., Whitefield, K., Harnett, P. H., & Osgarby, S. M. (2001). The efficacy of a universal school-based program to prevent adolescent depression. <i>Journal of Clinical Child Psychology</i> , 30(3), 303-315. doi: 10.1207/s15374424jccp3003_3                             | Not an RCT  |
| 1506. | Short, J. L. (1998). Evaluation of a Substance Abuse Prevention and Mental Health Promotion Program for Children of Divorce. <i>Journal of Divorce &amp; Remarriage</i> , 28, 139-155.  | Not a parenting intervention                        |
| 1507. | Shortt, A. L., Barrett, P. M., & Fox, T. L. (2001). Evaluating the FRIENDS program: a cognitive-behavioral group treatment for anxious children and their parents. <i>J Clin Child Psychol</i> , 30(4), 525-535.  | Parent component too small                          |
| 1508. | Shuman AL and Shapiro JP. 2002. The effects of preparing parents for child psychotherapy on accuracy of expectations and treatment attendance. <i>Community Mental Health Journal</i> , 38(1), 3-16.  | No child internalising outcomes or not a major goal |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1509. | Siegenthaler, E., Munder, T., & Egger, M. (2012). Effect of preventive interventions in mentally ill parents on the mental health of the offspring: Systematic review and meta-analysis. <i>J Am Acad Child Adolesc Psychiatry</i> , 51, 8-17.e18.  | Review  |
| 1510. | Sigal, A. B., Wolchik, S. A., Tein, J.-Y., & Sandler, I. N. (2012). Enhancing youth outcomes following parental divorce: A longitudinal study of the effects of the new beginnings program on educational and occupational goals. <i>Journal of Clinical Child and Adolescent Psychology</i> , 41, 150-165.       | Secondary analysis (re-analysis of data in Wolcik et al 2002) |
| 1511. | Sil, S., Arnold, L. M., Lynch-Jordan, A., Ting, T. V., Peugh, J., Cunningham, N., . . . Kashikar-Zuck, S. (2014). Identifying treatment responders and predictors of improvement after cognitive-behavioral therapy for juvenile fibromyalgia. <i>Pain</i> , 155(7), 1206-1212. doi: 10.1016/j.pain.2014.03.005   | Not a parenting intervention                                  |
| 1512. | Silk JS, Vanderbilt-Adriance E, Shaw DS, Forbes EE, Whalen DJ, Ryan ND and Dahl RE. 2007. Resilience among children and adolescents at risk for depression: Mediation and moderation across social and neurobiological context. <i>Development and Psychopathology</i> . 19(3):841-65.                            | Not a parenting intervention                                  |
| 1513. | Silovsky JF, Niec L, Bard D and Hecht DB. 2007. Treatment for preschool children with interpersonal sexual behavior problems: A pilot study. <i>Journal of Clinical Child and Adolescent Psychology</i> . 36(3):378-91.   | Not a parenting intervention                                  |
| 1514. | Silver RB, Measelle JR, Armstrong JM and Essex MJ. 2005. Trajectories of classroom externalizing behavior: Contributions of child characteristics, family characteristics, and the teacher-child relationship during the school transition. <i>Journal of School Psychology</i> . 43(1):39-60.                    | Not a parenting intervention                                  |
| 1515. | Silverman WK, Saavedra LM and Pina AA. 2001. Test-retest reliability of anxiety symptoms and diagnoses with anxiety disorders interview schedule for <i>DSM-IV</i> : Child and parent versions. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 40(8):937-44.                       | Not a parenting intervention                                  |
| 1516. | Silverman, W. K., Kurtines, W. M., Ginsburg, G. S., Weems, C. F., Rabian, B., & Serafini, L. T. (1999). Contingency management, self-control, and education support in the treatment of childhood phobic disorders: a randomized clinical trial. <i>J Consult Clin Psychol</i> , 67(5), 675-687.                  | Parent component too small                                    |
| 1517. | Silverman, W. K., Kurtines, W. M., Jaccard, J., & Pina, A. A. (2009). Directionality of change in youth anxiety treatment involving parents: an initial examination. <i>J Consult Clin Psychol</i> , 77(3), 474-485. doi: 2009-08093-010  | Parent component too small                                    |
| 1518. | Silverstein, M., Feinberg, E., Cabral, H., Sauder, S., Egbert, L., Schainker, E., Kamholz, K., Hegel, M., & Beardslee, W. (2011). Problem-solving education to prevent depression among low-income mothers of preterm infants: A randomized controlled pilot trial. <i>Arch Womens Ment Health</i> , 14, 317-324. | No child internalising outcomes or not a major goal           |

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| 1519. | Silverstein, M., Hironaka, L. K., Walter, H. J., Feinberg, E., Sandler, J., Pellicer, M., ... & Cabral, H. (2015). Collaborative care for children with ADHD symptoms: a randomized comparative effectiveness trial. <i>Pediatrics</i> , 135(4), e858-e867.                                     | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1520. | Simon, E., Dirksen, C., Bogels, S., & Bodden, D. (2012). Cost-effectiveness of child-focused and parent-focused interventions in a child anxiety prevention program. <i>J Anxiety Disord</i> , 26, 287-296.   | Secondary analysis (cost-effectiveness) outcomes from Simon 2011  |
| 1521. | Simons J, Reynolds J and Morison L. 2001. Randomised controlled trial of training health visitors to identify and help couples with relationship problems following a birth. <i>Br J Gen Pract</i> . 51(471):793-9.   | No child internalising outcomes or not a major goal   |
| 1522. | Singer AJ, Mynster CJ and McMahon BJ. 2003. The effect of IM ketorolac tromethamine on bleeding time: a prospective, interventional, controlled study. <i>Am J Emerg Med</i> . 21(5):441-3.   | Not a parenting intervention  |
| 1523. | Singer GHS and et al. 1988. Stress Management Training for Parents of Children with Severe Handicaps. <i>Mental retardation</i> , 26(5), 269-277.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1524. | Singer GHS, Ethridge BL and Aldana SI. 2007. Primary and secondary effects of parenting and stress management interventions for parents of children with developmental disabilities: A meta-analysis. <i>Mental Retardation and Developmental Disabilities Research Reviews</i> . 13(4):357-69. | Review  |



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| 1525. Singer GHS, Glang A, Nixon C, Cooley E, Keras KA, Williams D and Powers LE. 1994. A comparison of two psychosocial interventions for parents of children with acquired brain injury: An exploratory study. <i>The Journal of Head Trauma Rehabilitation</i> , 9(4), 38-49. | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1526. Singer, GHS. 1985. <i>Stress Management Training for Parents of Severely Handicapped Children</i> . Eugene, Or.: Oregon Research Institute.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1527. Sirbu, W., Cotler, S., & Jason Leonard, A. (1978). Primary prevention: Teaching parents behavioral child rearing skills. <i>Family-Therapy</i> , (2), 163-170.   | No long term follow-up; No child internalising outcomes or not a major goal   |
| 1528. Siu AFY. 2009. Theraplay in the Chinese world: An intervention program for Hong Kong children with internalizing problems. <i>International Journal of Play Therapy</i> . 18(1):1-12.  | Not a parenting intervention  |
| 1529. Skinner, M. L., Haggerty, K. P., Fleming, C. B., & Catalano, R. F. (2009). Predicting functional resilience among young-adult children of opiate-dependent parents. <i>Journal of Adolescent Health</i> , 44(3), 283-290. doi: 10.1016/j.jadohealth.2008.07.020            | Targets externalising   |
| 1530. Skinner, M. L., Haggerty, K. P., Fleming, C. B., Catalano, R. F., & Gaaney, R. R. (2011). Opiate-addicted parents in methadone treatment: long-term recovery, health, and family relationships. <i>J Addict Dis</i> , 30, 17-26.   | No child internalising outcomes or not a major goal   |
| 1531. Slead, M., Baradon, T., & Fonagy, P. (2013). New Beginnings for mothers and babies in prison: a cluster randomized controlled trial. <i>Attach Hum Dev</i> , 15(4), 349-367. doi:10.1080/14616734.2013.782651  | No child internalising outcomes or not a major goal   |

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| 1532. | Slifer KJ, DeMore M, Vona-Messersmith N, Pulbrook-Vetter V, Beck M, Dalhquist L, Bellipanni K and Johnson E. 2009. Comparison of two brief parent-training interventions for child distress during parent-administered needle procedures. <i>Children's Health Care</i> , 38(1), 23-48.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1533. | Smeerdijk, M., Keet, R., Haan, L., Barrowclough, C., Linszen, D., & Schippers, G. (2014). Feasibility of teaching motivational interviewing to parents of young adults with recent-onset schizophrenia and co-occurring cannabis use. <i>Journal of substance abuse treatment</i> , 46(3), 340-345. doi:10.1016/j.jsat.2013.09.006      | Follow-up less than 6 months  |
| 1534. | Smith AP and Kelly AB. 2008. An exploratory study of group therapy for sexually abused adolescents and nonoffending guardians. <i>Journal of Child Sexual Abuse</i> . 17(2):101-16.   | Not an RCT  |
| 1535. | Smith CE, Curtas S, Kleinbeck SV, Werkowitch M, Mosier M, Seidner DL and Steiger E. 2003. Clinical trial of interactive and videotaped educational interventions reduce infection, reactive depression, and rehospitalizations for sepsis in patients on home parenteral nutrition. <i>JPEN J Parenter Enteral Nutr</i> . 27(2):137-45. | Not a parenting intervention  |
| 1536. | Smith, A. M., Flannery-Schroeder, E. C., Gorman, K. S., & Cook, N. (2014). Parent cognitive-behavioral intervention for the treatment of childhood anxiety disorders: A pilot study. <i>Behaviour research and therapy</i> , 61, 156-161.   | Follow-up less than 6 months  |
| 1537. | Smokowski, P. R., & Bacallao, M. (2009). Entre Dos Mundos/Between Two Worlds youth violence prevention: Comparing psychodramatic and support group delivery formats. <i>Small Group Research</i> , 40(1), 3-27. doi: 10.1177/1046496408326771   | Parent component too small  |
| 1538. | Snyder, F. J., Vuchinich, S., Acock, A., Washburn, I. J., & Flay, B. R. (2012). Improving elementary school quality through the use of a social-emotional and character development program: a matched-pair, cluster-randomized, controlled trial in Hawai'i. <i>Journal of School Health</i> , 82(1), 11-20.                           | Not a parenting intervention  |

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| 1539. Sofronoff K, Attwood T and Hinton S. 2005. A randomised controlled trial of a CBT intervention for anxiety in children with Asperger syndrome. <i>Journal of child psychology and psychiatry</i> , 46(11), 1152-1160.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1540. Solantaus, T., Toikka, S., Alasuutari, M., Beardslee, W. R., & Paavonen, E. J. (2009). Safety, feasibility and family experiences of preventive interventions for children and families with parental depression. <i>The International Journal of Mental Health Promotion</i> , 11(4), 15-24.                               | No long term follow-up  |
| 1541. Solomon, R., Van Egeren, L. A., Mahoney, G., Huber, M. S. Q., & Zimmerman, P. (2014). PLAY Project Home Consultation intervention program for young children with autism spectrum disorders: a randomized controlled trial. <i>Journal of Developmental and Behavioral Pediatrics</i> , 35(8), 475.                         | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1542. Somech, L. Y., & Elizur, Y. (2012). Promoting self-regulation and cooperation in pre-kindergarten children with conduct problems: A randomized controlled trial. <i>J Am Acad Child Adolesc Psychiatry</i> , 51, 412-422.   | Targets externalising   |
| 1543. Song JE and Park BL. 2010. [The changing pattern of physical and psychological health, and maternal adjustment between primiparas who used and those who did not use Sanhujori facilities]. <i>J Korean Acad Nurs</i> . 40(4):503-14.   | Not an RCT  |
| 1544. Sonuga-Barke EJ, Daley D and Thompson M. 2002. Does maternal ADHD reduce the effectiveness of parent training for preschool children's ADHD? <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 41(6), 696-702.  | Follow-up less than 6 months; Targets externalising   |
| 1545. Sonuga-Barke, E. J. S., Daley, D., Thompson, M., Laver-Bradbury, C., & Weeks, A. (2001). Parent-based therapies for preschool attention-deficit/hyperactivity disorder: A randomized, controlled trial with a community sample. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 40(4), 402-408. | Follow-up less than 6 months  |
| 1546. Sourander, A. (2011). Time-trend changes and psychological risk factors for soiling: Findings from the Finnish 16-year time-trend study. <i>Acta Paediatrica</i> , 100, 1276-1280.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1547. Southam-Gerow MA, Chorpita BF, Miller LM and Gleacher AA. 2008. Are children with anxiety disorders privately referred to a university clinic like those referred from the public mental health system? Administration and Policy in Mental Health and Mental Health Services Research. 35(3):168-80. | Not a parenting intervention   |
| 1548. Southam-Gerow MA, Kendall PC and Weersing VR. 2001. Examining outcome variability: Correlates of treatment response in a child and adolescent anxiety clinic. Journal of Clinical Child Psychology. 30(3):422-36.   | Not a parenting intervention   |
| 1549. Southam-Gerow MA, Silverman WK and Kendall PC. 2006. Client Similarities and Differences in Two Childhood Anxiety Disorders Research Clinics. Journal of Clinical Child and Adolescent Psychology. 35(4):528-38.  | Not a parenting intervention   |
| 1550. Southam-Gerow MA, Weisz JR and Kendall PC. 2003. Youth With Anxiety Disorders in Research and Service Clinics: Examining Client Differences and Similarities. Journal of Clinical Child and Adolescent Psychology. 32(3):375-85.  | Not a parenting intervention   |
| 1551. Southam-Gerow MA, Weisz JR, Chu BC, McLeod BD, Gordis EB and Connor-Smith JK. 2010. Does cognitive behavioral therapy for youth anxiety outperform usual care in community clinics? An initial effectiveness test. J Am Acad Child Adolesc Psychiatry. 49(10):1043-52.                                | Not a parenting intervention   |
| 1552. Spaccarelli S, Cotler S and Penman D. 1992. Problem-Solving Skills Training as a Supplement to Behavioral Parent Training. Cognitive Therapy and Research. 16(1):1-17.  | No child internalising outcomes or not a major goal; Follow-up less than 6 months; Follow-up data collected only in active group |
| 1553. Spence SH, Sheffield JK and Donovan CL. 2003. Preventing adolescent depression: An evaluation of the Problem Solving For Life program. Journal of Consulting and Clinical Psychology. 71(1):3-13.   | Not a parenting intervention   |
| 1554. Spence, S. H., Donovan, C., & Brechman-Toussaint, M. (2000). The treatment of childhood social phobia: the effectiveness of a social skills training-based, cognitive-behavioural intervention, with and without parental involvement. J Child Psychol Psychiatry, 41(6), 713-726.                    | Parent component too small; Follow-up data collected only in active group  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1555. Spencer C and Franck LS. 2005. Giving parents written information about children's anesthesia: are setting and timing important? <i>Paediatr Anaesth</i> . 15(7):547-53.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1556. Spielmans GI, Pasek LF and McFall JP. 2007. What are the active ingredients in cognitive and behavioral psychotherapy for anxious and depressed children? A meta-analytic review. <i>Clinical Psychology Review</i> . 27(5):642-54.  | Review  |
| 1557. Spinelli MG and Endicott J. 2003. Controlled clinical trial of interpersonal psychotherapy versus parenting education program for depressed pregnant women. <i>Am J Psychiatry</i> . 160(3):555-62.  | No child internalising outcomes or not a major goal   |
| 1558. Spinelli, M. G., & Endicott, J. (2011). Controlled clinical trial of antepartum interpersonal psychotherapy versus parenting education program at 3 NYC sites. <i>Arch Womens Ment Health</i> , 14, S49.   | Comparison condition not a minimal control  |
| 1559. Spinelli, M. G., Endicott, J., & Goetz, R. R. (2013). Increased breastfeeding rates in black women after a treatment intervention. <i>Breastfeeding Medicine</i> , 8(6), 479-484. doi: <a href="http://dx.doi.org/10.1089/bfm.2013.0051">http://dx.doi.org/10.1089/bfm.2013.0051</a>   | No child internalising outcomes or not a major goal   |
| 1560. Spinelli, M. G., Endicott, J., Goetz, R. R. (2015). Disagreement between therapist raters and independent evaluators in a controlled clinical trial of interpersonal psychotherapy for depressed pregnant women. <i>Journal of Psychiatric Practice</i> , 21 (2), 114-123.   | Data not available/report ed  |
| 1561. Spinelli, M. G., Endicott, J., Leon, A. C., Goetz, R. R., Kalish, R. B., Brustman, L. E., . . . Schulick, J. L. (2013). A controlled clinical treatment trial of interpersonal psychotherapy for depressed pregnant women at 3 New York city sites. <i>Journal of Clinical Psychiatry</i> , 74(4), 393-399. doi: <a href="http://dx.doi.org/10.4088/JCP.12m07909">http://dx.doi.org/10.4088/JCP.12m07909</a> | No child internalising outcomes or not a major goal   |
| 1562. Spirito, A., Wolff, J. C., Seaboyer, L. M., Hunt, J., Esposito-Smythers, C., Nugent, N., Zlotnick, C., Miller, I. (2015). Concurrent Treatment for Adolescent and Parent Depressed Mood and Suicidality: Feasibility, Acceptability, and Preliminary Findings. <i>Journal of Child and Adolescent Psychopharmacology</i> , 25 (2), 131-139.  | Parent component too small; Comparison condition not a minimal control  |
| 1563. Spoth R, Goldberg C and Redmond C. 1999. Engaging families in longitudinal preventive intervention research: discrete-time survival analysis of socioeconomic and social-emotional risk factors. <i>J Consult Clin Psychol</i> . 67(1):157-63.   | No child internalising outcomes or not a major goal   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1564. | Spoth R, Redmond C and Shin C. 1998. Direct and indirect latent-variable parenting outcomes of two universal family-focused preventive interventions: Extending a public health-oriented research base. <i>Journal of Consulting and Clinical Psychology</i> . 66(2):385-99.   | No child internalising outcomes or not a major goal; No long term follow-up   |
| 1565. | Spoth, R. L., Redmond, C., & Shin, C. (2001). Randomized trial of brief family interventions for general populations: Adolescent substance use outcomes 4 years following baseline. <i>Journal of Consulting and Clinical Psychology</i> , 69, 627–642.  | No child internalising outcomes or not a major goal   |
| 1566. | Spoth, R., Redmond, C., Shin, C., & Azevedo, K. (2004). Brief family intervention effects on adolescent substance initiation: School-level growth curve analyses 6 years following baseline. <i>Journal of Consulting and Clinical Psychology</i> , 72, 535–542.   | No child internalising outcomes or not a major goal   |
| 1567. | Sprang, G. (2009). The efficacy of a relational treatment for maltreated children and their families. <i>Child and Adolescent Mental Health</i> , 14(2), 81-88. doi: 10.1111/j.1475-3588.2008.00499.x  | No long term follow-up  |
| 1568. | Srai, J. P., Petrie, A., Ryan, F. S., & Cunningham, S. J. (2013). Assessment of the effect of combined multimedia and verbal information vs verbal information alone on anxiety levels before bond-up in adolescent orthodontic patients: a single-center randomized controlled trial. <i>Am J Orthod Dentofacial Orthop</i> , 144(4), 505-511. doi: 10.1016/j.ajodo.2013.06.013 | Not a parenting intervention  |
| 1569. | Stabler B and et al. 1981. Facilitating Positive Psychosocial Adaptation in Children with Cystic Fibrosis by Increasing Family Communication and Problem-Solving Skills. A Research Report to the Cystic Fibrosis Foundation. Chapel Hill, NC: North Carolina Univ., Chapel Hill. School of Medicine.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1570. | Stallard, P., Skryabina, E., Taylor, G., Phillips, R., Daniels, H., Anderson, R., & Simpson, N. (2014). Classroom-based cognitive behaviour therapy (FRIENDS): a cluster randomised controlled trial to Prevent Anxiety in Children through Education in Schools (PACES). <i>The Lancet Psychiatry</i> , 1(3), 185-192.  | Not a parenting intervention  |
| 1571. | Stallman HM and Ralph A. 2007. Reducing risk factors for adolescent behavioural and emotional problems: a pilot randomised controlled trial of a self-administered parenting intervention. <i>Australian e-Journal for the Advancement of Mental Health</i> , 6(2), 125-137.   | Follow-up less than 6 months  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1572. | Stanger, C., Ryan, S. R., Fu, H., & Budney, A. J. (2011). Parent training plus contingency management for substance abusing families: A Complier Average Causal Effects (CACE) analysis. <i>Drug Alcohol Depend</i> , 118, 119-126.  | Comparison condition not a minimal control; Targets externalising; No long term follow-up   |
| 1573. | Stanger, C., Ryan, S. R., Scherer, E. A., Norton, G. E., & Budney, A. J. (2015). Clinic-and home-based contingency management plus parent training for adolescent cannabis use disorders. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> .  | No child internalising outcomes or not a major goal   |
| 1574. | Stark, K. D. (2004). CBT vs CBT plus parent training for girls with depression. <i>ClinicalTrials.gov</i> [www.clinicaltrials.gov]. Retrieved from <a href="http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/281/CN-00497281/frame.html">http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/281/CN-00497281/frame.html</a> | Parent component too small  |
| 1575. | Stefan, C. A., Miclea, M. (2013). Effects of a multifocused prevention program on preschool children's competencies and behavior problems. <i>Psychology in the Schools</i> , 50 (4), 382-402.   | No long term follow-up  |
| 1576. | Stehl ML, Kazak AE, Alderfer MA, Rodriguez A, Hwang WT, Pai AL, Boeving A and Reilly A. 2009. Conducting a randomized clinical trial of an psychological intervention for parents/caregivers of children with cancer shortly after diagnosis. <i>J Pediatr Psychol</i> . 34(8):803-16.   | No child internalising outcomes or not a major goal   |
| 1577. | Stevens J, Ammerman RT, Putnam FG and Van Ginkel JB. 2002. Depression and trauma history in first-time mothers receiving home visitation. <i>Journal of Community Psychology</i> . 30(5):551-64.   | Not an RCT  |
| 1578. | Stevens, M. L. (2015). Child directed interaction training: The impact on the kinship caregiver-child relationship and child externalizing and internalizing symptoms. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 75 (7-B E),  | Follow-up less than 6 months  |
| 1579. | Stevens, N., Drendel, A. L., & Weisman, S. J. (2012). Video education intervention in the emergency department. <i>Academic Emergency Medicine</i> , 19, S76.  | Follow-up less than 6 months  |
| 1580. | Stevenson MD, Bivins CM, O'Brien K and Gonzalez del Rey JA. 2005. Child life intervention during angiocatheter insertion in the pediatric emergency department. <i>Pediatr Emerg Care</i> . 21(11):712-8.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1581. | Stewart-Brown, S., Patterson, J., Mockford, C., Barlow, J., Klimes, I., & Pyper, C. (2004). Impact of a general practice based group parenting programme: quantitative and qualitative results from a controlled trial at 12 months. <i>Archives of Disease in Childhood</i> , 89(6), 519-525.   | Targets externalising (selected for high on externalising)  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1582. | Stice E, Rohde P, Seeley JR and Gau JM. 2008. Brief cognitive-behavioral depression prevention program for high-risk adolescents outperforms two alternative interventions: A randomized efficacy trial. <i>Journal of Consulting and Clinical Psychology</i> . 76(4):595-606.   | Not a parenting intervention                        |
| 1583. | Stirtzinger, R., McDermid, S., Grusec, J., Bernardini, S., Quinlan, K., & Marshall, M. (2002). Interrupting the inter-generational cycle in high risk adolescent pregnancy. <i>The Journal of Primary Prevention</i> , 23(1), 7-22. doi:10.1023/a:1016535131384  | No child internalising outcomes or not a major goal |
| 1584. | Stolberg, A. L., & Garrison, K. M. (1985). Evaluating a primary prevention program for children of divorce. <i>American Journal of Community Psychology</i> , 13, 1110-1124.   | Follow-up less than 6 months                        |
| 1585. | Stolberg, A. L., & Mahler, J. (1994). Enhancing treatment gains in a school-based intervention for children of divorce through skill training, parental involvement, and transfer procedures. <i>J Consult Clin Psychol</i> , 62(1), 147-156.  | Parent component too small                          |
| 1586. | Stolk MN, Mesman J, van Zeijl J, Alink LRA, Bakermans-Kranenburg MJ, van Ijzendoorn MH, Juffer F and Koot HM. 2008. Early parenting intervention aimed at maternal sensitivity and discipline: A process evaluation. <i>Journal of Community Psychology</i> . 36(6):780-97.  | Not an RCT  |
| 1587. | Stolk, M. N., Mesman, J., van Zeijl, J., Alink, L. R. A., Bakermans-Kranenburg, M. J., van Ijzendoorn, M. H., et al. (2008). Early parenting intervention: Family risk and first-time parenting related to intervention effectiveness. <i>Journal of Child and Family Studies</i> , 17(1), 55-83. doi: 10.1007/s10826-007-9136-3 | No long term follow-up                              |
| 1588. | Stoltz, S., Dekovic, M., van Londen, M., Orobio de Castro, B., Prinzie, P. (2013). What works for whom, how and under what circumstances? Testing moderated mediation of intervention effects on externalizing behavior in children. <i>Social Development</i> , 22 (2), 406-425.  | Targets externalising                               |
| 1589. | Stomp-van den Berg SG, van Poppel MN, Hendriksen IJ, Bruinvels DJ, Uegaki K, de Bruijne MC and van Mechelen W. 2007. Improving return-to-work after childbirth: design of the Mom@Work study, a randomised controlled trial and cohort study. <i>BMC Public Health</i> . 7:43.   | No child internalising outcomes or not a major goal |
| 1590. | Stone BP. 2000. Videotape modeling interventions for selective mutism: A comparative research investigation. Dissertation Abstracts International Section A: Humanities and Social Sciences. 61(5-A).  | Follow-up less than 6 months                        |
| 1591. | Stone S, Raman A and Fleming S. 2010. Behavioral characteristics among obese/overweight inner-city African American children: A secondary analysis of participants in a community-based type 2 diabetes risk reduction program. <i>Children and Youth Services Review</i> . 32(6):833-9.   | Not a parenting intervention                        |
| 1592. | Storch EA, Lewin AB, Geffken GR, Morgan JR and Murphy TK. 2010. The role of comorbid disruptive behavior in the clinical expression of pediatric obsessive-compulsive disorder. <i>Behaviour Research and Therapy</i> . 48(12):1204-10.  | Not a parenting intervention                        |



## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1593. | Storch EA, Murphy TK, Geffken GR, Mann G, Adkins J, Merlo LJ, Duke D, Munson M, Swaine Z and Goodman WK. 2006. Cognitive-behavioral therapy for PANDAS-related obsessive-compulsive disorder: findings from a preliminary waitlist controlled open trial. <i>J Am Acad Child Adolesc Psychiatry</i> . 45(10):1171-8.                                 | Not a parenting intervention  |
| 1594. | Storch, E. A., Merlo, L. J., Larson, M. J., Geffken, G. R., Lehmkuhl, H. D., Jacob, M. L., et al. (2008). Impact of comorbidity on cognitive-behavioral therapy response in pediatric obsessive-compulsive disorder. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 47(5), 583-592. doi: 10.1097/CHI.0b013e31816774b1 | No long term follow-up  |
| 1595. | Storebø, O. J., Gluud, C., Winkel, P., & Simonsen, E. (2012). Social-skills and parental training plus standard treatment versus standard treatment for children with ADHD--the randomised SOSTRA trial. <i>PloS one</i> , 7(6), e37280. doi:10.1371/journal.pone.0037280  | Targets externalising   |
| 1596. | Storebø, O. J., Pedersen, J., Skoog, M., Thomsen, P. H., Winkel, P., Gluud, C., & Simonsen, E. (2011). Randomised social-skills training and parental training plus standard treatment versus standard treatment of children with attention deficit hyperactivity disorder - the SOSTRA trial protocol. In <i>Trials</i> (pp. 18).                   | Data not available/reported (protocol)  |
| 1597. | Stover CS, Hahn H, Im JJY and Berkowitz S. 2010. Agreement of parent and child reports of trauma exposure and symptoms in the early aftermath of a traumatic event. <i>Psychological Trauma: Theory, Research, Practice, and Policy</i> . 2(3):159-68.   | Not a parenting intervention  |
| 1598. | Stover, C. S., Connell, C. M., Leve, L. D., Neiderhiser, J. M., Shaw, D. S., Scaramella, L. V., Conger, R., & Reiss, D. (2012). Fathering and mothering in the family system: Linking marital hostility and aggression in adopted toddlers. <i>Journal of Child Psychology and Psychiatry</i> , 53, 401-409.   | Not a parenting intervention  |
| 1599. | Strachan RG. 1993. Emotional responses to paediatric hospitalisation. <i>Nursing times</i> , 89(46), 44-49.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1600. | Strain, P. S., Steele, P., Ellis, T., & Timm, M. A. (1982). Long-Term Effects of Oppositional Child Treatment with Mothers as Therapists and Therapist Trainers. <i>Journal of Applied Behavior Analysis</i> , 15(1), 163-169.   | Not an RCT  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1601. | Straker, L. M., Smith, K. L., Fenner, A. A., Kerr, D. A., McManus, A., Davis, M. C., . . . Abbott, R. A. (2012). Rationale, design and methods for a staggered-entry, waitlist controlled clinical trial of the impact of a community-based, family-centred, multidisciplinary program focussed on activity, food and attitude habits (Curtin University's Activity, Food and Attitudes Program--CAFAP) among overweight adolescents. <i>BMC public health</i> , 12, 471. doi:10.1186/1471-2458-12-471 | Data not available/reported (protocol)                                      |
| 1602. | Strayhorn, J. M., & Weidman, C. S. (1989). Reduction of attention deficit and internalizing symptoms in preschoolers through parent-child interaction training. <i>J Am Acad Child Adolesc Psychiatry</i> , 28(6), 888-896. doi: S0890-8567(09)60213-6   | No long term follow-up  |
| 1603. | Streisand R, Mackey ER, Elliot BM, Mednick L, Slaughter IM, Turek J and Austin A. 2008. Parental anxiety and depression associated with caring for a child newly diagnosed with type 1 diabetes: Opportunities for education and counseling. <i>Patient Education and Counseling</i> . 73(2):333-8.  | Not a parenting intervention  |
| 1604. | Stremmler R, Hodnett E, Lee K, MacMillan S, Mill C, Ongcangco L and Willan A. 2006. A behavioral-educational intervention to promote maternal and infant sleep: a pilot randomized, controlled trial. <i>Sleep</i> . 29(12):1609-15.   | No child internalising outcomes or not a major goal                         |
| 1605. | Suchman, N. E., Decoste, C., McMahon, T. J., Rounsaville, B., & Mayes, L. (2011). The Mothers and Toddlers program, an attachment-based parenting intervention for substance-using women: Results at 6-week follow-up in a randomized clinical pilot. <i>Infant Mental Health Journal</i> , 32, 427-449.   | Follow-up less than 6 months  |
| 1606. | Suchman, N. E., Decoste, C., Rosenberger, P., & McMahon, T. J. (2012). Attachment-based intervention for substance-using mothers: A preliminary test of the proposed mechanisms of change. <i>Infant mental health journal</i> , 33(4), 360-371. doi:10.1002/imhj.21311  | No child internalising outcomes or not a major goal; No long term follow-up |
| 1607. | Sukhodolsky DG, Scahill L, Gadow KD, Arnold LE, Aman MG, McDougale CJ, McCracken JT, Tierney E, White SW, Lecavalier L and Vitiello B. 2008. Parent-rated anxiety symptoms in children with pervasive developmental disorders: Frequency and association with core autism symptoms and cognitive functioning. <i>Journal of Abnormal Child Psychology: An official publication of the International Society for Research in Child and Adolescent Psychopathology</i> . 36(1):117-28.                   | Not a parenting intervention  |
| 1608. | Sukhodolsky, D. G., Gorman, B. S., Scahill, L., Findley, D., & McGuire, J. (2013). Exposure and response prevention with or without parent management training for children with obsessive-compulsive disorder complicated by disruptive behavior: A multiple-baseline across-responses design study. <i>Journal of anxiety disorders</i> , 27(3), 298-305.  | Comparison condition not a minimal control                                  |
| 1609. | Sullivan-Bolyai, S., Grey, M., Deatrick, J., Gruppuso, P., Giraitis, P., & Tamborlane, W. (2004). Helping other mothers effectively work at raising young children with type 1 diabetes. <i>The Diabetes educator</i> , 30(3), 476.  | No child internalising outcomes or not a major goal                         |

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| 1610. | Summers JA, Houlding CM and Reitzel J-AM. 2004. Behavior Management Services for Children with Autism/PDD: Program Description and Patterns of Referral. Focus on Autism and Other Developmental Disabilities. 19(2):95-101.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1611. | Supplee LH, Unikel EB and Shaw DS. 2007. Physical environmental adversity and the protective role of maternal monitoring in relation to early child conduct problems. Journal of Applied Developmental Psychology. 28(2):166-83.   | Not a parenting intervention  |
| 1612. | Surkan PJ, Kawachi I, Ryan LM, Berkman LF, Vieira LMC and Peterson KE. 2008. Maternal depressive symptoms, parenting self-efficacy, and child growth. American Journal of Public Health. 98(1):125-32.   | Not a parenting intervention  |
| 1613. | Sutton, C. (1992). Training parents to manage difficult children: A comparison of methods. <i>Behavioural Psychotherapy</i> , 20, 115–139.   | No child internalising outcomes or not a major goal; Not an RCT   |
| 1614. | Sutton, C. (1995). Parent training by telephone: A partial replication! <i>Behavioural and Cognitive Psychotherapy</i> , 23(1), 1-24. doi: 10.1017/s1352465800017598   | Targets externalising   |
| 1615. | Suveg C, Hudson JL, Brewer G, Flannery-Schroeder E, Gosch E, Kendall PC. Cognitive-behavioral therapy for anxiety-disordered youth: secondary outcomes from a randomized clinical trial evaluating child and family modalities. <i>J Anxiety Disord</i> . 2009 Apr;23(3):341-9.  | Parent component too small  |
| 1616. | Svanberg, P. O., Mennet, L., & Spieker, S. (2010). Promoting a secure attachment: A primary prevention practice model. <i>Clin Child Psychol Psychiatry</i> , 15(3), 363-378. doi: 15/3/363  | Not an RCT  |
| 1617. | Svanborg, P., Thernlund, G., Gustafsson, P. A., Hagglof, B., Poole, L., & Kadesjo, B. (2009). Efficacy and safety of atomoxetine as add-on to psychoeducation in the treatment of attention deficit/hyperactivity disorder : AAA randomized, double-blind, placebo-controlled study in stimulant-naïve Swedish children and adolescents. <i>European Child and Adolescent Psychiatry</i> , 18(4), 240-249. | No long term follow-up; No child internalising outcomes or not a major goal   |
| 1618. | Svanborg, P., Thernlund, G., Gustafsson, P. A., Hagglof, B., Schacht, A., & Kadesjo, B. (2009). Atomoxetine improves patient and family coping in attention deficit/hyperactivity disorder: a randomized, double-blind, placebo-controlled study in Swedish children and adolescents. <i>Eur Child Adolesc Psychiatry</i> , 18(12), 725-735. doi: 10.1007/s00787-009-0031-x                                | No long term follow-up  |

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| 1619. | Swain, J., Hancock, K., Dixon, A., Koo, S., & Bowman, J. (2013). Acceptance and commitment therapy for anxious children and adolescents: study protocol for a randomized controlled trial. <i>Trials</i> , 14, 140. doi: 10.1186/1745-6215-14-140   | Data not available/reported   |
| 1620. | Sweet, M. A., & Applebaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. <i>Child Development</i> , 75, 1435–1456.   | Review  |
| 1621. | Szczepanski R, Gebert N, Hummelink R, Konning J, Schmidt S, Runde B and Wahn U. 1996. [Outcome of structured asthma education in childhood and adolescence]. <i>Pneumologie</i> . 50(8):544-8.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1622. | Szigethy E, Whitton SW, Levy-Warren A, DeMaso DR, Weisz J and Beardslee WR. 2004. Cognitive-Behavioral Therapy for Depression in Adolescents With Inflammatory Bowel Disease: A Pilot Study. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 43(12):1469-77.  | Not a parenting intervention  |
| 1623. | Szigethy EM, Ruiz P, DeMaso DR, Shapiro F and Beardslee WR. 2002. Consultation-liaison psychiatry: A longitudinal and integrated approach. <i>The American Journal of Psychiatry</i> . 159(3):373-8.  | Not an RCT  |
| 1624. | Tak, Y. R., Van Zundert, R. M., Kuijpers, R. C., Van Vlokhoven, B. S., Rensink, H. F., & Engels, R. C. (2012). A randomized controlled trial testing the effectiveness of a universal school-based depression prevention program 'Op Volle Kracht' in the Netherlands. <i>BMC Public Health</i> , 12, 21.   | Not a parenting intervention  |
| 1625. | Tarini BA, Singer D, Clark SJ and Davis MM. 2008. Parents' concern about their own and their children's genetic disease risk: potential effects of family history vs genetic test results. <i>Archives of pediatrics &amp; adolescent medicine</i> , 162(11), 1079-1083.  | Not a parenting intervention  |
| 1626. | Taubner S, Wiswede D, Nolte T and Roth G. 2010. Mentalisierung und externalisierende Verhaltensstörungen in der Adoleszenz. / Mentalization and externalizing behavioral disturbances during adolescence. <i>Psychotherapeut</i> . 55(4):312-20.  | Not a parenting intervention  |
| 1627. | Taylor, B. J., Heath, A. L., Galland, B. C., Gray, A. R., Lawrence, J. A., Sayers, R. M., Dale, K., Coppell, K. J., & Taylor, R. W. (2011). Prevention of Overweight in Infancy (POI.nz) study: a randomised controlled trial of sleep, food and activity interventions for preventing overweight from birth. <i>BMC Public Health</i> , 11, 942. | Data not available/reported (protocol)  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1628. Taylor, H. L. (2010). A school-based parent intervention program to improve student behavior problems and the school-family relationship during the transition to kindergarten (Order No. 3450971). Available from ProQuest Central; ProQuest Dissertations & Theses Global; ProQuest Social Sciences Premium Collection. (862059708). | Follow-up less than 6 months   |
| 1629. Taylor, T. K., & Biglan, A. (1998). Behavioral Family Interventions for Improving Child-rearing: A Review of the Literature for Clinicians and Policy Makers. <i>Clinical Child and Family Psychology Review</i> , 1(1), 41-60. doi: 10.1023/a:1021848315541   | Review   |
| 1630. Taylor, T. K., Schmidt, F., Pepler, D., & Hodgins, C. (1998). A comparison of eclectic treatment with Webster-Stratton's Parents and Children Series in a children's mental health center: A randomized controlled trial. <i>Behavior Therapy</i> , 29(2), 221-240.  | No long term follow-up   |
| 1631. Teerikangas OM, Aronen ET, Martin RP, Huttunen MO. Effects of infant temperament and early intervention on the psychiatric symptoms of adolescents. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 37(10), 1070-1076.   | Not an RCT   |
| 1632. Tein JY, Sandler IN, MacKinnon DP, Wolchik SA. How did it work? Who did it work for? Mediation in the context of a moderated prevention effect for children of divorce. <i>J Consult Clin Psychol</i> . 2004 Aug;72(4):617-24.   | Secondary analysis (mediation) so can't use data   |
| 1633. Tellegen, C. L., & Sanders, M. R. (2014). A randomized controlled trial evaluating a brief parenting program with children with autism spectrum disorders.. <i>Journal of consulting and clinical psychology</i> , 82 (6), 1193-200.   | No child internalising outcomes or not a major goal; Intervention for developmental disorders; Targets externalising |
| 1634. Thienemann M, Moore P and Tompkins K. 2006. A parent-only group intervention for children with anxiety disorders: Pilot study. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> . 45(1):37-46.  | Not an RCT   |
| 1635. Thomas DV and Looney SW. 2004. Effectiveness of a comprehensive psychoeducational intervention with pregnant and parenting adolescents: a pilot study. <i>J Child Adolesc Psychiatr Nurs</i> . 17(2):66-77.  | Not an RCT   |
| 1636. Thomas, R., & Zimmer-Gembeck, M. J. (2007). Behavioral outcomes of parent-child interaction therapy and Triple P—Positive Parenting Program: A review and meta-analysis. <i>Journal of abnormal child psychology</i> , 35(3), 475-495.   | Review   |
| 1637. Thomas, R., & Zimmer-Gembeck, M. J. (2012). Parent-child interaction therapy: an evidence-based treatment for child maltreatment. <i>Child maltreatment</i> , 17(3), 253-266. doi:10.1177/1077559512459555   | Follow-up less than 6 months   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1638. | Thompson M. 2002. The provision of a preventative mental health assessment & training package to parents and teachers. National Research Register. Retrieved from <a href="http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/626/CN-00477626/frame.html">http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/626/CN-00477626/frame.html</a>   | Not a parenting intervention  |
| 1639. | Thompson MJ, Laver-Bradbury C, Ayres M, Le Poidevin E, Mead S, Dodds C, Psychogiou L, Bitsakou P, Daley D, Weeks A, Brotman LM, Abikoff H, Thompson P and Sonuga-Barke EJ. 2009. A small-scale randomized controlled trial of the revised new forest parenting programme for preschoolers with attention deficit hyperactivity disorder. <i>European child &amp; adolescent psychiatry</i> , 18(10), 605-616. | Follow-up less than 6 months  |
| 1640. | Thompson R. 2007. Mothers' violence victimization and child behavior problems: Examining the link. <i>American Journal of Orthopsychiatry</i> . 77(2):306-15.   | Not a parenting intervention  |
| 1641. | Thomson H, Ross S, Wilson P, McConnachie A and Watson R. 2002. Mothers' use of and attitudes to BabyCheck. <i>British Journal of General Practice</i> . 52(477):314-6.  | Not an RCT  |
| 1642. | Thorell, L. B. (2009). The Community Parent Education Program (COPE): treatment effects in a clinical and a community-based sample. <i>Clinical child psychology and psychiatry</i> , (3), 373-387.   | No child internalising outcomes or not a major goal   |
| 1643. | Timmer, S. G., Urquiza, A. J., & Zebell, N. (2006). Challenging foster caregiver-maltreated child relationships: The effectiveness of parent-child interaction therapy. <i>Children and Youth Services Review</i> , 28(1), 1-19.  | Not an RCT; No long term follow-up  |
| 1644. | Timmer, S. G., Urquiza, A. J., Herschell, A. D., McGrath, J. M., Zebell, N. M., Porter, A. L., & Vargas, E. C. (2006). Parent-child interaction therapy: Application of an empirically supported treatment to maltreated children in foster care. <i>Child Welfare</i> , 85(6), 919-939.  | Not an RCT  |
| 1645. | Tirella LG, Chan W, Cermak SA, Litvinova A, Salas KC and Miller LC. 2008. Time use in Russian baby homes. <i>Child: Care, Health and Development</i> . 34(1):77-86.   | No child internalising outcomes or not a major goal   |
| 1646. | Tonge B, Brereton A, Kiomall M, Mackinnon A, King N and Rinehart N. 2006. Effects on parental mental health of an education and skills training program for parents of young children with autism: a randomized controlled trial. <i>J Am Acad Child Adolesc Psychiatry</i> . 45(5):561-9.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1647. | Tonge BJ, Pullen JM, Hughes GC and Beaufoy J. 2009. Effectiveness of psychoanalytic psychotherapy for adolescents with serious mental illness: 12 month naturalistic follow-up study. <i>Australian and New Zealand Journal of Psychiatry</i> . 43(5):467-75.   | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1648. | Tooten, A., Hoffenkamp, H. N., Hall, R. A., Winkel, F. W., Eliëns, M., Vingerhoets, A. J., & Bakel, H. J. (2012). The effectiveness of video interaction guidance in parents of premature infants: a multicenter randomised controlled trial. <i>BMC pediatrics</i> , 12, 76. doi:10.1186/1471-2431-12-76 | Data not available/reported (protocol)              |
| 1649. | Topitzes J, Godes O, Mersky JP, Ceglarek S and Reynolds AJ. 2009. Educational success and adult health: Findings from the Chicago Longitudinal Study. <i>Prevention Science</i> . 10(2):175-95.   | Not a parenting intervention                        |
| 1650. | Torres, N., Maia, J., Veríssimo, M., Fernandes, M., & Silva, F. (2012). Attachment security representations in institutionalized children and children living with their families: Links to problem behaviour. <i>Clinical Psychology &amp; Psychotherapy</i> , 19, 25-36.                                | Not a parenting intervention                        |
| 1651. | Toth SL, Rogosch FA, Manly JT and Cicchetti D. 2006. The efficacy of toddler-parent psychotherapy to reorganize attachment in the young offspring of mothers with major depressive disorder: A randomized preventive trial. <i>Journal of Consulting and Clinical Psychology</i> . 74(6):1006-16.         | No long term follow-up                              |
| 1652. | Toth, S. L., Maughan, A., Manly, J. T., Spagnola, M., & Cicchetti, D. (2002). The relative efficacy of two interventions in altering maltreated preschool children's representational models: Implications for attachment theory. <i>Development and psychopathology</i> , 14(04), 877-908.               | No child internalising outcomes or not a major goal |
| 1653. | Tough SC, Johnston DW, Siever JE, Jorgenson G, Slocombe L, Lane C and Clarke M. 2006. Does supplementary prenatal nursing and home visitation support improve resource use in a universal health care system? A randomized controlled trial in Canada. <i>Birth</i> , 33(3), 183-194.                     | No child internalising outcomes or not a major goal |
| 1654. | Tough SC, Siever JE and Johnston DW. 2007. Retaining women in a prenatal care randomized controlled trial in Canada: implications for program planning. <i>BMC Public Health</i> . 7:148.   | No child internalising outcomes or not a major goal |
| 1655. | Toulabi, T., Khosh Niyat Nikoo, M., Amini, F., Nazari, H., & Mardani, M. (2012). The influence of a behavior modification interventional program on body mass index in obese adolescents. <i>J Formos Med Assoc</i> , 111, 153-159.   | No long term follow-up                              |
| 1656. | Toumbourou JW and Gregg ME. 2002. Impact of an empowerment-based parent education program on the reduction of youth suicide risk factors. <i>Journal of Adolescent Health</i> , 31(3), 277-285.   | No long term follow-up                              |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1657. Tourigny J. 1998. [Effects of a preoperative educational intervention on the behavior of parents of three to six-year old children having day surgery]. <i>Can J Nurs Res.</i> 30(2):135-59.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1658. Tourigny M, Peladeau N, Doyon M and Bouchard C. 1998. [Efficacy of a treatment program for sexually abused children]. <i>Child Abuse Negl.</i> 22(1):25-43.  | Not an RCT  |
| 1659. Treiber FA. 1986. A comparison of the positive and negative consequences approaches upon car restraint usage. <i>Journal of Pediatric Psychology.</i> 11(1):15-24.   | No child internalising outcomes or not a major goal   |
| 1660. Trejos-Castillo E and Vazsonyi AT. 2009. Risky sexual behaviors in first and second generation Hispanic immigrant youth. <i>Journal of Youth and Adolescence.</i> 38(5):719-31.  | Not a parenting intervention  |
| 1661. Tremblay RE, Pagani-Kurtz L, Mvcsse LC, Vitaro F and Pihl RO. 1995. A bimodal preventive intervention for disruptive kindergarten boys: Its impact through mid-adolescence. <i>Journal of Consulting and Clinical Psychology.</i> 63(4):560-8. | No child internalising outcomes or not a major goal   |
| 1662. Trentacosta CJ, Hyde LW, Shaw DS, Dishion TJ, Gardner F and Wilson M. 2008. The relations among cumulative risk, parenting, and behavior problems during early childhood. <i>Journal of Child Psychology and Psychiatry.</i> 49(11):1211-9.    | Not an RCT  |
| 1663. Treyvaud K, Rogers S, Matthews J and Allen B. 2009. Outcomes following an early parenting center residential parenting program. <i>J Fam Nurs.</i> 15(4):486-501.  | Not an RCT  |
| 1664. Trocchio, J. S. (2014). Predictors of change in stress, interaction styles, and depression in parents of toddlers with autism. <i>Dissertation Abstracts International Section A: Humanities and Social Sciences</i> , 74 (11-A E),            | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |



## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1665. Trudeau, L., Spoth, R., Randall, G. K., & Azevedo, K. (2007). Longitudinal effects of a universal family-focused intervention on growth patterns of adolescent internalizing symptoms and polysubstance use: Gender comparisons. <i>Journal of Youth and Adolescence</i> , 36(6), 725-740. doi:10.1007/s10964-007-9179-1 | No child internalising outcomes or not a major goal |
| 1666. Trudeau, L., Spoth, R., Randall, G. K., Mason, W. A., & Shin, C. (2012). Internalizing symptoms: Effects of a preventive intervention on developmental pathways from early adolescence to young adulthood. <i>Journal of Youth and Adolescence</i> , 41(6), 788-801. doi:10.1007/s10964-011-9735-6                       | No child internalising outcomes or not a major goal |
| 1667. Tsai LY. 1999. Psychopharmacology in autism. <i>Psychosomatic Medicine</i> . 61(5):651-65.   | Not an RCT  |
| 1668. Tuerk EH. 2008. Parenting from the inside: Assessing a curriculum for incarcerated mothers. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> . 68(11-B).   | No long term follow-up                              |
| 1669. Turnbull JE, George LK, Landerman R, Swartz MS and Blazer DG. 1990. Social outcomes related to age of onset among psychiatric disorders. <i>Journal of Consulting and Clinical Psychology</i> . 58(6):832-9.   | Not a parenting intervention                        |
| 1670. Turner KMT, Richards M and Sanders MR. 2007. Randomised clinical trial of a group parent education programme for Australian Indigenous families. <i>Journal of Paediatrics &amp; Child Health</i> . 43(6):429-37.  | Follow-up data collected only in active group       |
| 1671. Turner, K. M., & Sanders, M. R. (2006). Help when it's needed first: a controlled evaluation of brief, preventive behavioral family intervention in a primary care setting. <i>Behav Ther</i> , 37(2), 131-142. doi: S0005-7894(06)00015-3   | No child internalising outcomes or not a major goal |
| 1672. Tyc VL, Mulhern RK, Fairclough D, Ward PM, Relling MV and Longmire W. 1993. Chemotherapy induced nausea and emesis in pediatric cancer patients: external validity of child and parent emesis ratings. <i>Journal of Developmental &amp; Behavioral Pediatrics</i> , 14(4), 236-241.                                     | Not a parenting intervention                        |
| 1673. Tyson PD and Sobschak KB. 1994. Perceptual responses to infant crying after EEG biofeedback assisted stress management training: implications for physical child abuse. <i>Child Abuse Negl</i> . 18(11):933-43.   | No child internalising outcomes or not a major goal |
| 1674. Tyson PD. 1996. Biodesensitization: biofeedback-controlled systematic desensitization of the stress response to infant crying. <i>Biofeedback Self Regul</i> . 21(3):273-90.   | No child internalising outcomes or not a major goal |
| 1675. Uddin, M., de los Santos, R., Bakshish, E., Cheng, C., & Aiello, A. E. (2011). Building conditions, 5-HTTLPR genotype, and depressive symptoms in adolescent males and females. <i>Journal of Adolescent Health</i> , 49, 379-385.   | Not a parenting intervention                        |
| 1676. Unterhitzberger, J., & Rosner, R. (2014). Lessons from writing sessions: a school-based randomized trial with adolescent orphans in Rwanda. <i>European journal of psychotraumatology</i> , 5.   | Not a parenting intervention                        |
| 1677. Upshur C, Wenz-Gross M and Reed G. 2009. A pilot study of early childhood mental health consultation for children with behavioral problems in preschool. <i>Early Childhood Research Quarterly</i> . 24(1):29-45.  | Not a parenting intervention                        |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1678. Urquiza, A. J., & McNeil, C. B. (1996). Parent-Child Interaction Therapy: An Intensive Dyadic Intervention for Physically Abusive Families. <i>Child Maltreatment</i> , 1(2), 134-144. doi: 10.1177/1077559596001002005  | Not an RCT  |
| 1679. Uslu, R., Kapci, E. G., & Erden, G. (2006). Psychoeducation and expressed emotion by parents of children with learning disorders. <i>Psychological reports</i> , (2), 291-306.   | No long term follow-up  |
| 1680. Uzark K, Klos D, Davis W and Rosenthal A. 1982. Use of videotape in the preparation of children for cardiac catheterization. <i>Pediatr Cardiol</i> . 3(4):287-91.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1681. Vagnoli L, Caprilli S, Robiglio A and Messeri A. 2005. Clown doctors as a treatment for preoperative anxiety in children: a randomized, prospective study. <i>Pediatrics</i> . 116(4):e563-7.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1682. Valdez CR, Mills CL, Barrueco S, Leis J and Riley AW. 2011. A pilot study of a family-focused intervention for children and families affected by maternal depression. <i>Journal of Family Therapy</i> . 33(1):3-19.   | Not an RCT  |
| 1683. Valentino, K., Comas, M., Nuttall, A. K., & Thomas, T. (2013). Training maltreating parents in elaborative and emotion-rich reminiscing with their preschool-aged children. <i>Child abuse &amp; neglect</i> , 37(8), 585-595. doi:10.1016/j.chiabu.2013.02.010                                    | No child internalising outcomes or not a major goal   |
| 1684. van Aar, J. V., Asscher, J. J., Zijlstra, B. J., Deković, M., & Hoffenaar, P. J. (2015). Changes in parenting and child behavior after the home-start family support program: A 10year follow-up. <i>Children and Youth Services Review</i> , 53, 166-175.   | Not an RCT  |
| 1685. van den Hoofdakker BJ, van der Veen-Mulders L, Sytema S, Emmelkamp PM, Minderaa RB, Nauta MH. Effectiveness of behavioral parent training for children with ADHD in routine clinical practice: a randomized controlled study. <i>J Am Acad Child Adolesc Psychiatry</i> . 2007 Oct;46(10):1263-71. | Follow-up data collected only in active group   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1686. | van den Hoofdakker, B. J., Hoekstra, P. J., van der Veen-Mulders, L., Sytema, S., Emmelkamp, P. M., Minderaa, R. B., & Nauta, M. H. (2014). Paternal influences on treatment outcome of behavioral parent training in children with attention-deficit/hyperactivity disorder. <i>European child &amp; adolescent psychiatry</i> , 23(11), 1071-1079.                             | Targets externalising; No child internalising outcomes or not a major goal; No long term follow-up |
| 1687. | van den Hoofdakker, B. J., Nauta, M. H., van der Veen-Mulders, L., Sytema, S., Emmelkamp, P. M., Minderaa, R. B., et al. (2010). Behavioral parent training as an adjunct to routine care in children with attention-deficit/hyperactivity disorder: moderators of treatment response. <i>J Pediatr Psychol</i> , 35(3), 317-326. doi: jsp060                                    | No long term follow-up   |
| 1688. | van der Heijden KB, de Sonnevile LMJ and Althaus M. 2010. Time-of-day effects on cognition in preadolescents: A TRAILS study. <i>Chronobiology International</i> . 27(9-10):1870-94.   | Not a parenting intervention   |
| 1689. | van der Leeden, A. J. M., van Widenfelt, B. M., van der Leeden, R., Liber, J. M., Utens, E. M. W. J., & Treffers, P. D. A. (2011). Stepped care cognitive behavioural therapy for children with anxiety disorders: A new treatment approach. <i>Behavioural and Cognitive Psychotherapy</i> , 39(1), 55-75. doi: 10.1017/s1352465810000500                                       | Not an RCT; Parent component too small   |
| 1690. | van der Oord S, Prins PJM, Oosterlaan J and Emmelkamp PMG. 2008. Treatment of attention deficit hyperactivity disorder in children: Predictors of treatment outcome. <i>European Child &amp; Adolescent Psychiatry</i> . 17(2):73-81.  | Not a parenting intervention   |
| 1691. | van der Oord, S., Prins, P. J., Oosterlaan, J., & Emmelkamp, P. M. (2007). Does brief, clinically based, intensive multimodal behavior therapy enhance the effects of methylphenidate in children with ADHD? <i>Eur Child Adolesc Psychiatry</i> , 16(1), 48-57. doi: 10.1007/s00787-006-0574-z  | No long term follow-up   |
| 1692. | Van Dijk, E. M., Huisman, J., Braam, K. I., Van Dulmen-den Broeder, E., Veening, M. A., Helder, P. J. M., Sinnema, G., Grootenhuis, M. A., Merks, J. H., Takken, T., & Kaspers, G. J. L. (2011). Quality of life in motion: A combined physical exercise and psychosocial intervention program for childhood cancer patients. <i>Pediatric Blood and Cancer</i> , 56, 1156-1157. | Data not available/reported (protocol)   |
| 1693. | van Dijk-Lokkart, E. M., Braam, K. I., Kaspers, G. J. L., Veening, M. A., Grootenhuis, M. A., Streng, I., ... & Huisman, J. (2014). Effects on quality of life of participation in a combined physical exercise and psychosocial intervention program for childhood cancer patients. <i>Pediatric blood &amp; cancer</i> , 61 S160.  | Not a parenting intervention   |
| 1694. | Van Holen, F., Vanderfaellie, J., De Maeyer, S., & Gypen, L. (2015). Does allocation to a control condition in a Randomized Controlled Trial affect the routine care foster parents receive?. <i>Children and Youth Services Review</i> , 49, 48-53.   | Data not available/reported  |
| 1695. | van Loon, L. M. A., Granic, I., & Engels, R. C. M. E. (2011). The role of maternal depression on treatment outcome for children with externalizing behavior problems. <i>Journal of Psychopathology and Behavioral Assessment</i> , 33, 178-186.   | Targets externalising  |

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| 1696. | Van Nuil, J. I., Mutwa, P., Asiimwe-Kateera, B., Kestelyn, E., Vyankandondera, J., Pool, R., ... & Boer, K. R. (2014). (2014). Let's talk about sex: a qualitative study of Rwandan adolescents' views on sex and HIV. <i>PLoS One</i> , 9 (8), e102933.   | Not an RCT  |
| 1697. | van Oort, F. V. A., Greaves?Lord, K., Ormel, J., Verhulst, F. C., & Huizink, A. C. (2011). Risk indicators of anxiety throughout adolescence: The TRAILS study. <i>Depress Anxiety</i> , 28, 485-494.  | Not a parenting intervention                        |
| 1698. | van Santvoort, F., Hosman, C. M., van Doesum, K. T., & Janssens, J. M. (2014). Effectiveness of preventive support groups for children of mentally ill or addicted parents: a randomized controlled trial. <i>European child &amp; adolescent psychiatry</i> , 23(6), 473-484.   | Not a parenting intervention                        |
| 1699. | Van Voorhees BW, Paunesku D, Fogel J and Bell CC. 2009. Differences in vulnerability factors for depressive episodes in African American and European American adolescents. <i>Journal of the National Medical Association</i> . 101(12):1255-67.  | Not a parenting intervention                        |
| 1700. | Van Zeijl, J., Mesman, J., Van, I. M. H., Bakermans-Kranenburg, M. J., Juffer, F., Stolk, M. N., et al. (2006). Attachment-based intervention for enhancing sensitive discipline in mothers of 1- to 3-year-old children at risk for externalizing behavior problems: a randomized controlled trial. <i>J Consult Clin Psychol</i> , 74(6), 994-1005. doi: 2006-22003-002  | No long term follow-up                              |
| 1701. | Vanderbilt D, Bushley T, Young R and Frank DA. 2009. Acute posttraumatic stress symptoms among urban mothers with newborns in the Neonatal Intensive Care Unit; A preliminary study. <i>Journal of Developmental and Behavioral Pediatrics</i> . 30(1):50-6.   | Not a parenting intervention                        |
| 1702. | Varley CK and Smith CJ. 2003. Anxiety disorders in the child and teen. <i>Pediatric Clinics of North America</i> . 50(5):1107-38.  | Review  |
| 1703. | Varni JW, Katz ER, Colegrove R, Jr. and Dolgin M. 1993. The impact of social skills training on the adjustment of children with newly diagnosed cancer. <i>J Pediatr Psychol</i> . 18(6):751-67.   | Not a parenting intervention                        |
| 1704. | Verdurmen, J. E. E., Koning, I. M., Vollebergh, W. A. M., van den Eijnden, R. J. J. M., & Engels, R. C. M. E. (2014). Risk moderation of a parent and student preventive alcohol intervention by adolescent and family factors: A cluster randomized trial. <i>Preventive Medicine</i> , 60, 88-94. doi: <a href="http://dx.doi.org/10.1016/j.ypmed.2013.12.027">http://dx.doi.org/10.1016/j.ypmed.2013.12.027</a> | No child internalising outcomes or not a major goal |
| 1705. | Verreault M and Berthiaume C. 2010. Efficacy of a cognitive-behavioral therapy for children with a comorbid attention-deficit with hyperactivity disorder and anxiety disorder. <i>Journal de Thérapie Comportementale et Cognitive</i> . 20(3):93-8.  | Not an RCT  |
| 1706. | Vines SW and Williams Burgess C. 1994. Effects of a community health nursing parent-baby (ad)venture program on depression and other selected maternal-child health outcomes. <i>Public Health Nursing</i> , 11(3), 188-194.   | No child internalising outcomes or not a major goal |
| 1707. | Virrit, O., Akbaş, E., Savaş, H. A., Sertbaş, G., & Kandemir, H. (2008). Association between the level of depression and anxiety with social support in pregnancy. <i>Archives of Neuropsychiatry</i> , 45(1), 9-13.   | Not a parenting intervention                        |
| 1708. | Visser, M. M., Telman, M. D., de Schipper, J. C., Lamers-Winkelmann, F., Schuengel, C., & Finkenauer, C. (2015). The effects of parental components in a trauma-focused cognitive behavioral based therapy for children exposed to interparental violence: study protocol for a randomized controlled trial. <i>BMC psychiatry</i> , 15(1), 131.   | Data not available/reported                         |

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| 1709. | Vitaro F and Tremblay R. 1994. Impact of a prevention program on aggressive children's friendships and social adjustment. <i>Journal of Abnormal Child Psychology</i> . 22(4):457-75.   | No child internalising outcomes or not a major goal   |
| 1710. | Vitiello B, Kratochvil CJ, Silva S, Curry J, Reinecke M, Pathak S, Waslick B, Hughes CW, Prentice ED, May DE and March JS. 2007. Research knowledge among the participants in the Treatment for Adolescents With Depression Study (TADS). <i>J Am Acad Child Adolesc Psychiatry</i> . 46(12):1642-50. | Not a parenting intervention  |
| 1711. | von Wyl A, Watson M, Glanzmann R and von Klitzing K. 2008. [The Basel interdisciplinary clinic for parents with infants and toddlers: concept and empirical results]. <i>Prax Kinderpsychol Kinderpsychiatr</i> . 57(3):216-36.   | Not an RCT  |
| 1712. | Vrieze, D. M. (2011). The role of parental reflective functioning in promoting attachment for children of depressed mothers in a toddler-parent psychotherapeutic intervention (Order No. 3478511). Available from ProQuest Dissertations & Theses Global. (902742474).                               | No long term follow-up  |
| 1713. | Waddell C, Lavis JN, Abelson J, Lomas J, Shepherd CA, Bird-Gayson T, Giacomini M and Offord DR. 2005. Research use in children's mental health policy in Canada: Maintaining vigilance amid ambiguity. <i>Social Science &amp; Medicine</i> . 61(8):1649-57.  | Not an RCT  |
| 1714. | Wade SL, Carey J and Wolfe CR. 2006. An online family intervention to reduce parental distress following pediatric brain injury. <i>Journal of consulting and clinical psychology</i> , 74(3), 445.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1715. | Wade SL, Michaud L and Brown TM. 2006. Putting the pieces together: preliminary efficacy of a family problem-solving intervention for children with traumatic brain injury. <i>J Head Trauma Rehabil</i> . 21(1):57-67.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1716. | Wade, S. L., Karver, C. L., Taylor, H. G., Cassedy, A., Stancin, T., Kirkwood, M. W., & Brown, T. M. (2014). Counselor-assisted problem solving improves caregiver efficacy following adolescent brain injury. <i>Rehabil Psychol</i> , 59(1), 1-9. doi: 10.1037/a0034911                             | No child internalising outcomes or not a major goal   |

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| 1717. Wade, S. L., Walz, N. C., Carey, J. C., & Williams, K. M. (2008). Preliminary efficacy of a Web-based family problem-solving treatment program for adolescents with traumatic brain injury. <i>J Head Trauma Rehabil</i> , 23(6), 369-377. doi:10.1097/01.HTR.0000341432.67251.48   | No long term follow-up                              |
| 1718. Wade, S. L., Walz, N. C., Carey, J., McMullen, K. M., Cass, J., Mark, E., & Yeates, K. O. (2011). Effect on behavior problems of teen online problem-solving for adolescent traumatic brain injury. <i>Pediatrics</i> , 128, e947-953.  | Not a parenting intervention                        |
| 1719. Wadsby, M., & Arvidsson, E. (2010). Eight years after-follow-up study of mothers and children at psychosocial risk who received early treatment: Does early intervention leave its mark? <i>Child &amp; Family Social Work</i> , 15(4), 452-460. doi: 10.1111/j.1365-2206.2010.00696.x  | Not an RCT  |
| 1720. Wadsworth, M. E., Santiago, C. D., Einhorn, L., Etter, E. M., Rienks, S., & Markman, H. (2011). Preliminary efficacy of an intervention to reduce psychosocial stress and improve coping in low-income families. <i>Am J Community Psychol</i> , 48, 257-271.   | No long term follow-up                              |
| 1721. Wagner JL, Chaney JM, Hommel KA, Page MC, Mullins LL, White MM and Jarvis JN. 2003. The Influence of Parental Distress on Child Depressive Symptoms in Juvenile Rheumatic Diseases: The Moderating Effect of Illness Intrusiveness. <i>Journal of Pediatric Psychology</i> . 28(7):453-62.  | Not a parenting intervention                        |
| 1722. Wagner KD, Berard R, Stein MB, Wetherhold E, Carpenter DJ, Perera P, Gee M, Davy K and Machin A. 2004. A Multicenter, Randomized, Double-blind, Placebo-Controlled Trial of Paroxetine in Children and Adolescents with Social Anxiety Disorder. <i>Archives of General Psychiatry</i> . 61(11):1153-62.                                    | Not a parenting intervention                        |
| 1723. Wahler, R. G. (1980). The Insular Mother - Her Problems in Parent-Child Treatment. <i>Journal of Applied Behavior Analysis</i> , 13(2), 207-219.  | Not an RCT  |
| 1724. Waisman Y, Siegal N, Siegal G, Amir L, Cohen H and Mimouni M. 2005. Role of diagnosis-specific information sheets in parents' understanding of emergency department discharge instructions. <i>Eur J Emerg Med</i> . 12(4):159-62.  | No child internalising outcomes or not a major goal |
| 1725. Wakefield, C. E., Sansom-Daly, U. M., McGill, B. C., McCarthy, M., Girgis, A., Grootenhuys, M., ... & Cohn, R. J. (2015). Online parent-targeted cognitive-behavioural therapy intervention to improve quality of life in families of young cancer survivors: study protocol for a randomised controlled trial. <i>Trials</i> , 16(1), 153. | Data not available/reported                         |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1726. | Wakimizu R, Kamagata S, Kuwabara T and Kamibeppu K. 2009. A randomized controlled trial of an at-home preparation programme for Japanese preschool children: effects on children's and caregivers' anxiety associated with surgery. <i>J Eval Clin Pract.</i> 15(2):393-401.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1727. | Walker JG. 2008. A marital intervention program for couples with chronically ill children. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering.</i> 68(7-B).   | No child internalising outcomes or not a major goal   |
| 1728. | Walker, H. M., Seeley, J. R., Small, J., Severson, H. H., Graham, B. A., Feil, E. G., et al. (2009). A randomized controlled trial of the first step to success early intervention: Demonstration of program efficacy outcomes in a diverse, urban school district. <i>Journal of Emotional and Behavioral Disorders</i> , 17(4), 197-212. doi: 10.1177/1063426609341645  | Parent component too small; No long term follow-up  |
| 1729. | Walkup JT, Labellarte MJ, Riddle MA, Pine D, Greenhill L, Klein R, Davies M, Sweeney M, Fu C, Abikoff H, Hack S, Klee B, McCracken J, Bergman L, Piacentini J, March J, Compton S, Robinson J, O'Hara T, Baker S, Vitiello B, Ritz L and Roper M. 2003. Searching for moderators and mediators of pharmacological treatment effects in children and adolescents with anxiety disorders. <i>J Am Acad Child Adolesc Psychiatry.</i> 42(1):13-21. | Not a parenting intervention  |
| 1730. | Wallander, J. L., McClure, E., Biasini, F., Goudar, S. S., Pasha, O., Chomba, E., et al. (2010). Brain research to ameliorate impaired neurodevelopment--home-based intervention trial (BRAIN-HIT). <i>BMC pediatrics</i> , 27.   | Data not available/reported (protocol)  |
| 1731. | Wallen M and Stagnitti K. 2006. There was insufficient evidence to conclude whether parent-mediated early intervention was effective for children with autism: Commentary. <i>Australian Occupational Therapy Journal.</i> 53(2):137-9.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1732. | Wang SM, Gaal D, Maranets I, Caldwell-Andrews A and Kain ZN. 2005. Acupressure and preoperative parental anxiety: a pilot study. <i>Anesthesia &amp; Analgesia</i> , 101(3), 666-669.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1733. | Wang Y, Liu C and Wang YF. 2007. Effectiveness of social skills training among children with behavior problems: A randomized controlled trial. <i>Beijing da xue xue bao. Yi xue ban= Journal of Peking University. Health sciences</i> , 39(3), 315-318.   | Not a parenting intervention  |
| 1734. | Warner CM, Reigada LC, Fisher PH, Saborsky AL and Benkov KJ. 2009. CBT for anxiety and associated somatic complaints in pediatric medical settings: An open pilot study. <i>Journal of Clinical Psychology in Medical Settings</i> . 16(2):169-77.  | Not a parenting intervention  |
| 1735. | Waters AM, Donaldson J and Zimmer-Gembeck MJ. 2008. Cognitive-behavioural therapy combined with an interpersonal skills component in the treatment of generalised anxiety disorder in adolescent females: A case series. <i>Behaviour Change</i> . 25(1):35-43.   | Not a parenting intervention  |
| 1736. | Waters AM, Ford LA, Wharton TA, Cobham VE. Cognitive-behavioural therapy for young children with anxiety disorders: Comparison of a child + parent condition versus a parent only condition. <i>Behaviour Research and Therapy</i> . 2009 Aug;47(8):654-62.   | Follow-up data collected only in active group   |
| 1737. | Waters AM, Wharton TA, Zimmer-Gembeck MJ and Craske MG. 2008. Threat-based cognitive biases in anxious children: Comparison with non-anxious children before and after cognitive behavioural treatment. <i>Behaviour Research and Therapy</i> . 46(3):358-74.   | Not a parenting intervention  |
| 1738. | Waxmonsky J, Pelham WE, Gnagy E, Cummings MR, O'Connor B, Majumdar A, Verley J, Hoffman MT, Massetti GA, Burrows-MacLean L, Fabiano GA, Waschbusch DA, Chacko A, Arnold FW, Walker KS, Garefino AC and Robb JA. 2008. The efficacy and tolerability of methylphenidate and behavior modification in children with attention-deficit/hyperactivity disorder and severe mood dysregulation. <i>Journal of Child and Adolescent Psychopharmacology</i> . 18(6):573-88. | Not a parenting intervention  |
| 1739. | Waxmonsky, J. G., Wymbs, F. A., Pariseau, M. E., Belin, P. J., Waschbusch, D. A., Babocsai, L., ... & Pelham, W. E. (2013). A novel group therapy for children with ADHD and severe mood dysregulation. <i>Journal of attention disorders</i> , 17(6), 527-541.   | Parent component too small; Follow-up less than 6 months; Not an RCT  |
| 1740. | Weaver, C. M., Shaw, D. S., Crossan, J. L., Dishion, T. J., & Wilson, M. N. (2014). Parent-child conflict and early childhood adjustment in two-parent low-income families: Parallel developmental processes. <i>Child Psychiatry &amp; Human Development</i> , 46(1), 94-107.  | Targets externalising   |



## Appendix B: List of excluded papers and reason(s) for exclusion

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|-------|---|---|
| 1741. | Webster Stratton, C. (1992). Individually administered videotape parent training: Who benefits?. <i>Cognitive-Therapy-and-Research.</i> , (1), 31-52.   | Targets externalising                         |
| 1742. | Webster?Stratton, C., Rinaldi, J., & Reid, J. M. (2011). Long-term outcomes of Incredible Years parenting program: Predictors of adolescent adjustment. <i>Child and Adolescent Mental Health</i> , 16, 38-46.  | Targets externalising                         |
| 1743. | Webster-Stratton C and Hammond M. 1997. Treating children with early-onset conduct problems: A comparison of child and parent training interventions. <i>Journal of Consulting and Clinical Psychology</i> . 65(1):93-109.  | Follow-up data collected only in active group |
| 1744. | Webster-Stratton C and Reid MJ. 2010. The Incredible Years parents, teachers, and children training series: A multifaceted treatment approach for young children with conduct disorders. In: <i>Evidence-based psychotherapies for children and adolescents (2nd ed.)</i> . (pp. 194-210). New York, NY, US: Guilford Press. xx, 602. | Review  |
| 1745. | Webster-Stratton C, Hollinsworth T and Kolpacoff M. 1989. The long-term effectiveness and clinical significance of three cost-effective training programs for families with conduct-problem children. <i>Journal of Consulting and Clinical Psychology</i> . 57(4):550-3.   | Comparison condition not a minimal control    |
| 1746. | Webster-Stratton C, Kolpacoff M and Hollinsworth T. 1988. Self-Administered Videotape Therapy for Families with Conduct-Problem Children - Comparison with 2 Cost-Effective Treatments and a Control-Group. <i>Journal of Consulting and Clinical Psychology</i> . 56(4):558-66.  | No long term follow-up                        |
| 1747. | Webster-Stratton C. 1984. Randomized trial of two parent-training programs for families with conduct-disordered children. <i>Journal of Consulting and Clinical Psychology</i> . 52(4):666-78.  | Follow-up data collected only in active group |
| 1748. | Webster-Stratton C. 1990. Long-term follow-up of families with young conduct problem children: From preschool to grade school. <i>Journal of Clinical Child Psychology</i> . 19(2):144-9.   | Comparison condition not a minimal control    |
| 1749. | Webster-Stratton C. 1996. Early onset conduct problems: Does gender make a difference? <i>Journal of Consulting and Clinical Psychology</i> . 64(3):540-51.   | Not a parenting intervention                  |
| 1750. | Webster-Stratton C. 1998. Preventing conduct problems in head start children: Strengthening parenting competencies. <i>Journal of Consulting and Clinical Psychology</i> . 66(5):715-30.  | Targets externalising                         |
| 1751. | Webster-Stratton, C. (1982). The long-term effects of a videotape modeling parent-training program: Comparison of immediate and 1-year follow-up results. [doi: 10.1016/S0005-7894(82)80026-9]. <i>Behavior Therapy</i> , 13(5), 702-714.   | Not an RCT                                    |
| 1752. | Webster-Stratton, C. (1985). Predictors of Treatment Outcome in Parent Training for Conduct Disordered Children. <i>Behavior Therapy</i> , 16(2), 223-243.  | Not an RCT                                    |
| 1753. | Webster-Stratton, C. (1990). Enhancing the Effectiveness of Self-Administered Videotape Parent Training for Families with Conduct-Problem Children. <i>Journal of Abnormal Child Psychology</i> , 18(5), 479-492.   | No long term follow-up                        |
| 1754. | Webster-Stratton, C. (1994). Advancing Videotape Parent Training - a Comparison Study. <i>Journal of Consulting and Clinical Psychology</i> , 62(3), 583-593.   | No long term follow-up                        |

## Appendix B: List of excluded papers and reason(s) for exclusion

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|-------|---|---|
| 1755. | Webster-Stratton, C. H., Reid, M. J., & Beauchaine, T. (2011). Combining parent and child training for young children with ADHD. <i>Journal of Clinical Child and Adolescent Psychology</i> , 40, 191-203.  | Targets externalising; No long term follow-up       |
| 1756. | Webster-Stratton, C. H., Reid, M. J., & Marsenich, L. (2014). Improving therapist fidelity during implementation of evidence-based practices: Incredible Years Program. <i>Psychiatric Services</i> , 65(6), 789-795.   | Not a parenting intervention                        |
| 1757. | Webster-Stratton, C., & Hammond, M. (1990). Predictors of Treatment Outcome in Parent Training for Families with Conduct Problem Children. <i>Behavior Therapy</i> , 21(3), 319-337.  | Not an RCT  |
| 1758. | Webster-Stratton, C., & Herman, K. C. (2008). The impact of parent behavior-management training on child depressive symptoms. <i>Journal of Counseling Psychology</i> , 55(4), 473-484. doi: 10.1037/a0013664   | No long term follow-up                              |
| 1759. | Webster-Stratton, C., Reid, J., & Hammond, M. (2001). Social skills and problem-solving training for children with early-onset conduct problems: who benefits? <i>J Child Psychol Psychiatry</i> , 42(7), 943-952.  | Not a parenting intervention (child training)       |
| 1760. | Webster-Stratton, C., Reid, M. J., & Beauchaine, T. P. (2013). One-year follow-up of combined parent and child intervention for young children with ADHD. <i>Journal of Clinical Child &amp; Adolescent Psychology</i> , 42(2), 251-261.  | Parent component too small; Targets externalising   |
| 1761. | Webster-Stratton, C., Reid, M. J., & Stoolmiller, M. (2008). Preventing conduct problems and improving school readiness: evaluation of the Incredible Years Teacher and Child Training Programs in high-risk schools. <i>Journal of Child Psychology and Psychiatry</i> , 49(5), 471-488.                         | Not a parenting intervention                        |
| 1762. | Weersing VR and Weisz JR. 2002. Mechanisms of action in youth psychotherapy. <i>Journal of Child Psychology and Psychiatry and Allied Disciplines</i> . 43(1):3-29.   | Review  |
| 1763. | Weihrauch, L., Schäfer, R., & Franz, M. (2014). Long-term efficacy of an attachment-based parental training program for single mothers and their children: a randomized controlled trial. <i>Journal of Public Health</i> , 22(2), 139-153.   | No child internalising outcomes or not a major goal |
| 1764. | Weiss BD, Francis L, Senf JH, Heist K and Hargraves R. 2006. Literacy Education as Treatment for Depression in Patients with Limited Literacy and Depression: A Randomized Controlled Trial. <i>Journal of General Internal Medicine</i> . 21(8):823-8.   | Not a parenting intervention                        |
| 1765. | Weiss, B., Harris, V., Catron, T., & Han, S. S. (2003). Efficacy of the RECAP intervention program for children with concurrent internalizing and externalizing problems. <i>Journal of Consulting and Clinical Psychology</i> , 71(2), 364-374. doi:10.1037/0022-006x.71.2.364                                   | Parent component too small                          |
| 1766. | Weissman MM. 2007. Recent non-medication trials of interpersonal psychotherapy for depression. <i>International Journal of Neuropsychopharmacology</i> . 10(1):117-22.  | Review  |
| 1767. | Weissman, M. M., Pilowsky, D. J., Wickramaratne, P. J., Talati, A., Wisniewski, S. R., Fava, M., . . . Team, f. t. S. D.-C. (2006). Remissions in Maternal Depression and Child Psychopathology. <i>JAMA: The Journal of the American Medical Association</i> , 295(12), 1389-1398. doi: 10.1001/jama.295.12.1389 | Not a parenting intervention (drugs only)           |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1768. | Weisz JR, Southam-Gerow MA, Gordis EB, Connor-Smith JK, Chu BC, Langer DA, McLeod BD, Jensen-Doss A, Updegraff A and Weiss B. 2009. Cognitive-behavioral therapy versus usual clinical care for youth depression: an initial test of transportability to community clinics and clinicians. <i>J Consult Clin Psychol.</i> 77(3):383-96.  | Not a parenting intervention  |
| 1769. | Weisz, J. R., Chorpita, B. F., Palinkas, L. A., Schoenwald, S. K., Miranda, J., Bearman, S. K., Daleiden, E. L., Ugueto, A. M., Ho, A., Martin, J., Gray, J., Alleyne, A., Langer, D. A., Southam-Gerow, M. A., & Gibbons, R. D. (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: A randomized effectiveness trial. <i>Arch Gen Psychiatry</i> , 69, 274-282. | Not a parenting intervention  |
| 1770. | Wells KC, Pelham WE, Kotkin RA, Hoza B, Abikoff HB, Abramowitz A, Arnold LE, Cantwell DP, Conners CK, Del Carmen R, Elliott G, Greenhill LL, Hechtman L, Hibbs E, Hinshaw SP, Jensen PS, March JS, Swanson JM and Schiller E. 2000. Psychosocial treatment strategies in the MTA study: rationale, methods, and critical issues in design and implementation. <i>Journal of Abnormal Child Psychology</i> , 28(6), 483-505.              | Data not available/reported (protocol)  |
| 1771. | Welterlin A. 2010. The Home TEACCHing Program: A study of the efficacy of a parent training early intervention model. Dissertation Abstracts International: Section B: The Sciences and Engineering. 71(5-B).  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1772. | Werch CE, Moore MJ and DiClemente CC. 2008. Brief image-based health behavior messages for adolescents and their parents. <i>Journal of Child &amp; Adolescent Substance Abuse.</i> 17(4):19-40.   | Follow-up less than 6 months  |
| 1773. | Westermann, G. M., Verheij, F., Winkens, B., Verhulst, F. C., & Oort, F. V. (2013). Structured shared decision-making using dialogue and visualization: a randomized controlled trial. <i>Patient education and counseling</i> , 90(1), 74-81. doi:10.1016/j.pec.2012.09.014   | No child internalising outcomes or not a major goal   |
| 1774. | Westrup, B., Böhm, B., Lagercrantz, H., & Stjernqvist, K. (2004). Preschool outcome in children born very prematurely and cared for according to the Newborn Individualized Developmental Care and Assessment Program (NIDCAP). <i>Acta Paediatrica</i> (Oslo, Norway: 1992), 93, 498-507.   | No child internalising outcomes or not a major goal   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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| 1775. | Wetherby, A. M., Guthrie, W., Woods, J., Schatschneider, C., Holland, R. D., Morgan, L., & Lord, C. (2014). Parent-implemented social intervention for toddlers with autism: An RCT. <i>Pediatrics</i> , 134(6), 1084-1093.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1776. | Wheatley SL, Brugha TS and Shapiro DA. 2003. Exploring and enhancing engagement to the psychosocial intervention 'Preparing for Parenthood'. <i>Arch Womens Ment Health</i> . 6(4):275-85.  | No child internalising outcomes or not a major goal   |
| 1777. | White MA, Martin PD, Newton RL, Walden HM, York-Crowe EE, Gordon ST, Ryan DH and Williamson DA. 2004. Mediators of weight loss in a family-based intervention presented over the internet. <i>Obesity Research</i> , 12(7), 1050-1059.  | No child internalising outcomes or not a major goal   |
| 1778. | White, S. W., Ollendick, T., Albano, A. M., Oswald, D., Johnson, C., Southam-Gerow, M. A., . . . Scahill, L. (2013). Randomized controlled trial: Multimodal Anxiety and Social Skill Intervention for adolescents with autism spectrum disorder. <i>J Autism Dev Disord</i> , 43(2), 382-394. doi: 10.1007/s10803-012-1577-x | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1779. | Whitebird, R. R., Kreitzer, M., Crain, A. L., Lewis, B. A., Hanson, L. R., & Enstad, C. J. (2013). Mindfulness-based stress reduction for family caregivers: a randomized controlled trial. <i>Gerontologist</i> , 53(4), 676-686. doi: 10.1093/geront/gns126   | Not in children 0 - 18  |
| 1780. | Whiteside SP and Jacobsen AB. 2010. An uncontrolled examination of a 5-day intensive treatment for pediatric OCD. <i>Behav Ther</i> . 41(3):414-22.   | Not an RCT  |
| 1781. | White-Traut, R., Norr, K. F., Fabiyi, C., Rankin, K. M., Li, Z., & Liu, L. (2013). Mother-infant interaction improves with a developmental intervention for mother-preterm infant dyads. <i>Infant behavior &amp; development</i> , 36(4), 694-706. doi:10.1016/j.infbeh.2013.07.004  | No child internalising outcomes or not a major goal   |
| 1782. | Whittingham, K., Sanders, M., McKinlay, L., & Boyd, R. N. (2013). Stepping stones triple p and acceptance and commitment therapy for parents of children with cerebral palsy: Trial protocol. <i>Brain impairment</i> , 14(2), 270-280. doi:10.1017/BrImp.2013.19   | Data not available/reported   |

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| 1783. | Whittingham, K., Sanders, M., McKinlay, L., Boyd, R. N. (2014). Child quality of life and parent psychological adjustment can be improved with Stepping Stones Triple P and ACT: An RCT. <i>Developmental medicine and child neurology</i> , 56 75.  | No child internalising outcomes or not a major goal |
| 1784. | Whittle, S., Yap, M. B. H., Sheeber, L., Dudgeon, P., Yücel, M., Pantelis, C., Simmons, J. G., & Allen, N. B. (2011). Hippocampal volume and sensitivity to maternal aggressive behavior: A prospective study of adolescent depressive symptoms. <i>Development and Psychopathology</i> , 23, 115-129.   | Not a parenting intervention                        |
| 1785. | Wiggins TL, Sofronoff K and Sanders MR. 2009. Pathways Triple P-positive parenting program: effects on parent-child relationships and child behavior problems. <i>Family Process</i> , 48(4), 517-530.   | Follow-up less than 6 months                        |
| 1786. | Wiggs, L., & Stores, G. (2001). Behavioural treatment for sleep problems in children with severe intellectual disabilities and daytime challenging behaviour: effect on mothers and fathers. <i>British journal of health psychology</i> , 6(Pt 3), 257-269.   | No child internalising outcomes or not a major goal |
| 1787. | Wildman, B. G., & Langkamp, D. L. (2012). Impact of location and availability of behavioral health services for children. <i>Journal of clinical psychology in medical settings</i> , 19(4), 393-400.  | Targets externalising                               |
| 1788. | Wilkinson-Tough M, Bocci L, Thome K and Herlihy J. 2010. Is mindfulness-based therapy an effective intervention for obsessive-intrusive thoughts: A case series. <i>Clinical Psychology &amp; Psychotherapy</i> . 17(3):250-68.  | Not a parenting intervention                        |
| 1789. | Williams, M. E., & Hutchings, J. (2015). A pilot effectiveness study of the Enhancing Parenting Skills (EPaS) 2014 programme for parents of children with behaviour problems: study protocol for a randomised controlled trial. <i>Trials</i> , 16(1), 221.  | Data not available/reported                         |
| 1790. | Williams, P. D., Williams, A. R., Graff, J. C., Hanson, S., Stanton, A., Hafeman, C., et al. (2003). A community-based intervention for siblings and parents of children with chronic illness or disability: the ISEE study. <i>The Journal of pediatrics</i> , (3), 386-393.  | Parent component too small                          |
| 1791. | Williams, T. M., & et al. (1979). The Development of Maternal Attachment: A Longitudinal Study. Biennial Meeting of the Society for Research in Child Development. Retrieved from: <a href="http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/657/CN-00241657/frame.html">http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/657/CN-00241657/frame.html</a> | No long term follow-up                              |
| 1792. | Williford, A. P., & Shelton, T. L. (2008). Using mental health consultation to decrease disruptive behaviors in preschoolers: adapting an empirically-supported intervention. <i>Journal of child psychology and psychiatry, and allied disciplines</i> , (2), 191-200.  | Not an RCT  |
| 1793. | Wilmshurst LA. Treatment programs for youth with emotional and behavioral disorders: An outcome study of two alternate approaches. <i>Mental Health Services Research</i> . 2002 Jun;4(2):85-96.   | Comparison condition not a minimal control          |
| 1794. | Wilson AJ, Prapavessis H, Jung ME, Cramp AG, Vascotto J, Lenhardt L, Shoemaker JK, Watson M, Robinson T and Clarson CL. 2009. Lifestyle modification and metformin as long-term treatment options for obese adolescents: study protocol. <i>BMC Public Health</i> . 9:434.   | Not a parenting intervention                        |

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| 1795. | Wilson, K. R., Havighurst, S. S., & Harley, A. E. (2012). Tuning in to Kids: an effectiveness trial of a parenting program targeting emotion socialization of preschoolers. <i>Journal of family psychology</i> , 26(1), 56-65. doi:10.1037/a0026480   | Follow-up less than 6 months  |
| 1796. | Wissow LS, Gadomski A, Roter D, Larson S, Brown J, Zachary C, et al. Improving child and parent mental health in primary care: A cluster-randomized trial of communication skills training. <i>Pediatrics</i> . 2008 Feb;121(2):266-75.  | Not a parenting intervention  |
| 1797. | Wissow, L., Gadomski, A., Roter, D., Larson, S., Lewis, B., & Brown, J. (2011). Aspects of mental health communication skills training that predict parent and child outcomes in pediatric primary care. <i>Patient education and counseling</i> , 82(2), 226-232.   | Not a parenting intervention  |
| 1798. | Woitecki, K., & Dopfner, M. (2012). [Changes in comorbid symptoms and subjective interference in a habit reversal therapy in children with chronic tic disorder - a pilot study]. <i>Z Kinder Jugendpsychiatr Psychother</i> , 40, 181-190.  | Not a parenting intervention  |
| 1799. | Wolchik SA, Tein J-Y, Sandler IN and Ayers TS. 2006. Stressors, Quality of the Child-Caregiver Relationship, and Children's Mental Health Problems After Parental Death: The Mediating Role of Self-System Beliefs. <i>Journal of Abnormal Child Psychology: An official publication of the International Society for Research in Child and Adolescent Psychopathology</i> . 34(2):221-38. | Not a parenting intervention  |
| 1800. | Wolchik, S. A., Sandler, I. N., & Millsap, R. E. (2003). Group based interventions for mothers and mothers plus children reduced mental health problems in adolescent children of divorced parents. <i>Evidence Based Nursing</i> , 6(3), 74-74.   | Summary publication of Wolchik 2002   |
| 1801. | Wolchik, S. A., West, S. G., Westover, S., Sandler, I. N., Martin, A., Lustig, J., et al. (1993). The children of divorce parenting intervention: outcome evaluation of an empirically based program. <i>American journal of community psychology</i> , (3), 293-231.  | No long term follow-up  |
| 1802. | Wolchik, S.; Sandler, I.; Weiss, L.; Winslow, E. New beginnings: An empirically-based program to help divorced mothers promote resilience in their children. In: Briesmeister, JM.; Schaefer, CE., editors. <i>Handbook of parent training: Helping parents prevent and solve problem behaviors</i> . 3. Hoboken, NJ, US: John Wiley & Sons Inc; 2007. p. 25-62.                           | Duplicate of Wolchik 2002   |
| 1803. | Wolfe DA, Edwards B, Manion I and Koverola C. 1988. Early Intervention for Parents at Risk of Child-Abuse and Neglect - a Preliminary Investigation. <i>Journal of Consulting and Clinical Psychology</i> . 56(1):40-7.  | No child internalising outcomes or not a major goal; Follow-up less than 6 months |
| 1804. | Wolfson A, Lacks P and Futterman A. 1992. Effects of parent training on infant sleeping patterns, parents' stress, and perceived parental competence. <i>J Consult Clin Psychol</i> . 60(1):41-8.  | No child internalising outcomes or not a major goal                               |
| 1805. | Woltering, S., Granic, I., Lamm, C., & Lewis, M. D. (2011). Neural changes associated with treatment outcome in children with externalizing problems. <i>Biological Psychiatry</i> , 70, 873-879.  | Targets externalising   |

## Appendix B: List of excluded papers and reason(s) for exclusion

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|-------|---|---|
| 1806. | Wong, J. J., Gonzales, N. A., Montañó, Z., Dumka, L., & Millsap, R. E. (2014). Parenting intervention effects on parental depressive symptoms: Examining the role of parenting and child behavior. <i>Journal of Family Psychology</i> , 28(3), 267.  | No child internalising outcomes or not a major goal   |
| 1807. | Wood J. 2006. Effect of anxiety reduction on children's school performance and social adjustment. <i>Developmental Psychology</i> . 42(2):345-9.  | Not a parenting intervention  |
| 1808. | Wood JJ, Drahota A, Sze K, Har K, Chiu A and Langer DA. 2009. Cognitive behavioral therapy for anxiety in children with autism spectrum disorders: a randomized, controlled trial. <i>J Child Psychol Psychiatry</i> . 50(3):224-34.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1809. | Wood JJ, Drahota A, Sze K, Van Dyke M, Decker K, Fujii C, Bahng C, Renno P, Hwang WC and Spiker M. 2009. Brief report: effects of cognitive behavioral therapy on parent-reported autism symptoms in school-age children with high-functioning autism. <i>J Autism Dev Disord</i> . 39(11):1608-12. | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1810. | Wood JJ, McLeod BD, Piacentini JC, Sigman M. One-year follow-up of family versus child CBT for anxiety disorders: Exploring the roles of child age and parental intrusiveness. <i>Child Psychiatry and Human Development</i> . 2009 Jun;40(2):301-16.   | Comparison condition not a minimal control  |
| 1811. | Wood JJ, Piacentini JC, Southam-Gerow M, Chu BC and Sigman M. 2006. Family cognitive behavioral therapy for child anxiety disorders. <i>J Am Acad Child Adolesc Psychiatry</i> . 45(3):314-21.  | No long term follow-up  |
| 1812. | Wood, J. J. (2003). Child anxiety disorders: Parent-child communication as a change mechanism. [Dissertation Abstract; Dissertation]. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> , 64(6-B).   | No long term follow-up  |
| 1813. | Wood, J. J., Ehrenreich-May, J., Alessandri, M., Fujii, C., Renno, P., Laugeson, E., ... & Storch, E. A. (2015). Cognitive behavioral therapy for early adolescents with autism spectrum disorders and clinical anxiety: a randomized, controlled trial. <i>Behavior therapy</i> , 46(1), 7-19.     | Not a parenting intervention  |
| 1814. | Wood, M. (2011). The safety and efficacy of using a concentrated intranasal midazolam formulation for paediatric dental sedation. <i>SAAD Dig</i> , 27, 16-23.  | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

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|-------|--|---|
| 1815. | Woolderink M, Smit F, van der Zanden R, Beecham J, Knapp M, Paulus A and Evers S. 2010. Design of an internet-based health economic evaluation of a preventive group-intervention for children of parents with mental illness or substance use disorders. BMC Public Health. 10:470.   | Not a parenting intervention                                  |
| 1816. | Woolderink M. 2009. (Economic) Evaluation of E-mental health interventions for children of parents with mental illness (e <sup>3</sup> COPMI). Retrieved from <a href="http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/358/CN-00747358/frame.html">http://onlinelibrary.wiley.com/o/cochrane/clcentral/articles/358/CN-00747358/frame.html</a> .                  | Not a parenting intervention                                  |
| 1817. | Wray J. 1995. Controlled comparison of three interventions with parents of children with learning disabilities exhibiting challenging behaviours. Journal of psychiatric and mental health nursing, 2(1), 48-48.   | Data not available/reported                                   |
| 1818. | Wu P, Bird HR, Liu X, Duarte CS, Fuller C, Fan B, Shen S and Canino GJ. 2010. Trauma, posttraumatic stress symptoms, and alcohol-use initiation in children. Journal of Studies on Alcohol and Drugs. 71(3):326-34.  | Not a parenting intervention                                  |
| 1819. | Wurtele SK, Kast LC, Miller-Perrin CL and Kondrick PA. 1989. Comparison of programs for teaching personal safety skills to preschoolers. Journal of Consulting and Clinical Psychology, 57(4), 505.  | Not a parenting intervention                                  |
| 1820. | Wurtele, S. K., Kast, L. C., & Melzer, A. M. (1992). Sexual abuse prevention education for young children: a comparison of teachers and parents as instructors. Child abuse & neglect, (6), 865-876.   | Follow-up less than 6 months; No child internalising outcomes |
| 1821. | Wyatt Kaminski J, Valle LA, Filene JH and Boyle CL. 2008. A meta-analytic review of components associated with parent training program effectiveness. Journal of Abnormal Child Psychology. 36(4):567-89.  | Review  |
| 1822. | Wyman PA, Cross W, Hendricks Brown C, Yu Q, Tu X and Eberly S. 2010. Intervention to strengthen emotional self-regulation in children with emerging mental health problems: Proximal impact on school behavior. Journal of Abnormal Child Psychology: An official publication of the International Society for Research in Child and Adolescent Psychopathology. 38(5):707-20. | Not a parenting intervention                                  |
| 1823. | Wymbs BT and Pelham WE, Jr. 2010. Child effects on communication between parents of youth with and without attention-deficit/hyperactivity disorder. Journal of Abnormal Psychology. 119(2):366-75.  | Not a parenting intervention                                  |
| 1824. | Wysocki T, Nansel TR, Holmbeck GN, Chen R, Laffel L, Anderson BJ, Weissberg-Benchell J and Steering Committee of the Family Management of Childhood Diabetes S. 2009. Collaborative involvement of primary and secondary caregivers: associations with youths' diabetes outcomes. Journal of Pediatric Psychology, 34(8), 869-881.   | Not an RCT  |
| 1825. | Yagmur, S., Mesman, J., Malda, M., Bakermans-Kranenburg, M. J., & Ekmekci, H. (2014). Video-feedback intervention increases sensitive parenting in ethnic minority mothers: a randomized control trial. Attachment & human development, 16(4), 371-386.  | No long term follow-up  |



## Appendix B: List of excluded papers and reason(s) for exclusion

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|-------|--|---|
| 1826. | Yang KM and Kim SL. 2010. [Effects of a Taegyo program on parent-fetal attachment and parenthood in first pregnancy couples]. <i>J Korean Acad Nurs.</i> 40(4):571-9.  | No child internalising outcomes or not a major goal   |
| 1827. | Yang YM, Andrews S, Peterson R, Shah A and Cepeda M. 2000. Prenatal sickle cell screening education effect on the follow-up rates of infants with sickle cell trait. <i>Patient Educ Couns.</i> 39(2-3):185-9.   | Not a parenting intervention  |
| 1828. | Yap MBH, Whittle S, Yücel M, Sheeber L, Pantelis C, Simmons JG and Allen NB. 2008. Interaction of parenting experiences and brain structure in the prediction of depressive symptoms in adolescents. <i>Archives of General Psychiatry.</i> 65(12):1377-85.  | Not a parenting intervention  |
| 1829. | Yen, C. F., Chen, Y. M., Cheng, J. W., Liu, T. L., Huang, T. Y., Wang, P. W., ... & Chou, W. J. (2014). Effects of cognitive-behavioral therapy on improving anxiety symptoms, behavioral problems and parenting stress in Taiwanese children with anxiety disorders and their mothers. <i>Child Psychiatry &amp; Human Development</i> , 45(3), 338-347.  | Not a parenting intervention  |
| 1830. | Yoo, H. J., Bahn, G., Cho, I. H., Kim, E. K., Kim, J. H., Min, J. W., . . . Laugeson, E. A. (2014). A randomized controlled trial of the korean version of the PEERS parent-assisted social skills training program for teens with ASD. <i>Autism Research</i> , 7(1), 145-161. doi: <a href="http://dx.doi.org/10.1002/aur.1354">http://dx.doi.org/10.1002/aur.1354</a>   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1831. | Yoo, J. B., Kim, M. J., Cho, S. H., Shin, Y. J., & Kim, N. C. (2012). The effects of pre-operative visual information and parental presence intervention on anxiety, delirium, and pain of post-operative pediatric patients in PACU. <i>Journal of Korean Academy of Nursing</i> , 42(3), 333-341. doi: <a href="http://dx.doi.org/10.4040/jkan.2012.42.3.333">http://dx.doi.org/10.4040/jkan.2012.42.3.333</a> | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1832. | Yorbik, Ö., & Birmaher, B. (2003). Pharmacological treatment of anxiety disorders in children and adolescents. <i>Bulletin of Clinical Psychopharmacology</i> , 13(3), 133-141.  | Review  |
| 1833. | Yoshikawa H, Magnuson KA, Bos JM and Hsueh J. 2003. Effects of earnings-supplement policies on adult economic and middle-childhood outcomes differ for the hardest to employ. <i>Child Dev.</i> 74(5):1500-21.   | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

|       |   |   |
|-------|---|---|
| 1834. | Young JF, Mufson L and Davies M. 2006. Efficacy of Interpersonal Psychotherapy-Adolescent Skills Training: An indicated preventive intervention for depression. <i>Journal of Child Psychology and Psychiatry</i> . 47(12):1254-62.   | Not a parenting intervention  |
| 1835. | Young JF, Mufson L and Gallop R. 2010. Preventing depression: A randomized trial of interpersonal psychotherapy-adolescent skills training. <i>Depression and Anxiety</i> . 27(5):426-33.   | Not a parenting intervention  |
| 1836. | Younus M and Labellarte MJ. 2002. Insomnia in children: When are hypnotics indicated? <i>Pediatric Drugs</i> . 4(6):391-403.  | Review  |
| 1837. | Yu DS. 2002. Preventing depressive symptoms in Chinese children. <i>Prevention &amp; Treatment</i> , 5(1), 9a.  | Not a parenting intervention  |
| 1838. | Yu S, Clemens R, Yang H, Li X, Stanton B, Deveau L, Lunn S, Cottrell L and Harris C. 2006. Youth and parental perceptions of parental monitoring and parent-adolescent communication, youth depression, and youth risk behaviors. <i>Social Behavior and Personality</i> . 34(10):1297-310. | Not a parenting intervention  |
| 1839. | Yuen, E., & Toumbourou, J. W. (2011). Does family intervention for adolescent substance use impact parental wellbeing? A longitudinal evaluation. <i>ANZJFT Australian and New Zealand Journal of Family Therapy</i> , 32, 249-263.   | No child internalising outcomes or not a major goal   |
| 1840. | Zastowny TR, Kirschenbaum DS and Meng AL. 1986. Coping skills training for children: effects on distress before, during, and after hospitalization for surgery. <i>Health Psychol</i> . 5(3):231-47.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1841. | Zauszniewski, J. A., Au, T. Y., & Musil, C. M. (2012). Resourcefulness training for grandmothers raising grandchildren: is there a need? <i>Issues in mental health nursing</i> , 33(10), 680-686. doi:10.3109/01612840.2012.684424   | No child internalising outcomes or not a major goal   |
| 1842. | Zehnder D, Meuli M and Landolt MA. 2010. Effectiveness of a single-session early psychological intervention for children after road traffic accidents: A randomised controlled trial. <i>Child and Adolescent Psychiatry and Mental Health</i> . 4(7), 1-10.                                | Not a parenting intervention  |

## Appendix B: List of excluded papers and reason(s) for exclusion

|       |  |   |
|-------|--|---|
| 1843. | Zelikovsky N, Rodrigue JR and Gidycz CA. 2001. Reducing parent distress and increasing parent coping-promoting behavior during children's medical procedure. <i>Journal of Clinical Psychology in Medical Settings</i> , 8(4), 273-281.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1844. | Zelikovsky N, Rodrigue JR, Gidycz CA and Davis MA. 2000. Cognitive behavioral and behavioral interventions help young children cope during a voiding cystourethrogram. <i>J Pediatr Psychol</i> . 25(8):535-43.  | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |
| 1845. | Zelkowitz, P., Feeley, N., Shrier, I., Stremler, R., Westreich, R., Dunkley, D., Steele, R., Rosberger, Z., Lefebvre, F., & Papageorgiou, A. (2011). The cues and care randomized controlled trial of a neonatal intensive care unit intervention: effects on maternal psychological distress and mother-infant interaction. <i>J Dev Behav Pediatr</i> , 32, 591-599. | No child internalising outcomes or not a major goal   |
| 1846. | Zeller MH and Modi AC. 2006. Predictors of Health-Related Quality of Life in Obese Youth. <i>Obesity Research</i> . 14(1):122-30.  | Not a parenting intervention  |
| 1847. | Zhai, F., Brooks-Gunn, J., & Waldfogel, J. (2011). Head Start and urban children's school readiness: A birth cohort study in 18 cities. <i>Developmental Psychology</i> , 47(1), 134-152. doi:10.1037/a0020784   | Parent component too small; Not an RCT  |
| 1848. | Zhang XQ, Li RQ and Wang L. 2007. Effect of comprehensive intervention on parental rearing behavior of key middle school students. <i>Chinese Mental Health Journal</i> , 21(4), 280.  | No child internalising outcomes or not a major goal   |
| 1849. | Zhou, Q., Sandler, I. N., Millsap, R. E., Wolchik, S. A., & Dawson-McClure, S. R. (2008). Mother-child relationship quality and effective discipline as mediators of the 6-year effects of the New Beginnings Program for children from divorced families. <i>Journal of Consulting and Clinical Psychology</i> , 76(4), 579.  | Secondary analysis  |
| 1850. | Zhu, M. Z., Zhu, X. J., DU, J., & Zhang, X. L. (2014). [Efficacy of short-term educational intervention for parents of preschool children with anxiety.]. <i>Zhongguo dang dai er ke za zhi= Chinese journal of contemporary pediatrics</i> , 16(9), 901-904.  | Not in English  |

**Appendix B: List of excluded papers and reason(s) for exclusion**

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|---|---|
| 1851. Zubrick SR, Ward KA, Silburn SR, Lawrence D, Williams AA, Blair EM, et al. Prevention of child behaviour problems through universal implementation of a group behavioural family intervention. Prev Sci 2005;6:287-304. | Not an RCT; No child internalising outcomes or not a major goal   |
| 1852. Zuwala R and Barber KR. 2001. Reducing anxiety in parents before and during pediatric anesthesia induction. AANA J. 69(1):21-5.   | Intervention for developmental disorders (autism, autism spectrum disorder), physical disabilities, medical conditions or distress about facing medical interventions |

Appendix Table C1. Study participant and sample size characteristics

| Study ID         | Target Population                        | Inclusion Criteria   | Exclusion Criteria  | Intervention / recruitment setting  | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C)  | Dropouts T (I/C) n; T (I/C) %                                       | Number analysed (follow-up) T (I/C)                       |
|------------------|--|--|---|---|---------|--|---|---|---|---|
| Achenbach (1993) | Selective: Low-birth Infants             | Infants weighted <2.25kg. Gestational age <37 weeks. Hospitalised for at least 10 days in the intensive care nursery.  | Infants from multiple births, had congenital anomalies or severe neurological defects, or from single mothers   | Recruitment - Hospital in Vermont   | USA     | n/a                                    | 29/26 (53%/47%) <sup>b</sup>                    | 78 (38/40)  | 23 (14/9); 29.5% (36.8%/22.5%)                                      | 55 (24/31)  |
| Beardslee (1997) | Selective: Children of depressed parents | Dual/single parent(s) with 1 child (8-15) years old who had never been treated for affective disorder; at least 1 parent who had an episode of affective disorder within 18 months before contact. | Parental substance abuse; history of parental schizophrenia; parents with any crises and loses focus on children; families in therapy for more than 1x/month; youngsters in weekly psychotherapy or mood disorder | Recruited from a large prepaid health maintenance organisation (HMO)  | USA     | 11.5 (2.03), 8-15 y <sup>b</sup>       | 32/20 (61.5%/38.5%) <sup>b</sup>                | Parents/Families : 37 (19/18) single parent<br><br>Children: 53 (29/24) | 1 (1/0); 1.9% (3.4%/0)  | 52 (28/24)  |
| Beardslee (2003) |  |  |   | Recruited from a large prepaid HMO in the Boston area; referral from mental health practitioners treating adult depression. |         | 11.6 (1.9), 8-15 y <sup>b</sup>        | 69/52 (57%/43%) <sup>b</sup>                    | Parents/Families: 105 (59/46) families<br><br>Children: 138 (78/60)     | Parents/Families: 12 (6/6); 11% (10%/13%)<br><br>Children: 17 (9/8) | Parents/Families: 93 (53/40)<br><br>Children: 121 (69/52) |

| Study ID         | Target Population                          | Inclusion Criteria   | Exclusion Criteria                                       | Intervention / recruitment setting   | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C)                                 | Dropouts T (I/C) n; T (I/C) % | Number analysed (follow-up) T (I/C) |
|------------------|--|--|--|--|---------|--|---|--|-------------------------------|-------------------------------------|
| Beardslee (2007) |  |  |  | Recruited from a large, prepaid HMO, referral from mental health practitioners treating adult depression, support groups, newspaper advertisements, etc. |         | 12 (SD n/a), 8-15 y <sup>b</sup>       | n/r   | Parents: 200 (106/84)<br><br>Children: 105 (59/46) | 31 (15/16); 15.5% (14%/19%)   | Parents: 159 (91/68)                |
| Black (2007)     | Selective: Infants with failure to thrive  | <25 months, gestational age >36 weeks, birth weight at least 2500 g; sustained weight for age <5th percentile or weight for length <10th percentile. | congenital problems, disabilities, or chronic illnesses  | Recruited from pediatric primary care clinics that serve low-income, urban communities   | USA     | (13.1/6.5) <sup>b</sup> <sub>c</sub>   | 57/39 (59%/41%) <sup>b</sup>                    | Children: 130 (66/64)                              | 34 (19/15); 26% (29%/23%)     | 96 (47/49)                          |
| Butz (2001)      | Selective: in-utero drug-exposed (cocaine/ | Maternal delivery of a neonate at an urban hospital, maternal age 19-  | Infants excluded if <35 weeks' gestational age, required | Recruited from urban hospital newborn nurseries  | USA     | n/a                                    | 58/59 (50%/50%) <sup>b</sup>                    | 204 (96/108)                                       | 87 (38/49); 43% (40%/45%)     | 100 (49/51)                         |

| Study ID     | Target Population  | Inclusion Criteria   | Exclusion Criteria  | Intervention / recruitment setting   | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomized T (I/C) | Dropouts T (I/C) n; T (I/C) %              | Number analysed (follow-up) T (I/C) |
|--------------|--|--|---|--|---------|--|---|--------------------|--|-------------------------------------|
|              | opiates) children  | 40 years; maternal use of cocaine and/or opiates during pregnancy.   | admission to the neonatal ICU for >24 hours, were discharged directly into nonkinship foster care or mothers had major psychiatric diagnosis, including schizophrenia and other psychotic disorders.                                |  |         |  |   |                    |  |                                     |
| Carta (2013) | Selective: children from low-income families; mother demonstrates at least one of selected risk factors for child maltreatment | Women between 15-18 years at first child's birth OR between 22-35 years at first child's birth, with no formal education beyond high school or GED; Mothers' oldest biological child is between 4-6 years; Families anticipate living in the 50 mile vicinity of | Mothers with major medical illness that could interfere with participation in a 2-year project; Mother currently lives in a treatment program or rehab center; Mother has a serious mental illness; Mother lives in a group home or | Recruitment: Recruited from community health, early education, and social service agencies serving low-income families in metropolitan South Bend, Indiana and | USA     | 4.56 (0.57), 3.5-4.5 y                 | 128/101 (56%/44%)                               | 229 (113/116)      | 39 (24/15); 17% (21.2%/12.9%) <sup>a</sup> | 229 (113/116)                       |

| Study ID                 | Target Population           | Inclusion Criteria   | Exclusion Criteria  | Intervention / recruitment setting   | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) % | Number analysed (follow-up) T (I/C) |
|--------------------------|-----------------------------|--|---|--|---------|--|---|--------------------|-------------------------------|-------------------------------------|
|                          |                             | Kansas City or South Bend for the next 18 months. Primary caregiver should be functionally literate. Must speak English or Spanish fluently.   | correctional program.   | metropolitan Kansas City. Intervention: Home   |         |  |   |                    |                               |                                     |
| Cartwright-Hatton (2011) | Treatment: anxious children | Child age 9 or younger; scored at or above clinical cut-off on CBCL Internalizing Scale or Preschool Behavior Checklist Internalising Scale; or appeared likely to have an anxiety disorder upon clinical interview. | The parent/child had moderate-to-severe learning difficulties; child had moderate-to-severe autistic spectrum disorder. | Recruitment: Mental Health Services referrals and media releases. Intervention: done in research hospital. | UK      | 6.6 (2.0), 2.7-9 y                     | 32/42 (43.2%/56.8%)                             | 74 (38/36)         | 16 (8/8); (21%/22%)           | 73 (37/36)                          |



| Study ID     | Target Population                       | Inclusion Criteria  | Exclusion Criteria   | Intervention / recruitment setting  | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C)  | Dropouts T (I/C) n; T (I/C) %              | Number analysed (follow-up) T (I/C) |
|--------------|---|---|--|---|---------|--|---|---|--|-------------------------------------|
| Cheng (2007) | Universal: new mothers                  | Live births during June-September 2000, April-July 2001, and February-May 2002.   | Mothers of nationalities other than Japanese, those who planned to move out of the region, or those who could not be contacted; infants with low birth weight, premature delivery, or congenital abnormalities.          | Recruited from a health care centre   | JPN     | M (SD) n/a, Birth                      | 40/45 (47%/53%) <sup>b</sup>                    | 95 (48/47)  | 10 (2/8); 10.5 % (4%/17%)                  | 85 (46/39)                          |
| Cohen (1997) | Treatment: sexually abused preschoolers | Substantiated sexual abuse within past 6 months and child sexually inappropriate behaviour or other behaviour problems. | Mental retardation or pervasive developmental disorder, psychotic symptoms, a serious medical illness, psychotic disorder or active substance abuse in the parent participating in treatment, or the lack of a long-term | Referred from regional rape crisis centres, Child Protective Services, paediatricians, psychologists, community mental health agencies, police departments, and the | USA     | 4.68 (SD n/r), 2.11-7.1 y              | 28/30 (42%/58%)                                 | Parents/Families: 86 (43/43) <sup>a</sup><br>Children: 86 (I/C n/r) | 43 (15/28); 50% (34.9%/65.1%) <sup>a</sup> | 43 (28/15)                          |

| Study ID           | Target Population   | Inclusion Criteria   | Exclusion Criteria | Intervention / recruitment setting  | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) %    | Number analysed (follow-up) T (I/C) |
|--------------------|---|--|--------------------|---|---------|--|---|--------------------|----------------------------------|-------------------------------------|
|                    |   |  | caretaker.         | judicial system   |         |  |   |                    |                                  |                                     |
| Connell (2008)     | Selective: Children at risk of emotional and behavioural problems | Families with a child between 2-3 years who were at risk of future behavioural problems in at least 2 of 3 risk domains: (1) socioeconomic (low education achievement and low family income), (2) family problems (maternal depression, daily parenting challenges, substance use, teen parent status), (3) child behaviour (conduct problems, high-conflict relationships with adults). | n/r                | Recruited from families with young children who were engaged in the Women, Infants and Children Nutrition Program in 3 cities | USA     | 28.2m (3.28); 2y0m-2y11m               | 369/362 (50.5%/49.5%)                           | 731 (367/364)      | 112 (54/58); 15.3% (14.7%/15.9%) | 731 (367/364)                       |
| Constantino (2001) | Selective: children at risk of child                              | Women with 3- to 18-month old infants, residing in disadvantaged   | n/r                | Recruited via health clinics, community   | USA     | 8.3 (5.7); 3-18 m                      | 57/28 (67%/33%)                                 | 85 (51/34)         | 40 (27/13); 47.1% (47.1%/38.2%)  | 45 (24/21)                          |

| Study ID     | Target Population                                       | Inclusion Criteria   | Exclusion Criteria  | Intervention / recruitment setting   | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) %                            | Number analysed (follow-up) T (I/C)  |
|--------------|---|--|---|--|---------|--|---|--------------------|--|--------------------------------------|
|              | abuse or neglect  | urban regions, who were already enrolled in an existing home visitation program.   |   | service clinics, or door-to-door in two disadvantaged urban regions of St. Louis.                                    |         |  |   |                    |  |                                      |
| Cowan (2005) | Universal: Parents of first child entering kindergarten | 2 parents living together with a first child entering kindergarten in the next fall; and who completed an initial 4-page questionnaire booklet | n/r   | Recruited through daycare centres, preschools, pediatrician's offices, and public service announcements in the media | USA     | 4.99 (0.56); 4.5-5.5 y <sup>ac</sup>   | 59/41 (59%/41%)                                 | 112 (73/39)        | 68 (51/17); 60.7% (69.9%/43.6%)                          | 44 (22/22)                           |
| Cowan (2011) |   |  |   |  |         |  |   |                    | n/r  | n/r                                  |
| Dadds (2008) | Universal: preschool children                           | Parents of children aged 3 to 7 years from 25 preschools.  | Children with developmental delay or English as a second language were deleted from data analyses | Recruited from preschools in Brisbane, Australia   | AUS     | 4.77(0.47); 2-6 y                      | 389/345 (53%/47%)                               | 734 (355/379)      | Teacher report: 254 (127/127); 34.6% (35.8%/33.5%)       | Teacher report: 480 (228/252)        |
| Etter (2013) | Selective: Child of low-income couple                   | In committed relationships (married or cohabiting for at least 6 months) and caring for at least one child                                     | Prior experiences with the intervention material, clearly intoxicated, not                        | Recruitment: Flyers, newspaper and online advertisements, media interviews,  | USA     | n/r                                    | n/r   | 301 (229/72)       | FU1: 45 (38/7); 15% (16.6%/9.7%); FU2: 78 (67/11); 25.9% | FU1: 256 (191/65); FU2: 223 (162/61) |

| Study ID        | Target Population                        | Inclusion Criteria  | Exclusion Criteria | Intervention / recruitment setting   | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) %                | Number analysed (follow-up) T (I/C) |
|-----------------|--|---|--------------------|--|---------|--|---|--------------------|--|-------------------------------------|
|                 |  | together  | fluent in English. | and collaboration with community leaders and organisations. Intervention: Workshops were conducted both at the university and at two centrally located community agencies. |         |  |   |                    | (29.3%/15.3%)                                |                                     |
| Feinberg (2010) | Universal: couples expecting first child | First-time parents must have been at least 18 years of age, living together (regardless of marital status) and expecting a first child. | n/r                | Recruited from childbirth education programs at hospitals, health centres, media advertising and word of mouth. Delivered via  | USA     | n/a                                    | n/r   | 169 (89/80)        | 27 (14/13); 16.0% (15.7%/16.3%) <sup>a</sup> | 142 (75/67) <sup>a</sup>            |
| Feinberg (2014) |  |   |                    |  |         |  |   |                    | 71 (39/32); 42% (43.8%/40%)                  | 98 (50/48)                          |

| Study ID         | Target Population                                | Inclusion Criteria   | Exclusion Criteria | Intervention / recruitment setting  | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) %   | Number analysed (follow-up) T (I/C) |
|------------------|--|--|--------------------|---|---------|--|---|--------------------|---------------------------------|-------------------------------------|
|                  |  |  |                    | childbirth education departments at local hospitals.  |         |  |   |                    |                                 |                                     |
| Fergusson (2013) | Selective: Families facing "multiple challenges" | 11-point screening measure based on the measure used in the Hawaii Healthy Start Program. Screening covered parent and family functioning, including age of parents, social support, planning of pregnancy, parental substance use, family financial situation, and family violence. Plunket nurses were asked to refer any family in which 2 or more risk factors were present, or where there were serious | n/r                | Recruitment: Plunket nurses (community nurses) visit families within 3 months of the child's birth<br><br>Intervention: Home visits by Family Support Workers | NZ      | 2.2 (1.4); 0.5-14.5 y <sup>a</sup>     | 231/212 (52%/48%) <sup>a</sup>                  | 443 (220/223)      | 73 (49/24); 16.5% (22.2%/10.8%) | 370 (171/199)                       |

| Study ID        | Target Population                                     | Inclusion Criteria   | Exclusion Criteria   | Intervention / recruitment setting  | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) %  | Number analysed (follow-up) T (I/C) |
|-----------------|---|--|--|---|---------|--|---|--------------------|--|-------------------------------------|
|                 |   | concerns about the family's capacity to care for the child.  |  |   |         |  |   |                    |  |                                     |
| Forgatch (1999) | Selective: Divorcing mothers with sons in Grades 1-3  | Mothers who had separated from their partner within the prior 3 to 24 months and resided with a biological son in Grades 1 to 3.   | Mothers that were cohabiting with a new partner.   | Recruited via media advertisements, flyers and divorce court records.   | USA     | 7.8 (0.93); 6.1-10.4 y                 | 238/0 (100%/0%)                                 | 238 (153/85)       | 81 (53/28); 34% (34.6%/32.9%)  | 157 (100/57)                        |
| Ginsburg (2009) | Selective: Children of parents with anxiety disorders | Children aged 7-12 years without an anxiety disorder and not receiving treatment for anxiety reduction. Parents with a current or lifetime diagnosis of an anxiety disorder except for PTSD and ASD. | Child or parent with a medical or psychiatric condition contraindicating study intervention. | Recruited via newspaper advertisements, mailings to local doctors and psychiatrists, and community flyers. Intervention setting not reported. | USA     | 8.9 (1.9); Range n/r                   | 22/18 (55%/45%)                                 | 40 (20/20)         | Follow-up 1: 5 (3/2); 12.5% (15%/10%)<br><br>Follow-up 2: 7 (4/3); 17.5% (20%/15%) | 40 (20/20)                          |
| Hahlweg (2010)  | Universal: Parents with pre-schoolers                 | Families with children aged 3 to 6   | Inadequate German language ability   | Recruited from preschools in Braunschweig,  | GER     | 4.5 (1.0); 2.6-6.0 y                   | 144/136 (51%/49%)                               | 280 (186/94)       | 48 (44/4); 17% (24%/4%)  | 280 (186/94)                        |

| Study ID          | Target Population   | Inclusion Criteria  | Exclusion Criteria  | Intervention / recruitment setting  | Country | Child age at recruitment M (SD), range                          | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) %   | Number analysed (follow-up) T (I/C) |
|-------------------|---|---|---|---|---------|---|---|--------------------|---|-------------------------------------|
|                   |   |   |   | Germany   |         |   |   |                    |   |                                     |
| Hoff (2004, 2005) | Selective: Parents of children newly diagnosed with Type 1 diabetes | Children diagnosed with Type 1 diabetes in the last 6 months and aged under 18 years            | Children diagnosed with another chronic illness or who had a developmental disability | Recruitment and intervention took place in two paediatric endocrinology clinics | USA     | 9.36 (4.08); 2-18 y <sup>b</sup>                                | 18/16 (53%/47%) <sup>b</sup>                    | 46 (25/21)         | 12 (8/4); 26.1% (32%/19.0%)   | 34 (17/17 mothers, 14/11 fathers)   |
| Johnson (2005)    | Selective: parents of preterm babies                                | Babies born < 33 weeks gestational age to mothers resident in the greater Bristol area, England | English not first language used at home   | Recruited from intensive care nurseries.  | UK      | M (SD) n/a; birth   | 127/83 (60.5%/39.5%)                            | 222 (116/106)      | 83 (46/37); 37.4% (39.7%/34.9%)   | 139 (70/69)                         |
| Kaarese n (2008)  | Selective: Infants with low birth weight                            | Infants with a birth weight <2000g and where the mother's native language was Norwegian         | Triplets, infants with congenital anomalies   | Recruitment: NICU Intervention: Hospital/Home                                   | NOR     | M (SD) n/a; birth   | 77/69 (52.7%/47.3%)                             | 146 (72/74)        | 16 (5/11); 11.0% (6.9%/14.9%) mothers                                       | 136 (67/63 mothers, 61/52 fathers)  |
| Nordhov (2012)    |   |   |   |   |         | 30.0 (3.3) at discharge <sup>c</sup> ; birth, gestational weeks |   |                    | 19 (7/12) mothers; 13% (9.7%/16.2%)<br>13 (5/8) children; 9.0% (6.9%/10.8%) | 133 (67/66)                         |
| Kehoe (2014)      | Universal: grade 6  | Primary caregiver of a  | Parents without sufficient  | School-based  | AUS     | 12.1 (0.42); 10-  | 110/115 (49%/51%)                               | 229 (125/104)      | 15 (10/5); 6.6%   | Parents: 213                        |

| Study ID         | Target Population                    | Inclusion Criteria  | Exclusion Criteria  | Intervention / recruitment setting                              | Country | Child age at recruitment M (SD), range                | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) %   | Number analysed (follow-up) T (I/C) |
|------------------|--------------------------------------|---|---|---|---------|---|---|--------------------|---------------------------------|-------------------------------------|
|                  | students and their primary caregiver | grade 6 student in a participating school, who provided consent for their child to complete assessments           | English language skills to answer questionnaires or understand the program content; children with a primary diagnosis of a communication or pervasive developmental disorder  | recruitment , intervention delivered in local community centers |         | 13 y  | ) <sup>b</sup>                                  |                    | (8%/4.8%)                       | (114/99)<br><br>Youth: 212 (113/99) |
| Koldewijn (2010) | Selective: Very Preterm infants      | Infants with gestational ages (GA) of <32 weeks and/or birth weights of <1500 g, with parents living in Amsterdam | Infants with severe congenital abnormalities, infants whose mothers had a documented history of illicit drug use or severe physical or mental illness, infants from non-Dutchspeaking families for whom an interpreter could not be arranged, and infants who | Recruitment: NICU Intervention: Hospital/Home                   | NL      | I30.2 (2); Range n/r, gestational weeks <sup>c</sup>  | 81/80 (50.3%/49.7%)                             | 176 (86/90)        | 15 (3/12); 8.5% (3.5%/13.3%)    | 161 (83/78)                         |
| Verkerk (2012)   |                                      |   |   |   |         | 29.8 (2.2); Range n/r, gestational weeks <sup>c</sup> | 82/81 (50.3%/49.7%)                             |                    | 25 (10/15); 14.2% (11.6%/16.6%) | 151 (76/75)                         |



| Study ID           | Target Population   | Inclusion Criteria  | Exclusion Criteria                             | Intervention / recruitment setting  | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) %   | Number analysed (follow-up) T (I/C) |
|--------------------|---|---|--|---|---------|--|---|--------------------|---------------------------------|-------------------------------------|
|                    |   |   | participated in other trials on post-discharge |   |         |  |   |                    |                                 |                                     |
| Kratochwill (2009) | Universal, parents of children in kindergarten through to grade 2 | Students in kindergarten, grade 1, or grade 2 in schools serving low-income communities.  | n/r  | Recruited from schools serving low-income communities that showed increased rates of children with 'serious emotional disturbances' | USA     | Est. 6 (SD n/r); 5-7 y                 | 57/77 (42.5%/57.5%)                             | 134 (67/67)        | 56 (28/28); 41.8% (41.8%/41.8%) | 78 (39/39)                          |
| Lam (2008)         | Selective: children living with an alcohol abusing parent         | Men aged 18+ diagnosed with alcohol abuse or dependence; married or cohabiting with a female without a substance use problem; and parent of a child 8-12 years old living in the home | n/r  | Recruitment and intervention took place in an outpatient alcohol treatment service.   | USA     | 8.9 (2.1) <sup>c</sup> ; Range n/r     | 11/9 (55%/45%)                                  | 20 (10/10)         | n/r                             | 20 (10/10)                          |
| Lewis              | Selective:  | Diagnosed with  | Non-English                                    | Recruitment   | USA     | n/r ; 8-12                             | n/r   | 213                | 90 (47/43);                     | 123                                 |

| Study ID         | Target Population                                     | Inclusion Criteria   | Exclusion Criteria   | Intervention / recruitment setting   | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) %   | Number analysed (follow-up) T (I/C) |
|------------------|---|--|--|--|---------|--|---|--------------------|---------------------------------|-------------------------------------|
| (2015)           | Children of mothers with breast cancer                | breast cancer (Stage 0, I, IIA, IIB, or III) within the past 6 months, married or in an intimate heterosexual relationship, read and wrote English among their languages of choice, and had a school-age child between 8 and 12 years of age. Mothers with more than one age-eligible child were asked to choose one referent child for the study. | speaking Advanced stage breast cancer Not recently diagnosed Single mother (from study protocol)   | t: community based comprehensive cancer centres, community cancer centres, private medical practices, and self-referral. |         | years                                  |   | (109/104)          | 42% (43%/41%)                   | (62/61)                             |
| Lieberman (2006) | Selective: Children were exposed to marital violence. | Child aged 3 to 5 years who had been exposed to marital violence and were referred due to clinical concern about the child's behaviour or mother's parenting.  | Perpetrator of violence was living in the home. Mothers with current substance abuse, homelessness, mental retardation or psychosis. Children with | Referrals were received from family court, domestic violence service providers, medical providers, preschools,           | USA     | 4.06 (0.82); 3-5 y                     | 36/39 (48%/52%)                                 | 75 (42/33)         | 25 (15/10); 33.3% (35.7%/30.3%) | 50 (37/23)                          |

| Study ID      | Target Population  | Inclusion Criteria   | Exclusion Criteria  | Intervention / recruitment setting  | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) %   | Number analysed (follow-up) T (I/C) |
|---------------|--|--|---|---|---------|--|---|--------------------|---------------------------------|-------------------------------------|
|               |  |  | mental retardation, autism spectrum disorder, or documented physical or sexual abuse. | other agencies, child protective services, self-referrals.  |         |  |   |                    |                                 |                                     |
| Lowell (2011) | Selective and Indicated: Children who screened positive for social-emotional/behavioural problems or parents screened high for psychosocial risk | Child aged 6 to 36 months, screened positive for social-emotional/behavioural problems or the parent screened high for psychosocial risk, living in Bridgeport, Connecticut, in a permanent caregiving environment | Families with prior involvement with Child FIRST                                      | Referrals from community providers in an inner-city location serving predominantly families living in poverty | USA     | 18.5 (9.0); 5.4-35.9 m                 | 69/88 (43.9%/56.1%)                             | 157 (78/79)        | 40 (20/20); 25.5% (25.6%/25.3%) | 117 (58/59)                         |
| Luthar (2000) | Selective: Children of heroin-addicted mothers   | Heroin-addicted mothers with children less than 16 years of age and who reported problems with parenting.  | Mothers with cognitive deficits, psychotic thought processes, and suicidality.        | Recruited from three methadone clinics.   | USA     | 9.7 (4.4); Range n/r                   | n/r   | 61 (37/24)         | 14 (9/5); 23% (24.3%/20.8%)     | 47 (28/19)                          |
| Luthar        | Selective:   | Heroin-addicted  | Mothers with  | Recruited   | USA     | 9.7 (4.4);                             | 61/66   | Parents/fa         | 19 (10/9);                      | 108                                 |

| Study ID     | Target Population                   | Inclusion Criteria   | Exclusion Criteria   | Intervention / recruitment setting             | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C)  | Dropouts T (I/C) n; T (I/C) %  | Number analysed (follow-up) T (I/C) |
|--------------|-------------------------------------|--|--|--|---------|--|---|---|--|-------------------------------------|
| (2007)       | Children of heroin-addicted mothers | mothers with children less than 16 years of age and who reported problems with parenting.                              | cognitive deficits, psychotic thought processes, suicidality and homicidality. | from three methadone clinics.                  |         | Range n/r                              | (48%/52%)                                       | <p>mothers: 127 (60/61)</p> <p>Children: 71 (I/C n/r)</p>   | 15.0% (16.7%/13.4%)  | (50/58)                             |
| Mason (2007) | Universal: parents of sixth-graders | Rural schools that were eligible for the school lunch program and were in communities with populations less than 8500. | n/r  | Recruited from grade six classes in 22 schools | USA     | 11.4 (SD n/r); Range n/r               | 48%/52%   | <p>Parents/families: n/r</p> <p>Children: 429 (221/208)</p> | <p>Follow up1: 118 (66/52); 27.5% (29.9%/25%)</p> <p>Follow up2: 143 (76/67); 33.3% (34.4%/32.2%)</p> <p>Follow up3: 134 (77/57); 31.2% (34.8%/27.4%)</p> <p>Follow up4: 124 (72/52); 28.9% ( 32.6%/25%)</p> | 429 (221/208)                       |

| Study ID        | Target Population  | Inclusion Criteria   | Exclusion Criteria   | Intervention / recruitment setting                      | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) %  | Number analysed (follow-up) T (I/C)  |
|-----------------|--|--|--|---|---------|--|---|--------------------|--|--------------------------------------|
| McDonald (2006) | Universal: Latino families with primary-school aged children                           | self-identified Latino families  | n/r  | Recruited from elementary schools                       | USA     | 7 (SD n/r); Range n/r                  | 57/73 (43.8%/56.2%) <sup>b</sup>                | 180 (I/C n/r)      | 50 (I/C n/r); 27.8% (I/C n/r)  | 130 (80/50)                          |
| Melynk (2004)   | Selective: Young children unexpectedly hospitalised in paediatric intensive care units | Mothers that could read and speak English and their child had an unplanned medical or surgical admission to the PICU, child aged 2-7 years, expected to survive, had no prior ICU admissions, no cancer, and no suspected or diagnosed physical or sexual abuse. | Children who were readmitted to the PICU after transfer from the PICU to the general paediatric unit or were hospitalized in the PICU for 21 days. | Children's hospital                                     | USA     | 50.3 (19.3); 22-88 m <sup>b</sup>      | 99/64 (60.7%/39.3%) <sup>b</sup>                | 174 (90/84)        | T8: 85 (35/50); 48.9% (38.9%/59.5%)<br><br>T9: 106 (47/59); 60.9% (52.2/70.2%) | T8: 89 (55/34)<br><br>T9: 67 (42/25) |
| Ordway (2014)   | Selective: Children of first-time parents at risk due to                               | Eligibility at study entry: (a) Having a first child, (b) Speak English, (c) Obtains primary   | No psychoses or terminal illnesses (from study protocol)   | Recruitment: local community health centre Intervention | USA     | M (SD) n/a, prenatal                   | n/r   | 71 (36/35)         | 21 (12/9); 29.6% (33.3%/25.7%)   | 50 (24/26)                           |

| Study ID | Target Population   | Inclusion Criteria  | Exclusion Criteria | Intervention / recruitment setting | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) % | Number analysed (follow-up) T (I/C) |
|----------|---|---|--------------------|------------------------------------|---------|--|---|--------------------|-------------------------------|-------------------------------------|
|          | multiple complex issues (age, poverty, trauma history etc.) | <p>care from community health centres (from protocol)</p> <p>Eligibility for follow-up study: (a) the targeted child was between the ages of 3 to 5 years at the time of data collection between March 2010 and March 2011, (b) the mother had primary custody or regular visitation with the child, (c) the dyad lived in state and/or was able to meet in state for the data collection, (d) the mother participated in the MTB program or the control condition beyond the initial consent period.</p> |                    | n: Home                            |         |  |   |                    |                               |                                     |

| Study ID      | Target Population                             | Inclusion Criteria   | Exclusion Criteria   | Intervention / recruitment setting                         | Country | Child age at recruitment M (SD), range   | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) % | Number analysed (follow-up) T (I/C) |
|---------------|---|--|--|--|---------|--|---|--------------------|-------------------------------|-------------------------------------|
| Oswalt (2013) | Selective: Parents of infants born pre-term   | Mothers and fathers, <17 years who are literate in English, who never had another infant admitted to NICU, and whose infants had a gestational age of 26-34 weeks; birth weight >2500 g; anticipated survival; singleton birth; no severe handicapping conditions; not small for gestational age; no grade III or IV intraventricular hemorrhage; and born at the study sites. | Parents were excluded from the study if they made a personal decision to withdraw from the study or if their infant had positive drug testing. | Recruitment: NICUs in Upstate New York. Intervention: Home | USA     | 31.3 (SD n/r); birth; GA 26.0-35.0 weeks | 126/134 (42.5%/51.5%)                           | 260 (147/113)      | 10 (3/7); 3.8% (1.2%/2.7%)    | 253 (I/C n/r)                       |
| Quach (2011)  | Selective: Young children with sleep problems | Children starting primary school with a moderate to severe sleep problem   | Insufficient English and children with likely obstructive sleep apnea  | Recruited from 22 primary schools                          | AUS     | 5.7 (0.4); Range n/r                     | 27/27 (50%/50%)                                 | 108 (54/54)        | 2 (2/0); 1.9% (3.7%)          | 106 (52/54)                         |
| Rapee         | Selective:                                    | Score >30 on   | n/r  | Intervention   | AUS     | 46.5 (4.8);                              | 67/79   | 146                | 30 (10/20);                   | 116                                 |

| Study ID              | Target Population                                  | Inclusion Criteria  | Exclusion Criteria                                       | Intervention / recruitment setting  | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C)   | Dropouts T (I/C) n; T (I/C) %   | Number analysed (follow-up) T (I/C)                |
|-----------------------|--|---|--|---|---------|--|---|--|---|--|
| (2005)                | Parents of children high in behavioural inhibition | Short temperament scale for children Approach subscale and who met criteria for behavioural inhibition on laboratory assessment                               |  | n delivered in university clinic, recruited from Sydney preschools  |         | 36-59 m (Rapee, 2010)                  | (46%/54%)                                       | (73/73)  | 20.5% (13.7%/27.4%)   | (63/53)  |
| Rapee (2010)          |  |   |  |   |         |  |   |  | Follow-up 1: 25 (8/19); 18.5% (11%/26%)   | Follow-up 1: 119 (83/76)                           |
|                       |  |   |  |   |         |  |   |  | Follow-up 2: 63 (28/35); 43.2% (38.4%/47.9%)  | Follow-up 2: 83 (45/38)                            |
|                       |  |   |  |   |         |  |   |  | Follow-up 3: 70 (33/37); 47.9% (45.2%/50.7%)  | Follow-up 3: 76 (40/36)                            |
| Rapee (2013)          |  |   |  |   |         |  |   |  | 43 (23/20); 29% (32%/26%)   | 103 (49/54)  |
| Rotheram-Borus (2001) | Selective: adolescents of parents with HIV/AIDS    | Financially needy persons with AIDS who requested services and were alive during the recruitment period, aged 25 to 70 years. had at least 1 adolescent child | Institutionalization, incarceration, and extreme illness | A consecutive series of parents living with HIV was recruited from a comprehensive log at the New York City | USA     | 14.8 (2.10); 11-18 y <sup>b</sup>      | 193/219 (47%/53%) <sup>b</sup>                  | Parents/families: 307 (153/154)<br><br>Children: 423 (212/211) | Year 1: 68 (29/39); 16.1% (13.7%/18.5%)<br><br>Year 2: 24 (11/13); 5.7% (5.3%/6.2%) | Year 1: 355 (183/172)<br><br>Year 2: 399 (201/198) |
| Rothera               |  |   |  |   |         | 14.7(2.0);                             | 198/215   |  | 63 (22/20);   | 360  |



| Study ID               | Target Population                        | Inclusion Criteria  | Exclusion Criteria  | Intervention / recruitment setting                                | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) %   | Number analysed (follow-up) T (I/C) |
|------------------------|--|---|---|---|---------|--|---|--------------------|---------------------------------|-------------------------------------|
| m-Borus (2003)         |  | aged 11-18 years, and had the assent of their clinical social worker that study participation was appropriate   |   | Division of AIDS Services   |         | 11-18 y <sup>b</sup>                   | (48%/52%) <sup>b</sup>                          |                    | 14.9% (10.2%/9.3%)              | (169/191)                           |
| Rothera m-Borus (2004) |  |   |   |   |         | 14.83 (2.02); 11-21 y <sup>b</sup>     | 142.175 (45%/55%) <sup>b</sup>                  |                    | 68 (33/35); 16.1% (15.4%/16.6%) | 317 (156/161)                       |
| Rothera m-Borus (2006) |  |   |   |   |         | 14.7 (2.0); 11-19 y <sup>b</sup>       | 130/158; (45%/55%) <sup>b</sup>                 |                    | 19 (13/6); 6.2% (8.5%/3.9%)     | 288 (140/148)                       |
| Ruffolo (2005)         | Indicated: children with serious         | Parents of youth with serious emotional disturbance enrolled in the Intensive case management programs during the intake phase and active for at least 6 months | n/r   | Recruited from community based Intensive case management programs | USA     | 11.47 (SD n/r); Range n/r              | n/r   | 94 (58/36)         | 32 (32/19); 54.3% (55.2%/52.8%) | 43 (26/17)                          |
| Santacruz (2006)       | Treatment: children with darkness phobia | a) aged 4-8 years old; b) Diagnosis of Darkness phobia; c) Maximum scores for the item "Fear of the dark" in the Children's Fear Survey Schedule–               | Other anxiety disorders, including separation anxiety, mental deficiency, autism, being involved in a therapy, or psychological problems which need treatment | Recruited from pre schools  | SPN     | 6.49 (1.46); 4-8 y                     | 41/37 (32%/29%)                                 | 20 (27/23)         | 7 (7/0); 14.0% (25.9%/0)        | 43 (20/23)                          |

| Study ID         | Target Population  | Inclusion Criteria   | Exclusion Criteria  | Intervention / recruitment setting  | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C)                                 | Dropouts T (I/C) n; T (I/C) %   | Number analysed (follow-up) T (I/C)  |
|------------------|--|--|---|---|---------|--|---|--|---|--------------------------------------|
|                  |  | Revised; d) >50 points on the Dark Fear Scale (range: 0-100); and e) Minimum of six months' persistence  |   |   |         |  |   |  |   |                                      |
| Simon (2011)     | Indicated: children with high levels of anxiety symptoms | 1. SCARED score in the highest 15%; 2. IQ above 80; 3. age 8-12; 4. Normal elementary school   | 1. Do not sufficiently master the Dutch language; 2. Have substantial learning problems or a developmental delay.   | Recruited from primary schools  | NL      | 9.89 (1.19); 8-13 y <sup>b</sup>       | 58/67 (73%/84%) <sup>b</sup>                    | 125 (69/56)  | Follow up1: 14 (10/4); 11.1% ( 14.5%/7.1 %)<br><br>Follow up2: 35 (21/14); 28% (30.4%/25 %) | 90 (48/42)                           |
| Solantaus (2010) | Selective: children of parents with mood disorder        | Patients diagnosed and currently treated for any mood disorder and had at least one child aged 8–16 years not being treated for psychiatric disorder | Schizophrenia and life threatening stage of a somatic disease of the parent or child, families with ongoing family therapy, custody dispute and immediate need for involvement of child protection services | Recruited from 16 health care units in 8 regional national health organisations | FIN     | M (SD) n/r; 8-16 y                     | n/r   | Parents/families: 119 (59/60)<br><br>Children: n/r | T3: 40 (20/20); 33.6% (33.9%/33.3%)<br><br>T4: 35 (19/16); 29.4% (32.2%/26.7 %)             | T3: 79 (39/40)<br><br>T4: 84 (40/44) |

| Study ID             | Target Population               | Inclusion Criteria   | Exclusion Criteria  | Intervention / recruitment setting   | Country | Child age at recruitment M (SD), range   | Child gender ratio at recruitment M/F n (M/F %)               | Randomised T (I/C)                                | Dropouts T (I/C) n; T (I/C) %       | Number analysed (follow-up) T (I/C) |
|----------------------|---------------------------------|--|---|--|---------|--|---|---|-------------------------------------|-------------------------------------|
| Spittle (2010)       | Selective: Very Preterm infants | Gestational age < 30 weeks, English speaking; Infants born at 30 weeks' gestational age and with no major congenital abnormalities         | Congenital brain anomalies associated with poor neurodevelopmental outcomes, still in hospital at 4 weeks corrected age; Infants were excluded if their family did not live within a 100-km radius of the Royal Women's Hospital or spoke no English. | Recruitment: Royal Women's/C children's hospital. Intervention: Home   | AUS     | 27.3 (1.6); Range n/r, gestational weeks | Intervention: 34/27 (56%/44%)<br><br>Control: 27/32 (44%/54%) | 120 (61/59)<br><br>Parents/families: 106 (54/52)  | 5 (3/2); 4.2% (4.9%/3.4%)           | 115 (58/57)                         |
| Spencer-smith (2012) |                                 |  |   |  |         |  |   |   | 32 (15/17); 26.7% (24.6%/28.8%)     | 88 (46/42)                          |
| Strayhorn (1991)     | Selective: preschool children   | 2-5 year old children with adverse socioeconomic circumstances and whose parents reported at least one undesirable behaviour at screening. | ESL, child verbal ability standard score < 50.  | Recruited from Head Start centers, advertisements, referrals from pediatricians & mental health, word out mouth. | USA     | 3y9m (SD n/r); 2y5m-5y7m                 | 36/48 (42.9%/57.1%)   | Parents/families: 98 (40/48)<br><br>Children: n/r | 21 (I/C unclear) (20%) I/C% unclear | 84 (45/39)                          |

| Study ID          | Target Population  | Inclusion Criteria  | Exclusion Criteria  | Intervention / recruitment setting                                   | Country | Child age at recruitment M (SD), range                      | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) %   | Number analysed (follow-up) T (I/C) |
|-------------------|--|---|---|--|---------|---|---|--------------------|---------------------------------|-------------------------------------|
|                   |  |   |   | Intervention setting n/r.  |         |   |   |                    |                                 |                                     |
| Van Doesum (2008) | Selective: Infants of depressed mothers  | Infant $\leq$ 12 months, mothers with DSM-IV diagnosis of major depression/ dysthymia or elevated BDI score, fluent in Dutch, receiving outpatient treatment for depression | Comorbid psychotic disorder, bipolar, substance dependence        | Recruitment: referral & advertisements. Intervention: Home           | NL      | 5.7 (3.8) 1-12 m <sup>c</sup>                               | 51/34 (60%/40%)                                 | 85 (42/43)         | 14 (7/7); 16% (16.7%/16.7%)     | 71 (35/36)                          |
| Velderman (2006)  | Selective: infants of mothers with tentative (insecure) attachment representations | Mothers of 4 month old first born infants, tentative attachment classification, from a particular city and neighbouring villages, pretest home visit attended.              | < 8 years education, 14+ years education                          | Recruitment: city records, health center records. Intervention: Home | NL      | 4 (SD n/r); Range n/r<br><br>6.8 (1.03) months at pre-test. | 40/41 (49.4%/50.6%)                             | 55 (28/27)         | 2 (1/1); 3.6% (3.6%/3.7%)       | 53 (27/26)                          |
| Wake (2011)       | Selective: Children with low expressive vocabulary                                 | Children at or below 20th percentile on expressive vocabulary test  | Referral for cognitive delay, major medical conditions, suspected | Recruitment: Maternal and child health centres.                      | AUS     | 18.1 (0.70); range n/r m                                    | 152/149 (50.6%/49.5%)                           | 301 (158/143)      | 34 (18/16); 11.3% (11.4%/11.2%) | 267 (140/127)                       |

| Study ID           | Target Population                                | Inclusion Criteria  | Exclusion Criteria  | Intervention / recruitment setting  | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) %   | Number analysed (follow-up) T (I/C) |
|--------------------|--|---|---|---|---------|--|---|--------------------|---------------------------------|-------------------------------------|
|                    | y  |   | autism, parents with inadequate English   | Intervention: Community Centres   |         |  |   |                    |                                 |                                     |
| Walkup (2009)      | Selective: Children with Native American mothers | Expectant American Indian mothers aged 12-22 years, ≤ 28 weeks gestation  | Mothers with extreme medical, social, or legal problems that precluded participation. Mother's at acute risk for self or others at recruitment. | Recruitment: prenatal and school-based clinics. Intervention: Home visits | USA     | M and SD unclear; 3-35 weeks           | n/r   | 167 (81/86)        | 85 (44/41); 50.9% (54.3%/47.7%) | 82 (37/45)                          |
| Williams on (2014) | Selective: Recent immigrant Latino parents       | Parent of female gender with a child between the ages of 7 and 12, and could not be receiving concurrent mental health treatment. | n/r   | Recruitment: Home/community settings Intervention setting: Home           | USA     | 9.47 (1.53), 7-12 y at pre-test.       | 87/107 (45%/55%) <sup>a</sup>                   | 194 (113/81)       | 32 (13/19; 16.5% (11.5%/23.5%)) | 194 (113/81)                        |

| Study ID       | Target Population                       | Inclusion Criteria   | Exclusion Criteria  | Intervention / recruitment setting                             | Country | Child age at recruitment M (SD), range | Child gender ratio at recruitment M/F n (M/F %) | Randomized T (I/C) | Dropouts T (I/C) n; T (I/C) % | Number analysed (follow-up) T (I/C) |
|----------------|---|--|---|--|---------|--|---|--------------------|-------------------------------|-------------------------------------|
| Wolchik (2000) | Selective: Children of divorced parents | Divorcee decree within last 2 years, Female primary residential parent with at least 1 child 9-12 years, mother and child had adequate English | Mother remarried or had a live-in boyfriend, or planned to remarry during the trial; expected stable custody arrangement; >1 hour drive from intervention site; mother/child in treatment for psychological problems; child in special education for mental or learning disability/ on medication for ADD; child scored >17 on CDI, endorsed an item on suicidal ideation, or scored >97th percentile on CBCL Externalizing | Recruitment: mail/phone from Court records. Intervention: Home | USA     | 10.4 (1.0); 9-12 y                     | Number of M and F n/r; 51%/49%                  | 157 (81/76)        | 4 (2/2); 2.5% (2.5%/2.6%)     | 153 (79/74)                         |
| Wolchik (2002) |   |  |   |  |         |  |   |                    | 12 (4/8); 7.6% (4.9%/10.5%)   | 145 (77/68)                         |
| Wolchik (2013) |   |  |   |  |         |  |   |                    | 17 (8/9); 10.8% (9.9%/11.8%)  | 140 (73/67) <sup>a</sup>            |

| Study ID  | Target Population               | Inclusion Criteria  | Exclusion Criteria   | Intervention / recruitment setting                           | Country | Child age at recruitment M (SD), range                  | Child gender ratio at recruitment M/F n (M/F %) | Randomised T (I/C) | Dropouts T (I/C) n; T (I/C) %  | Number analysed (follow-up) T (I/C) |
|-----------|---------------------------------|---|--|--|---------|---|---|--------------------|--------------------------------|-------------------------------------|
|           |                                 |   | subscale   |  |         |   |   |                    |                                |                                     |
| Wu (2014) | Selective: Very Preterm infants | Birth weight <1500 g, gestational age <37 weeks, admission to the study hospital within 7 days of birth, singleton birth or the first child of twins or multiples | Severe neonatal diseases included major neurologic abnormalities | Recruitment: NICU Intervention: hospital and neonatal clinic | Taiwan  | 29.6 (2.7), Range n/r, gestational weeks <sup>b,c</sup> | 53/ 52 (50.4%/50.6%) <sup>b</sup>               | 115 (57/58)        | 20 (7/13); 17.4% (12.3%/22.4%) | 95 (50/45)                          |

Notes:

<sup>a</sup> Information gathered directly from authors, <sup>b</sup> Information from follow-up sample, rather than sample as randomised, <sup>c</sup> Information calculated by pooling intervention and control px

ADD = attention deficit disorder, ASD = acute stress disorder, AUS = Australia, BDI = Beck Depression Inventory, C = control, CBCL = Child Behavior Checklist, CDI = Children's Depression Inventory, ESL = English as a second language, FIN = Finland, FU = Follow-up, GA = gestational age, GER = Germany, I= Intervention, JPN = Japan, m = month, n/a = not applicable, n/r = not reported, NICU = neonatal intensive care unit, NL = Netherlands, NOR = Norway, NZ = New Zealand, PICU = pediatric intensive care unit, PTSD = posttraumatic stress disorder, SCARED = Screen for Child Anxiety Related Emotional Disorders, SPN = Spain, T = total, y = years

Appendix Table C2. Study intervention and comparison characteristics

| Study ID         | Program Name                      | Focus Of Intervention                             | Outline of Content   | Delivery Format   | Number / length of sessions <i><b>scheduled</b></i>  | Number / length of sessions <i><b>delivered</b></i> | Length of intervention                             | Direct intervention with the child?   | Comparison  |
|------------------|-----------------------------------|---|--|---|--|---|--|---|---|
| Achenbach (1993) | Mother-Infant Transaction Program | Parent-child relationship, parenting skills       | Mothers were taught to be more sensitive and responsive to their babies' physiological and social cues, as well as techniques of interactive play (modeling, demonstration, verbal instruction) and practical experience handling the baby.  | Individual sessions with mother and baby, delivered by trained paediatric nurse.                                  | 7 daily in-hospital sessions and 4 post-discharge home sessions  | n/r   | About 14 weeks                                     | No  | Usual Care: Routine medical and social services   |
| Beardslee (1997) | n/r                               | Parent-child relationship, parental mental health | 1) presenting psychoeducational material about mood disorders and about risks and resilience in children; 2) linking the psychoeducational material to the family's life experience; 3) decreasing feelings of guilt and blame in children; and 4) helping the children to develop | Individual family sessions facilitated by a clinician: some parents-only, some child-only, and one family meeting | 6-10 sessions; length not specified. 1 refresher meeting with parents (and child if requested) 6 months after final intervention session | $M = 7.1$ , $SD = 1.3$                              | n/r, inferred ~6 months<br>n/r, inferred ~6 months | Yes; some child-only sessions and child also participated in some family meetings | Minimal Intervention: Two 1-hour parent-only standardised lectures given by Beardslee, covering similar cognitive material as the intervention but not directly linked to the family's illness experience. Parents who missed lectures saw videotapes |



| Study ID         | Program Name | Focus Of Intervention                       | Outline of Content  | Delivery Format                       | Number / length of sessions <i><b>scheduled</b></i>  | Number / length of sessions <i><b>delivered</b></i>                               | Length of intervention | Direct intervention with the child? | Comparison  |
|------------------|--------------|---|---|---------------------------------------|--|---|------------------------|-------------------------------------|---|
| Beardslee (2003) |              |   | relationships both within and outside of the family   |                                       | 6-11 sessions including separate meetings with parents and children, family meetings, and telephone contacts or refresher meetings at 6- to 9-month intervals. | $M = 6.7$ , $SD = 1.3$ , range = 2–9  |                        |                                     | with consultation available.  |
| Beardslee (2007) |              |   |   |                                       |  |   |                        |                                     |   |
| Black (2007)     | n/r          | Parenting skills, parent-child relationship | Support to the caregiver's personal, family, and environmental needs; opportunities to model and promote responsive parent-infant interaction; and problem-solving strategies regarding personal, parenting, and children's issues. | Home visitation by trained laypersons | One-hour visits were scheduled weekly  | $M = 19.2$ , $SD = 11.5$ , median = 25, interquartile range = 18–30, range = 0–47 | 1 year                 | No                                  | Usual Care: Clinical intervention only. Multidisciplinary growth and nutrition clinic, clinical services included referrals to food programs, growth monitoring, recommended menus, videotaped replays of |

| Study ID     | Program Name   | Focus Of Intervention                       | Outline of Content   | Delivery Format   | Number / length of sessions<br><i><b>schedule</b></i><br><i><b>d</b></i>   | Number / length of sessions<br><i><b>delivered</b></i> | Length of intervention   | Direct intervention with the child? | Comparison   |
|--------------|--|---|--|---|--|--|--|-------------------------------------|--|
|              |  |   |  |   |  |  |  |                                     | mothers with their children during feeding, and counselling regarding feeding schedules and behaviour. |
| Butz (2001)  | n/r  | Parenting skills, parent-child relationship | The nurses established a caring relationship with the caregiver, provided emotional support, modelled positive parent-child interactions, monitored infant health, and taught skills to enhance maternal-infant interaction.   | Home visits by paediatric nurse specialists   | 16 sessions (length not stated)  | $M = 12.8$ , $SD = 3.2$ , range = 1-20                 | 18 months with more frequent visits during the first 6 months <sup>a</sup> | No                                  | Usual Care: not described  |
| Carta (2013) | Planned Activities Training (PAT) supplemented with cellular phone calls and text messaging (CPAT) | Parenting skills                            | Part of the SafeCare parent training model, aims to prevent challenging child behaviour and improve parent-child interactions by focusing on teaching specific responsive parenting strategies. Phone contacts promoted engagement and provided reminders of newly learned parenting strategies. | Individual sessions with a family coach (research staff with a BA degree). In addition to the home visits, they received text | 5 sessions + individualised text messages twice/day + phone call once/week | n/r  | 5 weeks  | No                                  | Extended waitlist  |

| Study ID                 | Program Name   | Focus Of Intervention                                 | Outline of Content  | Delivery Format   | Number / length of sessions<br><i><b>schedule<br/>d</b></i> | Number / length of sessions<br><i><b>delivered</b></i>                        | Length of intervention | Direct intervention with the child? | Comparison   |
|--------------------------|----------------|---|---|---|---|---|------------------------|-------------------------------------|--|
|                          |                |   |   | messages and calls  |   |   |                        |                                     |  |
| Cartwright-Hatton (2011) | Timid to Tiger | Parenting skills, parents as coach of child's problem | Parents were taught to provide their children with a warm, calm, predictable home environment, in which gentle, positive, discipline was used to manage difficult behaviour and to encourage confident behaviour; and to manage children's anxiety using cognitive-behavioral skills. | Parent group sessions conducted by 2 clinical psychologists | 10 x 2-hour sessions  | 5 families attended no sessions; the rest attended a mean of 88% of sessions. | 10 weeks               | No                                  | Usual Care: After 10 weeks, control participants completed the post assessment and were then seen by referrer or were given help finding appropriate support.  |
| Cheng (2007)             | n/r            | Parenting skills, parent-child relationship           | Promotion of maternal feelings of competence in infant caretaking as well as improvement of maternal sensitivity and the quality of mother-infant interactions through modeling or positive feedback.   | Home visitations by nurse                                   | Five home visits, once a month, 1 hour long                 | n/r   | 5 months               | No                                  | Usual Care: Standard centre-based service Including education regarding parenting, infant nutrition, development, physical health, and other services in conjunction with infant medical check-ups. Plus psychological counselling was made available in |

| Study ID       | Program Name  | Focus Of Intervention  | Outline of Content  | Delivery Format  | Number / length of sessions<br><i><b>schedule</b></i><br><i><b>d</b></i> | Number / length of sessions<br><i><b>delivered</b></i>   | Length of intervention | Direct intervention with the child?                        | Comparison   |
|----------------|---|--|---|--|--|--|------------------------|--|--|
|                |   |  |   |  |  |  |                        |  | the town.  |
| Cohen (1997)   | Cognitive-Behavioral Therapy for Sexually Abused Preschoolers (CBT-SAP) | Parenting skills, parent-child relationship, parental mental health (in those with child abuse histories), parents as coach of child's problem | Child: Use of structured play to target sexually inappropriate or regressive behaviours, aggression and sadness. Parents: Addresses common misperceptions parents hold, improves parental skills to provide emotional support to child and to manage regressive and inappropriate behaviours, as well as anxiety symptoms, maternal issues related to own history of abuse, and legal issues. | Individual sessions with parent and separately with the child, delivered by clinicians | 12 weekly sessions; 50 minutes for parents and 30-40 minutes for child   | n/r  | 12 weeks               | Yes: child attends individual sessions with the clinician. | Attention control: Non-directive Supportive Therapy designed to control for non-specific aspects of therapy and did not make interpretations or offer advice or suggestions. |
| Connell (2008) | Family Check-Up   | Parenting skills   | Sessions focused on managing child problem behaviour, supporting existing parenting strengths, identifying services appropriate to the family needs, parenting practices, other family management   | Individual sessions with clinicians  | 3 sessions at age 2-3 and 3 sessions at age 3-4. Length n/r              | Age 2-3: 77.9% attended ( $M=3.3$ , $SD=2.8$ ); Age 3-4: 65.4% attended ( $M=2.8$ , $SD=2.70$ ). | n/r, inferred ~1 year  | No   | No Treatment   |

[illegible]

| Study ID            | Program Name   | Focus Of Intervention                       | Outline of Content  | Delivery Format   | Number / length of sessions <i><b>schedule</b></i><br><i><b>d</b></i>  | Number / length of sessions <i><b>delivered</b></i>  | Length of intervention | Direct intervention with the child? | Comparison   |
|---------------------|--|---|---|---|--|--|------------------------|-------------------------------------|--------------|
|                     |  |   | parents and their child   |   |  |  |                        |                                     |              |
| Dadds & Roth (2008) | REACH for RESILIENCE   | Parenting skills, parent-child relationship | To improve parent-child interactions, parents are taught how to build positive expectations in their children through self-talk, behavioral change, and problem-solving strategies.   | Group sessions with parents conducted by a clinician.   | 6 fortnightly sessions, length n/r   | 27.3% attended 0 sessions, 12.7% attended 1-3 sessions, 21.4% attended 4-6 sessions. The rest were 'invited but not interested'. | 3 months               | No                                  | No Treatment |
| Etter (2013)        | The Fatherhood, Relationship, and Marriage Education program (FRAME) | Parenting skills, Parent-child relationship | Intervention based on the Family Stress Model and focused on relationship education; parent stress and coping skill training; and child-centred parent training to create safer, more stable couple relationships and better environments for their children. | Group workshops led by a team of two highly trained leaders. FRAME includes extensive use of activities, discussions, and practice/homework | Workshops involved 14 hours of content and were conducted on 3 Saturdays (6 hours each) or 5 weeknights (3.5 hours each). All interventi | n/r  | n/r                    | No                                  | No Treatment |

| Study ID         | Program Name             | Focus Of Intervention | Outline of Content   | Delivery Format  | Number / length of sessions <i><b>schedule</b></i><br><i><b>d</b></i>    | Number / length of sessions <i><b>delivered</b></i>  | Length of intervention   | Direct intervention with the child? | Comparison   |
|------------------|--------------------------|-----------------------|--|--|--|--|--|-------------------------------------|--------------|
|                  |                          |                       |  | designed to teach skills and principles.                                       | on couples and individuals were also invited to attend booster sessions. |  |  |                                     |              |
| Feinberg (2010)  | Family Foundations       | Other (co-parenting)  | Focus on helping couples become aware of areas of coparental disagreement before parenthood, and managing disagreements through productive communication, problem solving, and conflictmanagement techniques.                  | Group sessions of 6-10 couples led by a trained male and female layperson team | 8 sessions: 4 prenatal and 4 postnatal                                   | M prenatal sessions = 3.2; M postnatal = 2.3 (80% attended at least 3 prenatal; 60% at least 3 postnatal ) | n/r  | No                                  | No Treatment |
| Feinberg (2014)  |                          |                       |  |  |  |  |  |                                     |              |
| Fergusson (2013) | Early Start intervention | Parenting skills      | Home visitation intervention involving (1) assessment of family needs, issues, challenges, strengths, and resources; (2) development of a positive partnership between the family support worker and client; (3) collaborative | Individual sessions provided by Family Support Workers                         | n/r  | n/r  | M = 37.8 months, SD = 23.6 months, Median = 48 months, range 1-65 <sup>a</sup> | No                                  | No Treatment |

| Study ID        | Program Name             | Focus Of Intervention | Outline of Content   | Delivery Format   | Number / length of sessions<br><i><b>schedule</b></i><br><i><b>d</b></i> | Number / length of sessions<br><i><b>delivered</b></i> | Length of intervention | Direct intervention with the child? | Comparison   |
|-----------------|--------------------------|-----------------------|--|---|--|--|------------------------|-------------------------------------|--------------|
|                 |                          |                       | problem solving to devise solutions to family challenges; (4) the provision of support, mentoring, and advice to assist client families to mobilize their strengths and resources; and (5) involvement with the family throughout the child's preschool years. |   |  |  |                        |                                     |              |
| Forgatch (1999) | Parenting Through Change | Parenting skills      | Training in parenting practices: non-coercive discipline, contingent encouragement, monitoring and problem solving; as well as issues relevant to divorcing women: regulating negative emotions and managing interpersonal conflict.                           | Group sessions with 6 to 16 mothers, led by 2 trained interventionists with a mixture of education and experience. Plus a weekly phone call to encourage use of the procedure | 14-16 sessions   | $M = 8.5$ ,<br>$SD = 5.7$ ,<br>range = 0-15            | 16.4 weeks             | No                                  | No Treatment |



| Study ID        | Program Name                                | Focus Of Intervention                       | Outline of Content   | Delivery Format   | Number / length of sessions <i><b>scheduled</b></i>                                       | Number / length of sessions <i><b>delivered</b></i>                           | Length of intervention | Direct intervention with the child?   | Comparison        |
|-----------------|---|---|--|---|---|---|------------------------|---------------------------------------|-------------------|
|                 |   |   |  | s and to troubleshot problems with homework.                                      |   |   |                        |                                       |                   |
| Ginsburg (2009) | Coping and Promoting Strength (CAPS)        | Parenting skills, parent-child relationship | Parents taught about modeling of anxiety symptoms, decreasing anxiety-enhancing parenting (e.g. overprotection), and reducing criticism and family conflict. Targets in children were reducing anxiety symptoms and social avoidance, maladaptive cognitions, and poor problem-solving skills. | Individual sessions with parents or parents with children delivered by clinicians | 6-8 weekly sessions plus a 3-month booster session, 60 minutes each                       | $M = 7.47$ , range = 5-8  | 8 weeks                | Yes: children were invited to up to 6 | Extended waitlist |
| Hahlweg (2010)  | Triple-P Positive Parenting Program (group) | Parenting skills                            | Parents are taught child management strategies to promote children's competence and development and to help parents manage misbehaviour.   | Group sessions with 6 to 10 families delivered by clinicians                      | 4 weekly group sessions, 2 hours each; plus four optional weekly 15-minute phone contacts | 23% of whole sample did not attend any sessions. Mothers: 3-4 sessions 88.4%; | 4 weeks                | No                                    | No Treatment      |

| Study ID       | Program Name                         | Focus Of Intervention               | Outline of Content  | Delivery Format   | Number / length of sessions<br><i><b>scheduled</b></i>  | Number / length of sessions<br><i><b>delivered</b></i>                  | Length of intervention | Direct intervention with the child? | Comparison   |
|----------------|--------------------------------------|-------------------------------------|---|---|---|---|------------------------|-------------------------------------|--|
|                |                                      |                                     |   |   |   | Fathers: 69% attended none, and only 6.3% attended at least 3 sessions. |                        |                                     |  |
| Hoff (2005)    | n/r                                  | Other                               | Parents taught skills to manage uncertainty around the meaning and outcome of their child's Type 1 diabetes, including problem-solving skills, communication skills, and role clarification | Group sessions led by clinicians (advanced clinical psychology graduate students) | Two 2.5-hour long sessions  | 5 families (20%) discontinued or did not receive the intervention.      | 1 week (two weekends)  | No                                  | Usual Care: Routine medical care and illness education                                 |
| Johnson (2005) | Avon Premature Infant Project (APIP) | Parents as coach of child's problem | Parents offered support, help and advice about the care and development of their child with developmental delay, including how to stimulate their development through activities.           | Home visits by nurses   | Visits were scheduled weekly for the first few months, reduced to 2-4 weekly for the next year, and then to monthly by 2 years. Visits were | n/r   | 2 years                | No                                  | Usual Care: Regular outpatient visits occurred as part of the normal neonatal service. |

| Study ID        | Program Name  | Focus Of Intervention                       | Outline of Content  | Delivery Format  | Number / length of sessions <i><b>scheduled</b></i>   | Number / length of sessions <i><b>delivered</b></i>  | Length of intervention           | Direct intervention with the child? | Comparison   |
|-----------------|---|---|---|--|---|--|----------------------------------|-------------------------------------|--|
|                 |   |   |   |  | 44 minutes long on average.   |  |                                  |                                     |  |
| Kaarese n(2008) | Mother-Infant Transaction Program (MITP)            | Parenting skills, parent-child relationship | Teaches parents to be sensitive to infant cues and to respond appropriately to them in order to facilitate mutually satisfying interactions.  | 8 sessions (7 individual) in the hospital plus 4 home visits, delivered by neonatal nurses.                        | 1 initial debriefing session, followed by 7 daily 1-hour sessions in the week before planned hospital discharge, followed by 4 home visits in the 90 days post-discharge. | All mothers participated in every session. Fathers participated in a median of 6 out of 12 sessions. | 97 days (approximately 3 months) | No                                  | Usual Care: Usual protocol for discharge of low birth weight infants: offer of training in baby massage, visual and hearing screening, consultation with neonatologist |
| Nordhov (2012)  |   |   |   |  |   |  |                                  |                                     |  |
| Kehoe (2014)    | Parent Education Program (Tuning in to Teens; TINT) | Parenting skills, parent-child relationship | Teaches parents skills in responding to emotions in ways that foster closer parent-adolescent connection and enhance emotional competence in both parents and youth. The central focus is on teaching parents an adaptive emotion socialization style | Group sessions with 6–13 parents. Led by two facilitators (one of which was the first or third author). Co-leaders | 6 sessions, each 120 minutes long   | 84% completed 4 or more sessions. Four parents only attended one session.                            | 6 weeks                          | No                                  | No Treatment   |

| Study ID         | Program Name  | Focus Of Intervention                       | Outline of Content   | Delivery Format   | Number / length of sessions <i><b>schedule</b></i>   | Number / length of sessions <i><b>delivered</b></i>  | Length of intervention | Direct intervention with the child? | Comparison  |
|------------------|---|---|--|---|--|--|------------------------|-------------------------------------|---|
|                  |   |   | called 'emotion coaching'.   | were mental health professionals or psychology graduates.   |  |  |                        |                                     |   |
| Koldewijn (2010) | Infant Behavioral Assessment and Intervention Program (IBAIP) | Parenting skills, parent-child relationship | Provided suggestions to encourage parents to support their infant's self-regulatory efforts and/or competence; to adjust the environment to their infant's needs; to support positive parent-infant interactions; and to enhance postural control and successful infant explorations without distress. The intervention method does not only support the child, but the parents as well, by offering them emotional, practical and individual support. | 1 IBAIP session shortly before discharge and 6 to 8 home visits. Interventions were carried out by experienced pediatric physical therapists. | 1 session pre-discharge, and 6-8 home visits until the infant was 6 months corrected age. Each session was 1 hour's duration. <sup>a</sup> | 81 infants received 8 session, 4 infants received 6-7 sessions, 1 infant received no intervention sessions. Length of session not recorded. <sup>a</sup> | 6 months               | Unclear                             | Usual Care: Control infants received standard care (incl. regular outpatient visits to the pediatrician) and, if required (non-IBAIP trained), pediatric physical therapy. Regular outpatient visits to the pediatrician were standard in both intervention and control groups. |
| Verkerk (2012)   |   |   |  |   |  |  |                        |                                     |   |
| Kratochwill      | Families and  | Parent-child                                | Sessions include a meal at the family  | Group sessions  | 8 weekly sessions,   | All families   | 8 weeks                | Yes. Children                       | No Treatment  |

| Study ID     | Program Name                                  | Focus Of Intervention   | Outline of Content  | Delivery Format   | Number / length of sessions <i><b>schedule</b></i> | Number / length of sessions <i><b>delivered</b></i>              | Length of intervention | Direct intervention with the child? | Comparison   |
|--------------|---|---|---|---|--|--|------------------------|-------------------------------------|--|
| (2009)       | Schools Together (FAST)                       | relationship  | table, parent-led family activities, coaching of parents to do responsive play, and parent support groups.  | with parents and children, delivered by trained laypersons                            | 2.5 hours long                                     | attended at least one session. 90% attended at least 6 sessions. |                        | participated in the sessions.       |  |
| Lam (2008)   | Parent Skills with Behavioral Couples Therapy | Parenting skills, parental mental health                            | Combined 8 sessions of behavioural couples therapy that aimed to improve communication and problem-solving skills and to reinforce sobriety, with 4 sessions of training in parent skills to improve parent-child functioning. In addition to usual care (12 sessions of individual CBT for substance abuse for male patients). | Individual sessions with both parents, led by clinician                               | 12 sessions 60-minutes long                        | 84% attended all sessions  | 12 weeks               | No                                  | Attention Control: Individual-based therapy: 12 sessions with fathers on coping skills for alcoholism, plus usual care.                                    |
| Lewis (2015) | The Enhancing Connections Program             | Parent-child relationship, parental mental health, parenting skills | Teaches diagnosed mothers cognitive-behavioral/self-care methods to manage their own cancer-related emotions as well as teaching them what they could do to support their child's   | Fully scripted patient education counselling sessions (delivered by specially trained | 5 sessions, 60 minutes long                        | n/r  | 8 weeks                | No                                  | Minimal Control: The control group were mailed a printed booklet that focused on ways the mother could be supportive to her child about the breast cancer. |

| Study ID         | Program Name                     | Focus Of Intervention     | Outline of Content   | Delivery Format  | Number / length of sessions<br><i><b>schedule<br/>d</b></i> | Number / length of sessions<br><i><b>delivered</b></i> | Length of intervention | Direct intervention with the child?         | Comparison  |
|------------------|----------------------------------|---------------------------|--|--|---|--|------------------------|---|---|
|                  |                                  |                           | coping.  | nurse);<br>interactive booklet about breast cancer to be read by the mother to the child;<br>a mother's workbook;<br>a child-completed activity booklet;<br>access by phone pager to the patient educator for 12 hours each day between the scheduled intervention sessions. |   |  |                        |   | After receiving the booklet, mothers were contacted by a specially trained master's prepared patient educator who used a script to review key points in the booklet and ways to get the most from the booklet. Each call lasted 10 or fewer minutes and was digitally recorded. |
| Lieberman (2006) | Child-Parent Psychotherapy (CPP) | Parent-child relationship | Targeted affect regulation in child and parent; changing maladaptive | Individual sessions with mother and child,   | 50 sessions<br>60-minutes long once                         | $M = 32.1$ ,<br>$SD = 15.2$                            | 50 weeks               | Yes - children participated in the sessions | Usual Care: Case management plus referral for individual psychotherapy  |

| Study ID      | Program Name  | Focus Of Intervention                    | Outline of Content  | Delivery Format   | Number / length of sessions <i><b>schedule</b></i><br><i><b>d</b></i> | Number / length of sessions <i><b>delivered</b></i>                  | Length of intervention | Direct intervention with the child? | Comparison  |
|---------------|---|--|---|---|---|--|------------------------|-------------------------------------|---|
|               |   |  | behaviours in the child, mother, and their interaction; supporting developmentally appropriate interactions and activities; finding avenues for conflict resolution and restoration of hope and trust in their relationship   | led by clinician, plus individual sessions with the mother-only when indicated. | a week  |  |                        | with their mother                   |   |
| Lowell (2011) | Child FIRST (Child and Family Interagency, Resource, Support, and Training) | Parent-child relationship                | Parents taught about understanding and responding more effectively to child behaviour, reciprocal parent-child play and positive interactions. This involved exploring connections between the parent's past and current relationships and feelings toward the child. | Home visits by a clinician and care-coordinator                                 | Weekly visits of 45-90 minutes duration, number not reported          | $M=12.2$ , $SD=6.9$ over a mean of 22 weeks                          | n/r                    | No                                  | Usual Care: not described   |
| Luthar (2000) | Relational Psychotherapy Mothers' Group (RPMG)                              | Parenting skills, parental mental health | Maternal mental health and functioning, and parenting skills (avoiding violent conflict, alternatives to physical punishment, age-  | Group sessions of 4 to 8 mothers led by a clinician and a drug                  | 24 sessions once a week, duration not reported                        | 86% of mothers completed treatment (missed no more than 2 consecutiv | 24 weeks               | No                                  | Usual Care: Standard methadone treatment consisting of 1-hr addiction counselling group each week, plus |

| Study ID      | Program Name                                   | Focus Of Intervention                       | Outline of Content   | Delivery Format   | Number / length of sessions <i><b>schedule</b></i> | Number / length of sessions <i><b>delivered</b></i>  | Length of intervention | Direct intervention with the child?   | Comparison  |
|---------------|--|---|--|---|--|--|------------------------|---|---|
|               |  |   | appropriate limits in disciplining children, warm parenting).  | counselor, in addition to standard methadone treatment.   |  | ee sessions and attended at least half of all group meetings)  |                        |   | methadone and periodic meetings with case managers to secure basic needs.   |
| Luthar (2007) | Relational Psychotherapy Mothers' Group (RPMG) | Parenting skills, parental mental health    | Maternal mental health and functioning, and parenting skills (avoiding violent conflict, alternatives to physical punishment, age-appropriate limits in disciplining children, warm parenting).  | Group sessions of 3 to 8 mothers led by a clinician, in addition to standard methadone treatment. | 24 sessions once a week, duration not reported     | 58% of mothers completed treatment (missed no more than 2 consecutive sessions and attended at least half of all group meetings) | 24 weeks               | No  | Attention Control: Recovery Training (an equivalent dose of group therapy focused on the processes of addiction, recovery, and relapse prevention). |
| Mason (2007)  | Preparing for the Drug Free Years (PDFY)       | Parenting skills, parent-child relationship | Families taught about involvement and interaction within the family; family rules about substance use, monitoring and disciplining children; resisting peer influence to use drugs; anger and family conflict; and developing bonding. | Group sessions with on average 10 families in each group, led by 2 group leaders                  | 5 2-hour weekly sessions                           | 56% agreed to participate in program. Of these, 94% attended 3 or more sessions, 93% attended at least 4 sessions,               | 5 weeks                | Yes - children participated in one of the five sessions with their parents. | Minimal Intervention: Minimal contact, parents were provided with 4 informational facts sheets on adolescent development.                           |



| Study ID        | Program Name                         | Focus Of Intervention               | Outline of Content  | Delivery Format   | Number / length of sessions <i><b>scheduled</b></i>   | Number / length of sessions <i><b>delivered</b></i>   | Length of intervention | Direct intervention with the child?                                     | Comparison   |
|-----------------|--------------------------------------|-------------------------------------|---|---|---|---|------------------------|---|--|
|                 |                                      |                                     |   |   |   | 61% attended all 5 sessions.  |                        |   |  |
| McDonald (2006) | Families and Schools Together (FAST) | Parent-child relationship           | Aims to increase parent involvement in schools and improve children's wellbeing. Activities support parents to help their child connect the cultures of home and school and enhance relationships. Sessions consist of sharing a meal, family communication, group songs, playing games, and parental peer support. | Group sessions of 5 to 15 families led by a collaborative team of professionals and parents | 8 sessions of 2.25 hours long   | 90% attended at least one session, 85% of these completed 5 sessions and 'graduated' (76.5% of total) | 8 weeks                | Yes - children participate in the first hour of the 2.25 hour sessions. | Minimal Intervention: Family Education (FAME) condition. Parents were sent 8 weekly mailings of parenting skills booklets and were invited to a formal parenting lecture.                                |
| Melynk (2004)   | COPE                                 | Parents as coach of child's problem | Aims to increase parents' knowledge and understanding of the range of behaviours and emotions that young children typically display during and after hospitalisation, and to direct parent participation in their children's emotional and physical care to enhance coping  | Audiotape, written information and telephone call   | 3 phases: (1) audio tape and written material during stay in PICU, (2) audiotape and written material plus workbook | n/r   | n/r                    | No  | Attention Control: Audiotaped and written information on the services and policies of the PICU and the general paediatric unit and a parent-child activity workbook containing "control" activities (eg, |

| Study ID      | Program Name           | Focus Of Intervention   | Outline of Content  | Delivery Format   | Number / length of sessions <i><b>schedule d</b></i>   | Number / length of sessions <i><b>delivered</b></i> | Length of intervention | Direct intervention with the child? | Comparison   |
|---------------|------------------------|---|---|---|--|---|------------------------|-------------------------------------|--|
|               |                        |   | outcomes.   |   | delivered after transfer from PICU to general paediatric unit, (3) telephone call 2 to 3 days after hospital discharge.                                      |   |                        |                                     | reading a non-hospital-related book. Plus a phone call informing mothers to contact doctor if any unusual symptoms appear after discharge. |
| Ordway (2014) | Minding the Baby (MTB) | Parenting skills, parent-child relationship, parent mental health | Deliverers support reflective parenting, promote the mother-infant attachment relationship, and model and foster a range of parenting skills. | An interdisciplinary team of a pediatric nurse practitioner and clinical social worker provide weekly individual home visits to first time mothers beginning prenatally until their children are 2 years old. | Visits, beginning prenatally (late second or early third trimester), are conducted weekly up until the child is 24 months. Each visit is approximately 1 hr. | n/r   | 24 months              | No                                  | Usual Care: Routine primary care at community health centre  |

| Study ID      | Program Name   | Focus Of Intervention                       | Outline of Content   | Delivery Format   | Number / length of sessions <i><b>schedule d</b></i>  | Number / length of sessions <i><b>delivered</b></i> | Length of intervention | Direct intervention with the child? | Comparison   |
|---------------|--|---|--|---|---|---|------------------------|-------------------------------------|--|
| Oswalt (2013) | Creating Opportunities for Parent Empowerment (COPE) | Parenting skills, parent-child relationship | Intervention provided information about their preterm infant, including information that reduces ambiguity about their infant's appearance and behaviours, and how the parent should care for them to enhance their development. Also includes practical advice to facilitate implementation of the information. | Audiotapes and workbook, delivered by 'trained interveni onists' in 7 phases from NICU admission to 18 months corrected age               | 7 phases - length not specified   | n/r   | 18 months              | No                                  | Attention Control: Audiotapes and written information delivered at the same times as the COPE phases, including information about hospital services, discharge information, information regarding immunizations, and age appropriate child safety and nutrition. |
| Quach (2011)  | n/r  | Parents as coach of child's problem         | Parents taught normal sleep requirements for children and behavioural sleep strategies and they created a sleep management plan  | One individual consultati on, plus a telephone consultati on, plus an optional individual consultati on, delivered by clinician or nurse. | 2 to 3 consultati ons (first consultati on 45 minutes, phone call for 20 minutes, 3rd consultati on 30 minutes) | n/r   | 3 weeks                | No                                  | No Treatment   |

[illegible]

| Study ID              | Program Name                                    | Focus Of Intervention                    | Outline of Content   | Delivery Format   | Number / length of sessions <i><b>schedule</b></i><br><i><b>d</b></i> | Number / length of sessions <i><b>delivered</b></i> | Length of intervention | Direct intervention with the child? | Comparison  |
|-----------------------|---|--|--|---|---|---|------------------------|-------------------------------------|---|
| Rotheram-Borus (2004) |   |  | Module 2: parents focused on initiating custody plans, reducing their adolescent's risk behaviours, and creating and maintaining positive family routines while ill. Module 2 adolescent sessions focused on youths' adaptation to their parents' illness, improving parent-youth relationships, and reducing youths' risk acts. | and parent-adolescent groups. Delivered by trained social workers and clinical psychology graduate students |   |   |                        |                                     |   |
| Rotheram-Borus (2006) |   |  |  |   |   |   |                        |                                     |   |
| Ruffolo (2005)        | Support, Empowerment, and Education Group (SEE) | Parenting skills, parental mental health | Intervention addresses the key components of social support, parent education, and parental empowerment through group problem solving and interactive knowledge development activities.  | Group sessions by trained mental health professionals and parent leaders                                    | 2 sessions per month for at least 2 hours each                        | n/r   | n/r                    | No                                  | Usual Care: workers provide home visits, support, crisis intervention and case management service |
| Santacruz (2006)      | Bibliotherapy and games                         | Parents as coach of child's problem      | Parents are trained to carry out treatment at home, with 2 components: (1) a treatment book  | Individual sessions to train parents; no  | Five sessions of ~ 45 minutes each over                               | n/r   | 5 weeks                | No                                  | No Treatment  |

| Study ID         | Program Name             | Focus Of Intervention   | Outline of Content   | Delivery Format  | Number / length of sessions <i><b>schedule</b></i> | Number / length of sessions <i><b>delivered</b></i> | Length of intervention | Direct intervention with the child? | Comparison  |
|------------------|--------------------------|---|--|--|--|---|------------------------|-------------------------------------|---|
|                  |                          |   | where the hero is a coping model (imaginary exposure), and (2) nine games to overcome night-time fear (in vivo exposure).  | information on trainers  | a 1 month period, 1 session each week              |   |                        |                                     |   |
| Simon (2011)     | n/r                      | Parenting skills, parental mental health, parents as coach of child's problem | Parents were trained as lay therapists to help their child overcome his or her anxieties by applying the principles of stepwise exposure-in-vivo, cognitive restructuring, modeling, task-concentration training and relaxation, and reinforcement. Parents worked on their own anxieties and anxiety-enhancing parenting and on their coparenting relationship. The father's role was also highlighted. | Group sessions + telephone sessions, delivered by psychology graduates | 3 group sessions + 5x15min telephone sessions      | n/r   | n/r                    | No                                  | No Treatment  |
| Solantaus (2010) | Family Talk Intervention | Parent-child relationship,  | (1) presenting psychoeducational material about mood disorders and about   | Individual family sessions facilitated                                 | At least 6 sessions for families                   | 94.6% attended all sessions                         | n/r                    | Yes                                 | Minimal Intervention: Let's Talk About Children: child- |

| Study ID | Program Name | Focus Of Intervention  | Outline of Content  | Delivery Format  | Number / length of sessions <i><b>scheduled</b></i>          | Number / length of sessions <i><b>delivered</b></i> | Length of intervention | Direct intervention with the child? | Comparison  |
|----------|--------------|------------------------|---|--|--|---|------------------------|-------------------------------------|---|
|          |              | parental mental health | risks and resilience in children; (2) linking the psychoeducational material to the family's life experience; (3) decreasing feelings of guilt and blame in children; and (4) helping the children to develop relationships both within and outside of the family | by a clinician: some parents-only, some child-only, and one family meeting | with one child, more sessions with more children. Length n/r |   |                        |                                     | focussed discussion with parent to assess the child's situation and to provide information on how parents can support their children (15-45 minutes, with up to 2 sessions). Both conditions also received a self-help guide called How Can I Help My Children, A Guide Book for Parents with Mental Health Problems and a standard information booklet about depression. |

| Study ID             | Program Name  | Focus Of Intervention   | Outline of Content  | Delivery Format   | Number / length of sessions<br><i><b>schedule</b></i><br><i><b>d</b></i>                                | Number / length of sessions<br><i><b>delivered</b></i> | Length of intervention | Direct intervention with the child?  | Comparison   |
|----------------------|---|---|---|---|---|--|------------------------|--|--|
| Spencer-Smith (2010) | VIBeS (Victorian Infant Brain Studies) Plus home-based preventive care program. | Parenting skills, parent-child relationship, parental mental health | The program aims to educate the primary caregiver(s) about evidence-based interventions for improving infant self-regulation, postural stability, coordination and strength, parent mental health, and the parent- infant relationship. | Individual family sessions with team of psychologist & physiotherapist. All participants had standard follow-up care. | 9 sessions (1.5-2hrs)   | $M = 8.9$ , $SD = 0.4$ , range = 6-9                   | 11 months              | No   | Usual Care: Families in both the intervention and control groups had access to a maternal child health nurse in the community who assessed developmental progress of the infant and performed surveillance such as height and weight checks. Referral could be made to early intervention services by the infant's health care team at any time. |
| Spittle (2010)       |   |   |   |   |   |  |                        |  |  |
| Strayhorn (1991)     | n/r   | Parenting skills, parent-child relationship                         | Modelling & role-play on conversation, story reading, and dramatic play focusing on prosocial behaviour and teaching parents to have fun with and to instruct their children, as contrasted with a heavier emphasis on                  | Group & individual sessions by research assistant/ paraprofessional   | Four to five 2-hourly group meetings + 2-3 sessions observing the modelling of child interaction by the | $M = 12.5$ hours of training                           | n/r                    | Yes- research assistants modelled parent-child interactions with the child | Minimal Intervention: Control group watched 2 videotapes on a subset of information from intervention group: time-out & positive reinforcement; plus a pamphlet summarizing the  |



| Study ID          | Program Name   | Focus Of Intervention                       | Outline of Content  | Delivery Format   | Number / length of sessions <i><b>scheduled</b></i>                          | Number / length of sessions <i><b>delivered</b></i> | Length of intervention        | Direct intervention with the child? | Comparison  |
|-------------------|--|---|---|---|--|---|-------------------------------|-------------------------------------|---|
|                   |  |   | child compliance.   |   | research assistant + research-assistant monitored parent-child play sessions |   |                               |                                     | content of the Intervention group training  |
| Van Doesum (2008) | n/r  | Parenting skills, parent-child relationship | Videotapes of mothers and infants were analysed and intervention was tailored to each family, using: modelling, cognitive restructuring, practical pedagogical support, baby massage. Focus was on mother's sensitivity to infant signals | Home visits with mother and child (and father if present), delivered by prevention specialists      | 8-10 home visits, 1-1.5 hours long   | n/r   | Mean of 4 months <sup>a</sup> | No                                  | Minimal Intervention: 3 phone calls providing general parenting skills advice (not mother-child interaction; only general information about child-rearing skills) |
| Velderman (2006)  | Video-Feedback Intervention to Promote Positive Parenting (VIPP) | Parenting skills, parent-child relationship | Brochures and feedback on videotaped parent-child interactions focusing on sensitive parenting.   | Home visits videotaping mother-infant interaction, with feedback & discussion with the mother. Home | 4 visits, 1.5 hours  | n/r   | 3 months                      | No                                  | No Treatment  |

| Study ID      | Program Name                       | Focus Of Intervention                                 | Outline of Content   | Delivery Format   | Number / length of sessions <i><b>scheduled</b></i> | Number / length of sessions <i><b>delivered</b></i> | Length of intervention            | Direct intervention with the child? | Comparison  |
|---------------|------------------------------------|---|--|---|---|---|-----------------------------------|-------------------------------------|---|
|               |                                    |   |  | visits conducted by an intervionist with a university degree in education and child studies (2 of the authors). |   |   |                                   |                                     |   |
| Wake (2011)   | You Make the Difference (modified) | Parenting skills, parents as coach of child's problem | Teaches child-centred, interaction-promoting and language-modelling responsive interaction strategies targeting the development of vocabulary and multi-word phrases. Encourage parents to follow child's interests in interactions, how to engage and sustain interactions with child, and extending information shared with child. | Group sessions by an intervionist with either a speech pathology or psychology background                       | 6x2 hour sessions                                   | $M = 4.5$ , $SD = 1.6$ , range = 1-6                | 6 weeks                           | No                                  | Usual Care: Usual care from maternal and child health nurse focusing on general health, development, and advice |
| Walkup (2009) | Family Spirit Intervention         | Parenting skills, parental mental                     | Developmentally timed prenatal and infant-care parenting skills, family  | Home visits by paraprofessionals  | 25x1 hour visits                                    | Median = 20 out of 25 visits                        | Approximately 9 months - Unclear; | No                                  | Attention Control: Breastfeeding and nutrition lessons via home visits -  |

| Study ID           | Program Name                         | Focus Of Intervention                       | Outline of Content  | Delivery Format   | Number / length of sessions<br><i><b>scheduled</b></i>                     | Number / length of sessions<br><i><b>delivered</b></i>  | Length of intervention                           | Direct intervention with the child? | Comparison  |
|--------------------|--------------------------------------|---|---|---|--|---|--|-------------------------------------|---|
|                    |                                      | health                                      | planning, substance abuse prevention, problem-solving and coping skills   |   |  |   | from ~28 weeks gestation to 6 months post-partum |                                     | 23 scheduled sessions   |
| Williams on (2014) | Madres a Madres (Mothers to Mothers) | Parenting skills, Parent-child relationship | Each session consists of instruction in four core content areas: (1) normative child development and related social competencies, (2) positiveparent-child interaction techniques, (3) positive behavioural management strategies, and (4) service navigation to support access to community resources. | Home visits to mothers by 'promotor as'. Visual materials, video segments, interactive role-plays, and worksheets are used to teach intervention content. | 4 sessions, 2 hours each, bi-weekly  | $M = 3.82$ , $SD = 0.73$ , range = 0-4). 106 dyads (94%) attended all intervention sessions. <sup>a</sup> | 2-3 months                                       | No                                  | Waitlist control  |
| Wolchik (2000)     | New Beginnings Program (NBP)         | Parenting skills, parent-child relationship | Intervention focused on improving mother-child and father-child relationships and taught skills for effective discipline and managing interparental conflict  | Group sessions by 2 clinicians; and individual sessions   | Mothers: 11 (1.75 hour) group sessions + 2 (1 hour) individual home visits | $M = 10.8$ , $SD = 3.6$   | Approx.13 weeks                                  | No                                  | Minimal Intervention: Self-study books about adjusting to divorce given to parents and children based on syllabi to guide reading |
| Wolchik (2002)     |                                      |   |   |   |  |   |  |                                     |   |
| Wolchik (2013)     |                                      |   |   |   |  |   |  |                                     |   |
| Wu                 | Clinic-                              | Parenting                                   | Intervention infants  | Individual  | 5 in-  | $M =$   | 12 months  | No                                  | Usual care:   |

| Study ID | Program Name                      | Focus Of Intervention             | Outline of Content  | Delivery Format  | Number / length of sessions <i><b>scheduled</b></i>  | Number / length of sessions <i><b>delivered</b></i> | Length of intervention | Direct intervention with the child? | Comparison  |
|----------|-----------------------------------|-----------------------------------|---|--|--|---|------------------------|-------------------------------------|---|
| (2014)   | based intervention program (CBIP) | skills, parent-child relationship | received in-hospital and after-discharge interventions emphasizing child-, parent-, and dyad-focused services and neonatal clinic visits involving (1) Modulation of NICU and home (2) Teaching of child developmental skills (3) Feeding support (4) Massage (5) Parent support and education (6) Interaction activities | sessions plus a book & CD containing age-appropriate intervention activities. Delivered by nurse, physical therapist, and neonatologist. | hospital sessions, 8 after discharge sessions in the hospital for CBIP and 8 neonatal clinic visits. The average duration for in-hospital intervention was around 40 min and 30 min for after-discharge.<br><sup>a</sup> | 12.56, <i>SD</i> = 1.12 <sup>a</sup>                |                        |                                     | Standard developmental care consisting of child-focused in-hospital interventions and neonatal clinic visits. |

Notes

<sup>a</sup> = Information gathered directly from authors

M = Mean, n/r= Not reported, PICU= Pediatric intensive care unit, SD = standard deviation

**Appendix Table C3. Risk of bias**

| Study ID                | Random Sequence Generation  | Allocation Concealment   | Blinding of Outcome Assessment  | Incomplete Outcome Data   | Selective Reporting   |
|-------------------------|---|--|---|---|---|
| Achenbach (1993)        | Low Risk: coin toss   | Low Risk: participants were assigned by toss of a coin to experimental and control groups "after recruitment" (Nurcombe 1984, p.320) | High Risk for CBCL, Unclear for TRF: Unclear whether teachers were blinded to condition (TRF). CBCL is parent report. TRF blindings were not checked.     | High Risk: Dropouts >15% and assessment completers only used in analyses.<br><br>Imputation method: assessment completers only  | High Risk for CBCL and TRF: Outcomes reported incompletely ("not-significant", no further data); No protocol available  |
| <b>Beardslee (1997)</b> | Risk Unclear: "A balanced block randomisation procedure with blocks of 4, stratified by family type (single- vs dual-parent families) was used" (p.198) | Risk Unclear: supporting data n/r  | High Risk for CDI, CBCL and YSR. Unclear for K-SLICE: CDI and YSR are child-report and CBCL is maternal-report. Unclear who conducted K-SLICE interviews. | Low Risk: Only one drop out (<15%) which was excluded from analyses; not likely to have significant impact on the observed effect size<br><br>Imputation method: assessment completers only | High Risk for CDI, CBCL and YSR. Unclear for K-SLICE: Results stated 'no group differences' on the CDI, CBCL and YSR, but no data reported; No protocol available |
| Beardslee (2003)        | Risk Unclear: supporting data n/r   | Risk Unclear: supporting data n/r  | High Risk: YSR is child-report.<br>K-SLICE: "It was impossible for individual assessors to be blind to group status" (p.705)                              | Low Risk: Relatively low missing data (<15%) and balanced across groups   | High Risk: K-SLICE diagnoses not reported for each group; no protocol available   |
| Beardslee (2007)        |   |  |   | Imputation method: assessment completers only   |   |
| Black (2007)            | Low Risk: Used a random numbers table   | Risk Unclear: Insufficient information to permit judgement of low or high risk   | High for CBCL, low for TRF: CBCL is maternal-report, TRF is teacher-report and "teachers were unaware of children's...intervention                        | High Risk: Dropouts >15% and included only assessment completers in analyses, which may have induced bias in  | Risk Unclear: Insufficient information to permit judgement of low or high risk; no protocol available   |

| Study ID                 | Random Sequence Generation   | Allocation Concealment   | Blinding of Outcome Assessment   | Incomplete Outcome Data  | Selective Reporting  |
|--------------------------|--|--|--|--|--|
|                          |  |  | history" (p.62); Blinding not checked for TRF.                         | observed effect size.<br><br>Imputation method: assessments completers only  |  |
| Butz (2001)              | Low Risk: "After informed consent was obtained, mother-infant dyads were randomized into the INT or standard care (SC) groups by selecting an envelope with a computer-generated random number. Subjects with odd numbers were assigned to the INT group, and those with even numbers were assigned to the SC group." (p.1030) | Unclear: Not specified whether envelopes were opaque, sealed and sequentially numbered | High Risk: CBCL is maternal report; blinding information not available | High Risk: Significant proportion of missing data (>15%) and included only assessment completers in analyses, which may have induced bias in observed effect size<br><br>Imputation method: assessment completers only | Risk Unclear: Insufficient information to permit judgement of low or high risk; no protocol available  |
| Carta (2013)             | Unclear: Method of randomisation n/r "Upon consent and enrolment, mothers were randomly assigned to 1 of 3 conditions" (p.S168)  | Unclear: Insufficient information provided   | High Risk: BASC2-PRS is parent report, not blind to allocation.        | Low Risk: Dropout > 15% but MI used<br><br>Imputation method: MI   | Risk Unclear: Protocol available but primary outcome measure stated is 'Child maltreatment' at 12 months, hence not relevant in the current paper. Protocol also stated multi-method ax (only mother-report in this paper) but this may have referred to the primary outcome measure; Protocol available |
| Cartwright-Hatton (2011) | Low Risk: "The allocation method was minimization with random element using three  | Low Risk: "Telephone randomization (with concealed allocation) was conducted by an     | High Risk for CBCL, SCARED, Low Risk for ADIS and MASC. Unclear for    | High Risk: Significant proportion of missing data (>15%) and used  | High Risk: Protocol reported that TRF and DSM diagnoses would  |

| Study ID     | Random Sequence Generation   | Allocation Concealment  | Blinding of Outcome Assessment   | Incomplete Outcome Data   | Selective Reporting   |
|--------------|--|---|--|---|---|
|              | factors: source of referral; child's age and gender" (p.244)   | independent agency." (p.244)  | TRF: CBCL and SCARED are parent report. MASC is child self-report. ADIS conducted by research assistant who was "blinded to group allocation". TRF by teachers but it was n/r whether they were aware of the child's condition; ADIS blinding not checked. | LOCF, which may have induced bias in observed effect size<br><br>Imputation method: LOCF  | be the main outcomes at 12-month follow-up, but paper reported that insufficient TRF data was received hence not reported; protocol was available |
| Cheng (2007) | Low Risk: "A random number table was computer generated and used to determine the intervention status" (p.684) | Low Risk: Allocation "was performed by a clerical officer who was not involved in determining eligibility." (p.684) | High Risk: CBCL was mother-reported  | Unclear: Low dropout (<15%) but higher in control group: the number lost to follow-up was similar across groups (3 from control, 2 from intervention), but the control group had 5 dropouts prior to baseline assessment. Unclear whether these families dropped out for reasons that may have influenced observed effect size (e.g. treatment expectancies)<br><br>Imputation method: assessment completers only | Risk Unclear: Insufficient information to permit judgement of low or high risk; protocol not available  |
| Cohen (1997) | Low Risk: "Treatment   | Low Risk: "Allocation was   | High Risk: CBCL is parent-   | High Risk: Dropouts   | High Risk: The Preschool  |

| Study ID           | Random Sequence Generation  | Allocation Concealment   | Blinding of Outcome Assessment    | Incomplete Outcome Data  | Selective Reporting   |
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|                    | assignment was randomized with the use of Efron's biased coin toss (Efron, 1980)." (Cohen 1996, p.45) | concealed from researchers and participants prior to assignment. I believe the randomization list had been generated by an independent statistical consultant; only one random assignment at a time was available to the PI. After the assessment was completed, the PI accessed the next random assignment on the list and scheduled the family with the appropriate therapist. The therapist informed the family of the treatment they would receive at the time of the first appointment." <sup>a</sup> | report                            | >15% and available cases only.<br><br>Imputation method: assessment completers only  | Symptom Self-Report was used but not reported because "it was not found to be useful" (Cohen 1997, p.1230); protocol not available  |
| Connell (2008)     | Low Risk: Randomisation sequence was computer generated (p.7 Shaw 2009)                               | Low Risk: Randomisation was conducted by a staff member who had not been involved in recruitment and sealed envelopes were used.   | High Risk: CBCL was mother-report | Low Risk: Dropouts >15%; but MI was used<br><br>Imputation method: assessment completers only  | Risk Unclear: Insufficient information to permit judgement of low or high risk; protocol not available  |
| Constantino (2001) | Risk Unclear: n/r, just stated "randomised" after collection of baseline data                         | Risk Unclear: support n/r  | High Risk: CBCL is parent report  | High Risk: High dropouts (>15%). Only those who completed at least 7/10 sessions were analysed.<br><br>Imputation method: assessment completers only | High Risk: CBCL data not reported by group; just stated "there were no between-group differences in internalizing, externalizing or total behavior problem scores on the Child Behavior Checklist" (p.1578) and provided M and SDs for whole sample; no |



| Study ID            | Random Sequence Generation  | Allocation Concealment   | Blinding of Outcome Assessment   | Incomplete Outcome Data  | Selective Reporting  |
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|                     |   |  |  |  | protocol available   |
| <b>Cowan (2005)</b> | Risk Unclear: n/r, just stated 'random assignment'  | High Risk: Randomisation (stratified by score on marital satisfaction measure) was conducted by a data manager, but "by the time the staff arrived to conduct the initial interview, the couples had already been randomly allocated to one of three conditions" (p.284) | Low Risk: Child internalizing was based on teachers' responses to the Child Adaptive Behavior Inventory (CABI) - Teachers were blind to which children were participants in the study.                                 | High Risk: High dropouts (>15%) and not balanced across groups.<br><br>Imputation method: assessment completers only   | Risk Unclear: Insufficient information to permit judgement of low or high risk   |
| Cowan (2011)        |   |  |  | Low Risk: Dropout > 15%, but maximum likelihood methods used.<br><br>Imputation method: Maximum likelihood via growth curve methodology  | High Risk: Data not reported, just stated "a model summarizing the trajectory of anxiety/depression fit the data well, but there were no significant intervention effects detected" (for efficacy analyses, ITT analyses not reported at all). |
| Dadds & Roth (2008) | High Risk: "Schools were ranked according to SES status of parents and alternate schools were allocated using the list, with minor adjustments to balance numbers of participants." | High Risk: Allocation concealment does not seem possible (especially for investigators) given the alternation of allocation  | Low Risk for ADIS, unclear for SCBE-SF: ADIS interviewers were "naïve to the participants' groups" (p.325). SCBE-SF: Unclear whether teachers were aware of child's intervention condition; ADIS blinding not checked. | High Risk: Dropouts >15% and Ax completers only. Authors commented that missing outcome data likely to be related to true outcome: "differential dropout and self-selection rates were evident" (p.327)<br><br>Imputation method: assessment completers only | Risk Unclear: Insufficient information to permit judgement of low or high risk; protocol not unavailable   |
| Etter (2013)        | Low Risk: "Randomization was  | Low Risk: Random assignments   | High Risk: CBCL is parent-   | Low Risk: Dropout <  | Risk Unclear: Insufficient   |

| Study ID               | Random Sequence Generation  | Allocation Concealment   | Blinding of Outcome Assessment  | Incomplete Outcome Data   | Selective Reporting  |
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|                        | accomplished by the assessors using the online random number generator: <a href="http://www.randomizer.org/form.htm">http://www.randomizer.org/form.htm</a> to request unique sets of block randomization with a range of 1-4. Assignments were printed by a member of the research team and put into a secure, opaque envelope in the order they were generated, and the envelopes were kept in that order. After a couple's baseline assessment was completed, a member of the assessment team who had no knowledge of the contents of the envelope handed the couple the sealed envelope containing their assignment." | were put into secure, opaque envelopes by a different member of the research team to the person who enrolled participants. | report  | 15% for FU1, but > 15% for FU2, but HLM (MI-comparable) analysis used<br><br>Imputation method: HLM (MI-comparable)   | information to permit judgement of low or high risk; protocol not unavailable                            |
| <b>Feinberg (2010)</b> | Low Risk: "In order to evaluate the efficacy of the intervention, respondents were randomly assigned to intervention and control groups by the study coordinately, using a random number table." <sup>a</sup>   | Risk Unclear: support n/r  | High Risk: CBCL is mother-report  | High Risk: >15% overall dropout and Ax completers only.<br><br>Imputation method: assessment completers only  | Risk Unclear: Insufficient information to permit judgement of low or high risk; protocol not unavailable |
| Feinberg (2014)        |   |  | High Risk for SDQ, Low Risk for CBCL: SDQ is parent report (not blind to allocation), CBCL is teacher-report. Blinding of evaluators not checked. | High Risk: Dropout > 15% and Ax completers only. An analysis using MI found the main effect for CBCL internalising was nonsignificant (versus significant when using complete |  |

| Study ID         | Random Sequence Generation   | Allocation Concealment  | Blinding of Outcome Assessment   | Incomplete Outcome Data  | Selective Reporting   |
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|                  |  |   |  | cases).<br><br>Imputation method: Ax completers only. MI analyses conducted but not reported   |   |
| Fergusson (2013) | Low Risk: Computer-generated series of random numbers (p.298)  | Low Risk: "The investigators did not have direct contact with the participants (information was collected by interviewers who were not involved in the randomisation process). Participants and Early Start staff who were involved in the trial had no knowledge of the random assignment of any participant until after an individual had agreed to participate in the trial." <sup>a</sup> | High Risk: Parent and teacher completed SDQ, not blind to allocation   | Low Risk: Dropout >15% and not balanced across groups. Used Assessments only. Results with MI similar to observed.<br><br>Imputation method: MI (reported in Supplement) | Risk Unclear: protocol available but retrospectively registered; protocol available but retrospectively registered.   |
| Forgatch (1999)  | Low Risk: "Randomization was done by computer—the person who ran the program had no contact with the families." <sup>a</sup>   | Low Risk: "Mothers were recruited and given information about the study. Once they consented to participate, they were randomly assigned to experimental or no-treatment control. Randomization was done by computer—the person who ran the program had no contact with the families." <sup>a</sup>   | High Risk for Mother-report; low risk for Child-report: High Risk for Mother-report Anxiety and Depressed mood; low risk for Child-report Depressed mood | High Risk: Dropouts >15% and Ax completers only.<br><br>Imputation method: assessment completers only  | High Risk: Mother-report of child depression and anxiety involved an inadequately justified selection of CBCL items, instead of validated (sub)scales; protocol not available |
| Ginsburg (2009)  | Low Risk: "Families were randomised equally to CAPS or the control condition; Participants were randomized 1:1 to intervention and control using randomization website | Low Risk: "Families were randomised equally to CAPS or the control condition" - Insufficient information about when the numbers were generated by the website to  | Low Risk for ADIS and high risk for SCARED: Independent evaluators conducted the ADIS interviews. Both parent and child reports via                      | Low Risk: Dropouts <15% for FU1 and >15% for FU2 but MI was used.<br><br>Imputation method:  | Low Risk: Protocol stated that primary outcome is ADIS diagnoses, which are reported clearly in paper. Paper also   |

| Study ID       | Random Sequence Generation   | Allocation Concealment  | Blinding of Outcome Assessment   | Incomplete Outcome Data  | Selective Reporting   |
|----------------|--|---|--|--|---|
|                | generated numbers." <sup>a</sup>   | permit judgement of risk; assignment was concealed from researchers/evaluators and families until they were deemed eligible then they were assigned... so they did not know in advance whether the next eligible family would be assigned to the control or intervention groups. <sup>a</sup> | SCARED are high risk because they were both directly involved in the intervention; ADIS blinding not checked                               | MI   | reports ADIS Child Anxiety Severity and C and P-report SCARED as secondary outcomes; protocol available.  |
| Hahlweg (2010) | Risk Unclear: "preschools were randomly assigned to either the intervention or control condition" (p.3)                | Risk Unclear: n/r   | High for CBCL, unclear for TRF: CBCL is parent report. Unclear whether teachers were blind to child's allocation; TRF blinding not checked | Low Risk: Dropouts <15% and balanced across groups.<br><br>Imputation method: LOCF   | Risk Unclear: Insufficient information to permit judgement; protocol not available.                       |
| Hoff (2005)    | Risk Unclear: Families were randomised to the intervention or the control group.                                       | Low Risk: A staff member unaware of the child's or parent's identity conducted randomisation by randomly selecting sealed slips of paper on which numbers indicated group assignment (p.335)  | High Risk: BASC-PRS is rated by parents (not blind to allocation)  | High Risk: As treated analysis done with substantial departure of the intervention received from that assigned at randomisation. Dropouts above 15%<br><br>Imputation method: assessment completers only | Risk Unclear: Insufficient information to permit judgement; protocol not available.                       |
| Johnson (2005) | Low Risk: Randomisation was arranged in blocks of six using random number tables for each stratum (p.F5, Johnson 1998) | Low Risk: The allocation was by sealed opaque envelopes identified by stratification group and consecutively numbered. These were prepared by the lead author and opened by recruitment nurses. (p.F5, Johnson 1998)  | High Risk: CBCL completed by parent (not blind to allocation)  | High Risk: Dropouts above 15% and available cases only.<br><br>Imputation method: assessment completers only   | High Risk: Medians only with no decimal places. Can't be entered in meta-analysis; protocol not available |

| Study ID                | Random Sequence Generation  | Allocation Concealment   | Blinding of Outcome Assessment   | Incomplete Outcome Data   | Selective Reporting  |
|-------------------------|---|--|--|---|--|
| <b>Kaaresen (2008)</b>  | Low Risk: Randomisation was arranged in blocks of 4 and 6 using computer generated random numbers and stratified by gestation                                 | Low Risk: The allocation was by sealed opaque envelopes, identified by stratification group and consecutively numbered. The envelopes were prepared by an independent researcher. (p.e10 Kaaresen 2006)  | High Risk: CBCL completed by parent (not blind to allocation)  | Low Risk: Dropouts less than 15% and fairly even across groups.<br><br>Imputation method: assessment completers only          | Risk Unclear: Insufficient information to permit judgement; protocol not available   |
| Nordhov (2012)          |   |  |  | Low Risk: Dropouts less than 15%, although CONT>INT<br><br>Imputation method: Ax completers only                              |  |
| Kehoe (2014)            | Low Risk: Allocation ratio 1:1, using a computer randomizer   | Risk Unclear: Insufficient information to permit judgement of low or high risk   | High Risk for SCAS/CDI parent report, low risk for SCAS/CDI child report: SCAS/CDI rated by parent, not blind to allocation. Child not involved in intervention so SCAS/CDI child report is low risk; blinding not checked for child | Low Risk: Dropout <15%, although more in intervention group than control<br><br>Imputation method: assessment completers only | Risk Unclear: Protocol was retrospectively registered; protocol available; but retrospectively registered.   |
| <b>Koldewijn (2010)</b> | Low Risk: Randomization into a control or intervention group was computer-generated, stratified for gestational age (<30 and >30 weeks) and recruitment site. | Risk Unclear: Insufficient information to permit judgment. Only stated "Because the interventions were administered by the same person who performed the baseline assessment, randomization was done after a baseline video recording of the infant's neurobehavioral performance at 35 to 38 weeks postmenstrual age. | High Risk: CBCL completed by parent (not blind to allocation)  | High Risk: Dropout >15% AND MI not used<br><br>Imputation method: Assessment completers only                                  | Risk Unclear: Insufficient information to permit judgement; protocol was retrospectively registered, and CBCL was not listed as an outcome measure. In the paper, only M&SD per group was reported, but non-significant linear regression statistics (adjusted for |

| Study ID           | Random Sequence Generation  | Allocation Concealment  | Blinding of Outcome Assessment  | Incomplete Outcome Data  | Selective Reporting  |
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|                    |   | Randomization into the control or intervention group was computer generated, stratified for GA and recruitment site, with twins assigned to the same group." (Koldewijn 2009, p.34) |   |  | covariates) were not provided.   |
| Verkerk (2012)     |   |   |   | Low Risk: Dropouts < 15%<br><br>Imputation method: Assessment completers only  | Risk Unclear: Protocol was retrospectively registered, and CBCL was not listed as an outcome measure. Paper reported data transparently and in a manner that is adequate for inclusion in a meta-analysis; but insufficient information to permit judgement. |
| Kratochwill (2009) | Risk Unclear: Students were randomly assigned either to participate in the FAST program or to serve as non-FAST controls. (p.253) | Risk Unclear: Students were randomly assigned either to participate in the FAST program or to serve as non-FAST controls.   | Low Risk for TRF, high risk for CBCL: Teachers at follow-up were blind to the participants' experimental condition. Parents rated the CBCL (not blind to allocation); blinding not checked. | High Risk: Dropouts above 15% and available cases only. Control and intervention students were 'yoked', such that data were excluded if half a pair was missing data.<br><br>Imputation method: assessment completers only | High Risk: Data not reported in a way that is useable in meta-analysis.  |

| Study ID         | Random Sequence Generation  | Allocation Concealment  | Blinding of Outcome Assessment   | Incomplete Outcome Data   | Selective Reporting  |
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| Lam (2008)       | Risk Unclear: Participants were randomised  | Risk Unclear: Insufficient information to permit judgement of low or high risk  | High Risk for CBCL, low risk for CDI and RCMAS: Parents rated CBCL (not blind to allocation), children rated CDI and RCMAS and did not receive intervention                      | Risk Unclear: Dropouts not adequately described.<br><br>Imputation method: MI   | Risk Unclear: Insufficient information to permit judgement; protocol not available   |
| Lewis (2015)     | Low Risk: The randomization was done in blocks of 2 for each of the 6 sites individually. A standard randomization table from a statistics book was used. | Low Risk: The randomization group was determined before baseline data was collected. A sealed letter was sent with the evaluation team member when they went to collect baseline data. After the evaluation team member left the house, the participant was instructed to open the letter which revealed their group. | High Risk for CBCL parent, Low Risk for RCMAS and CDI child report: CBCL rated by parent - not blind to allocation. Child not involved in intervention so RCMAS and CDI low risk | Low Risk: Dropouts > 15% but used maximum likelihood methods which is equivalent to MI<br><br>Imputation method: maximum likelihood methods   | Risk Unclear: Protocol was retrospectively registered, and changes made to protocol outcome measures.  |
| Lieberman (2006) | Risk Unclear: "Dyads were randomly assigned"  | Unclear: Insufficient information to permit judgement of low or high risk   | High Risk for CBCL: Mother rated CBCL (not blind to allocation)  | High Risk: Dropouts above 15% and available cases only. 7 in the intervention group not assessed because their treatment ended before the 6-month follow-up was added to the study<br><br>Imputation method: assessment completers only | High Risk: Not all of the study's pre-specified relevant primary outcomes have been reported; protocol available. Protocol lists Traumatic stress symptomatology (DC 0-3 Traumatic Stress Disorder) as a primary outcome, yet not included in paper. |
| Lowell (2011)    | Low Risk: "Families were randomised by coin toss"   | Risk Unclear: "families were randomised by coin toss by the principal investigator... after completing the baseline   | High Risk: Parents rated ITSEA (not blind to allocation)   | High Risk: Dropouts above 15% and available cases only.   | Risk Unclear: Insufficient information to permit judgement; protocol not available   |

| Study ID        | Random Sequence Generation   | Allocation Concealment   | Blinding of Outcome Assessment   | Incomplete Outcome Data  | Selective Reporting  |
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|                 |  | assessment" (p.197) - Insufficient information to permit judgement of low or high risk   |  | Imputation method: assessment completers only  |  |
| Luthar (2000)   | Risk Unclear: "Mothers were randomised to either the RPMG or comparison condition"         | Risk Unclear: "Mothers were randomised to either the RPMG or comparison condition"   | High Risk for parent report BASC, low risk for child BASC: BASC rated by parent (not blind to allocation), child reported BASC not did not receive intervention.                     | High Risk: Dropouts above 15% and available cases only.<br><br>Imputation method: assessment completers only                                     | Risk Unclear: Insufficient information to permit judgement; protocol not available |
| Luthar (2007)   | Low Risk: Mothers were randomized using the URN Randomization Program procedures           | Risk Unclear: Method of concealment not adequately described "Mothers were randomized using the URN Randomization Program procedures"  | High Risk for BASC parent rated, low risk for BASC child and CDI: BASC (parent rated) not blind to allocation, BASC (child rated) and CDI (child rated) did not receive intervention | Low Risk: Dropouts below 15% and balanced across groups<br><br>Imputation method: No imputation, used random effects regression models           | Risk Unclear: Insufficient information to permit judgement; protocol not available |
| Mason (2007)    | Low Risk: "Random assignment was computer generated by a data analyst" (p.629, Spoth 2001) | Low Risk: "Random assignment was computer generated by a data analyst and assignment information was then provided to program implementation staff who sent letters to schools informing them of their assignment" (p.629, Spoth 2001) | High Risk: Outcome rated by child, who did receive intervention  | Low Risk: Dropouts above 15% but maximum likelihood estimation used in the analyses<br><br>Imputation method: Maximum likelihood estimation used | Risk Unclear: Insufficient information to permit judgement; protocol not available |
| McDonald (2006) | Risk Unclear: "Classrooms...were randomly assigned"  | Risk Unclear: Method of concealment not described  | High Risk: "Teachers were generally unaware of the condition of the participating students." Blinding not checked.   | High Risk: Dropouts above 15% and available cases only<br><br>Imputation method: assessment completers only                                      | Risk Unclear: Insufficient information to permit judgement; protocol not available |



| Study ID      | Random Sequence Generation  | Allocation Concealment  | Blinding of Outcome Assessment   | Incomplete Outcome Data   | Selective Reporting   |
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| Melynk (2004) | Risk Unclear: subjects were randomly assigned   | Risk Unclear: Method of concealment not described   | High Risk for PHSI, high risk for BASC: Outcomes rated by parent, not blind to allocation  | High Risk: Dropouts above 15% and available cases only<br><br>Imputation method: assessment completers only   | High Risk: Data not presented for PHSI (child); protocol not available  |
| Ordway (2014) | Risk Unclear: Insufficient evidence to permit assessment of risk  | Low Risk: "random assignment of prenatal care groups (sealed envelope method)" p394 Sadler 2013   | High Risk CBCL, C-TRF Risk Unclear: CBCL completed by parent (not blind to allocation); unclear whether teacher/alternate caregivers would have known allocation status  | High Risk: Dropout >15% and Ax completers only<br><br>Imputation method: assessment completers only   | Risk Unclear: Protocol is provided for the larger RCT (Sadler 2013) and does not include follow-up assessments.   |
| Oswalt (2013) | Risk Unclear: "Participating parents were assigned randomly to receive either the COPE or placebo control program by 4-week blocks of time to decrease staff-to-parent and parent-to-parent contamination (i.e., the likelihood that mothers in the NICU who were in different study groups would share content that was provided to them in their experimental program)." (Melynk 2008, p.287) | Low Risk: "Parents who agreed to participate completed baseline measures and were randomly assigned to study conditions by using a blinded system generated by the investigators. Group assignment was concealed by using opaque, sealed envelopes. The envelopes were not opened by the interventionists until after the subjects were enrolled." (Melynk 2006, p. e1416) and "The random assignment, which was hidden from the enrolling research assistants until after informed consent was obtained" (Melynk 2006, p. e1417) | Low Risk: If parents were unaware whether their intervention was in fact the 'real' one, then the risk is low even though CBCL was mother-report; blinding was checked: Manipulation checks showed that each group demonstrated more knowledge of the domains covered in their intervention, suggesting the control group may not have known that their intervention was not the 'real' one. | Low Risk: Drop-out < 15%, Used FIML which is equivalent to MI "Missing data were accounted for using the full information maximum likelihood estimator, which provides more unbiased parameter estimates and standard errors than listwise deletion"<br><br>Imputation method: MI | Low Risk: Protocol included child 'negative behaviors' as one of the primary outcomes in the research questions; and this was reported in the paper; protocol not available |
| Quach (2011)  | Low Risk: An independent statistician produced a  | Low Risk: Allocation...performed by a researcher not otherwise  | High Risk for SDQ: SDQ rated by parent, not blind  | Low Risk: Dropouts below 15% and  | Low Risk: all relevant outcomes are reported;   |

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|                              | computer-generated randomisation sequence   | involved in the study   | to allocation  | balanced across groups<br>Imputation method: assessment completers only  | protocol available   |
| <b>Rapee (2005)</b>          | Low Risk: randomised by coin toss   | Risk Unclear: Insufficient information to permit judgement of low or high risk <sup>a</sup>           | Low Risk for ADIS: Interviews were conducted by psychologists who were blind to group membership; Blinding not checked   | High Risk: Dropouts above 15% and available cases only<br><br>Imputation method: assessment completers only  | Risk Unclear: Insufficient information to permit judgement; protocol available, but retrospectively registered |
| Rapee (2010)                 |   |   | Low Risk for ADIS, high risk for SCAS parent report and SMFQ-P , low risk for SCAS child report and SMFQ child report: SCAS rated by parent, not blind to allocation. ADIS interviews were conducted by psychologists who were blind to group membership. Child not involved in intervention so SCAS child report is low risk; blinding not checked. |  | Risk Unclear: All relevant outcomes are reported; protocol available, but retrospectively registered.          |
| Rapee (2013)                 |   |   |  |  | Risk Unclear: Insufficient information to permit judgement; protocol available, but retrospectively registered |
| <b>Rotheram-Borus (2001)</b> | Low Risk: "Families ...were randomly assigned by a pre-programmed laptop computer at the end of the baseline assessment session" (p .1218, Rotheram-Borus 2003) | Low Risk: Pre-programmed computer randomisation post baseline assessment could not have been foreseen | High Risk: Adolescent self-report on BSI   | Low Risk: Trend analysis does not impute for missing data and instead uses all available data at every wave; but is considered as good as MI in terms of method of treatment | Risk Unclear: Insufficient information to permit judgement of low or high risk; Protocol not available         |
| Rotheram-Borus (2003)        |   |   |  |  | Risk Unclear: Insufficient information to permit judgement of low or   |

| Study ID              | Random Sequence Generation   | Allocation Concealment  | Blinding of Outcome Assessment   | Incomplete Outcome Data   | Selective Reporting  |
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|                       |  |   |                                  | of missing data.<br><br>Imputation method: MI-comparable  | high risk. However, whilst the 2001 paper reported BSI depression and anxiety subscale findings, the 2003 and 2004 papers did not. No rationale for this omission was provided; Protocol not available |
| Rotheram-Borus (2004) |  |   |                                  | High Risk: Dropouts>15% and assessment completers only.<br><br>Imputation method: assessment completers only  |  |
| Rotheram-Borus (2006) |  |   |                                  | High Risk: Dropouts <15% but not balanced between groups; this imbalance may influence effects found<br><br>Imputation method: assessment completers only |  |
| Ruffolo (2005)        | Low Risk: Parents were "were randomly assigned to one of the two treatment conditions using Efron's (1971) coin procedure" (p.202) | Risk Unclear: "Ninety-four parents who signed a written consent form that indicated their willingness to be part of the study were randomly assigned to one of the two treatment conditions using Efron's (1971) coin procedure, which permits experimenters to randomly assign more participants to the intervention condition (ICM plus SEE group)." --but not stated whether the | High Risk: CBCL is parent report | Low Risk: Dropouts > 15% but used maximum likelihood methods.<br><br>Imputation method: MI-comparable   | Risk Unclear: Insufficient information to permit judgement of low or high risk; protocol not available   |

| Study ID         | Random Sequence Generation  | Allocation Concealment   | Blinding of Outcome Assessment   | Incomplete Outcome Data  | Selective Reporting   |
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|                  |   | randomisation was, e.g. done centrally (PI could not foresee/predict the next group allocation)  |  |  |   |
| Santacruz (2006) | Risk Unclear: Method of random sequence generation not adequately described   | Risk Unclear: Method of concealment is not described or not described in sufficient detail to allow a definite judgement   | High Risk: Both primary outcomes Bed Time Recording and Dark Behavior Recording-Modified were parent-report.   | High Risk: Dropouts < 15% but not balanced across groups and analyses included Assessment completers only<br><br>Imputation method: assessment completers only | Risk Unclear: insufficient information to permit judgement of low or high risk; protocol not available  |
| Simon (2011)     | Risk Unclear: Method of random sequence generation not adequately described: "After screening, the high-anxious children and (both) their parents were randomized to one of three conditions" (p.206) | Risk Unclear: Method of concealment is not described or not described in sufficient detail to allow a definite judgement   | High Risk for SCARED-71, low risk for ADIS: Independent evaluators conducted the ADIS interviews; SCARED-71 is child self-report; blinding was not checked | High Risk: Dropouts <15% at FU1 but not balanced across groups, and dropouts >15% by FU2 and used LOCF<br><br>Imputation method: LOCF                          | High Risk: Protocol stated that the primary outcome is "Number of children that have not developed anxiety disorders" and secondary outcome is SCARED symptoms, but paper reports "ADIS-improved' presence and severity) and symptoms; protocol available |
| Solantaus (2010) | Low Risk: Randomised into two groups using computerized block randomisation   | Risk Unclear: "The consenting families were randomized into two groups using computerized block randomization with block sizes 6–8." (p.885) --does not specify whether allocation was done centrally or if the block sizes were randomly assigned | High Risk: SCARED and SDQ both rated by parents, not blind to allocation   | High Risk: Dropouts above 15% and available cases only<br><br>Imputation method: assessment completers only  | Risk Unclear: Insufficient information to permit judgement; protocol not available  |
| Spittle (2010)   | Low Risk: "Infants will be randomly allocated to the  | Low Risk: "Infants will be randomly allocated to the   | High Risk: Caregiver report ITSEA  | Low Risk: dropout <15%, and balanced   | Risk Unclear: ITSEA means SDs and p's   |

| Study ID             | Random Sequence Generation   | Allocation Concealment   | Blinding of Outcome Assessment  | Incomplete Outcome Data  | Selective Reporting   |
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|                      | intervention and control groups by a computer-generated random sequence, with the treatment allocation concealed in opaque envelopes; only the trial statistician will have access to the code." (Spittle 2009, p.7) | intervention and control groups by a computer-generated random sequence, with the treatment allocation concealed in opaque envelopes; only the trial statistician will have access to the code." (Spittle 2009, p.7) |   | across groups<br><br>Imputation method: assessment completers only   | reported in paper, but protocol was retrospectively registered and did not specify actual measure of the outcome of interest "behavioural and emotional functioning". Hence insufficient detail to permit judgement; Protocol available, but retrospectively registered |
| Spencer-Smith (2012) |  |  | High Risk: BASC completed by primary caregiver, not blind to allocation   | High Risk: Drop-out < 15%, not balanced across groups, Assessment completers only<br><br>Imputation method: assessment completers only | Risk Unclear: Not specified in protocol what measure will be used to assess child behavioural outcomes, but data on BASC were all presented clearly in Table 4; Protocol available; but retrospectively registered  |
| Strayhorn (1991)     | Low Risk: Random assignment by drawing facedown card, sequentially, from a tabletop  | Risk Unclear: insufficient information provided  | Low Risk: Behar scale is teacher report, who is blind to intervention status; blinding was checked: 0% of teachers interviewed for awareness of study groups (none was) | High Risk: dropout > 15%, no MI<br><br>Imputation method: assessment completers only   | High Risk: Composite Behar scores reported for parent ratings, sub scores + composite for teacher ratings, CBCL scores not reported; protocol not available   |
| Van Doesum (2008)    | Low Risk: Participants were randomly assigned after baseline assessment, using a   | Risk Unclear: "after a baseline assessment, participants were randomly assigned to the   | High Risk: ITSEA is mother report   | High Risk: dropout > 15%, no MI  | Low Risk: Outcomes of interest from protocol reported; protocol   |

| Study ID         | Random Sequence Generation   | Allocation Concealment   | Blinding of Outcome Assessment    | Incomplete Outcome Data   | Selective Reporting  |
|------------------|--|--|-----------------------------------|---|--|
|                  | computer-generated randomization sequence                                | intervention group or the control group. The two groups were balanced in sets of 10, each with a computer-generated randomization sequence." (p.549-550) -- the size of each set was known to the researcher, hence there remains a risk for selection bias; but would be low risk if done centrally however that information is unclear             |                                   | Imputation method: assessment completers only   | available  |
| Velderman (2006) | Risk Unclear: randomly assigned (p.473)                                  | Risk Unclear: support n/r  | High Risk: mother report CBCL     | Low Risk: dropout <15%, no MI<br><br>Imputation method: assessment completers only                      | Risk Unclear: insufficient detail to permit judgement                          |
| Wake (2011)      | Low Risk: computer-generated randomisation by blinded statistician (p.2) | Low Risk: allocation concealment (of health centres) by blinded statistician (p.2)   | High Risk: Parent completed CBCL  | Low Risk: dropout < 15% and balanced across groups<br><br>Imputation method: assessment completers only | Low Risk: all outcome data presented according to protocol; protocol available |
| Walkup (2009)    | Low Risk: computer-generated randomization (p.593)                       | Low Risk: "The randomization sequence, generated by the Web site <a href="http://randomization.com">http://randomization.com</a> was stored confidentially by the data manager in Baltimore, MD. Randomization was revealed to participants after the baseline assessment." (p.593)--study was conducted in New Mexico and Arizona; hence infer that | High Risk: Parent completed ITSEA | Low Risk: dropout > 15%, but generalized linear mixed models were used<br><br>Imputation method: GLMM   | Risk Unclear: insufficient detail to permit judgement; protocol not available  |

| Study ID              | Random Sequence Generation   | Allocation Concealment   | Blinding of Outcome Assessment  | Incomplete Outcome Data   | Selective Reporting   |
|-----------------------|--|--|---|---|---|
|                       |  | allocation was concealed from both participants and interventionists prior to assignment.  |   |   |   |
| Williamson (2014)     | Low Risk: "For every 10 families, a computerized randomization model assigned 6 families to the intervention condition and 4 families to the wait-list control condition." | Risk Unclear: Intervention and wait-list control groups were allocated using computerized randomization, which was completed by the research team. A member of the research team then provided separate lists to the intervention staff. Lists were kept electronically in password protected excel files with passwords known only to the research team, and paper copies of these lists were kept locked in research team office. Assessors independent of intervention staff completed assessment and were blinded to intervention condition <sup>a</sup> | High Risk: SCBE-30 is mother report   | Low Risk: Dropouts >15% but FIML used<br><br>Imputation method: FIML                                    | Risk Unclear: insufficient detail to permit judgement; protocol not available |
| <b>Wolchik (2000)</b> | Low Risk: Randomisation software utilised (Wolchik2002 p.1876)   | Low Risk: "After completion of the pretest, families were randomly assigned to one of three conditions: mother, dual-component, or LC. Randomization was conducted by project staff other than the investigators and interviewers. A computer-generated algorithm developed by a researcher not involved in the trial was used to assign families to condition." (Wolchik2013  | High Risk for composite of CBCL, CDI, and RCMAS; low risk for TCRS: CBCL is mother report; CDI & RCMAS are child report (not involved in intervention) and TCRS is teacher report; blinding was not checked | Low Risk: dropout < 15% and balanced across groups<br><br>Imputation method: assessment completers only | Risk Unclear: insufficient detail to permit judgement; protocol not available |
| Wolchik (2002)        |  |  | High Risk for composite of CBCL, CDI, and RCMAS: CBCL is mother report; CDI & RCMAS are child   |   |   |

| Study ID       | Random Sequence Generation   | Allocation Concealment   | Blinding of Outcome Assessment  | Incomplete Outcome Data  | Selective Reporting   |
|----------------|--|--|---|--|---|
|                |  | p.664)   | report (not involved in intervention)   |  |   |
| Wolchik (2013) |  |  | Low Risk for the DIS, High Risk for internalising composite: Interviewers blind to group conducted the DIS, internalising composite combined mother report ABCL and mothers were not blind. | Low Risk: Dropouts >15% and balanced across groups<br><br>Imputation method: MI for categorical variables, maximum-likelihood estimation for continuous variables. |   |
| Wu (2014)      | Low Risk: "computer-generated random numbers with stratification by gestational age and hospital" (p. 2386). | Risk Unclear: "The random sequence was concealed from the parents, the clinical staff, and the research assistants in charge of participant recruitment." (p. 2386)<br>Insufficient information about method of concealment. | High Risk: CBCL is parent report (not blind to allocation).   | High Risk: Dropout >15% AND not balanced across groups AND MI not used (Ax completers only)<br><br>Imputation method: assessment completers only.                  | Low Risk: Protocol did not mention behavioral outcomes of interest; however, paper reported data transparently and in a manner that is adequate for inclusion in a meta-analysis. |

## Notes

<sup>a</sup> = Information gathered directly from authors

ADIS = Anxiety Disorders Interview Schedule , Ax = assessment, BASC = Behavior Assessment System for Children, CABI = Child Adaptive Behavior Inventory, CBCL = Child Behavior Checklist, CDI = Children's Depression Inventory, CONT = control, FIML = full information maximum likelihood, FU1 = follow-up 1, FU2 = follow-up 2, GLMM = generalized linear mixed models, HLM = Hierarchical Linear Modeling, INT = intervention, ITSEA = Infant-Toddler Social and Emotional Assessment, ITT = Intention-to-treat, K-SLICE = Kiddie-Streamlined Longitudinal Interval Continuation Evaluation, LOCF = last outcome carried forward, MM = Mean, ASC = Multidimensional Anxiety Scale for Children, MI = multiple imputation, n/r = not reported, PHSI = Post-Hospital Stress Index for Children, PI = primary investigator, RCMAS = Revised Children's Manifest Anxiety Scale, SCARED = Screen for Child Anxiety-Related Emotional Disorders, SCAS = Spence Children's Anxiety Scale, SCBE-30 = Social Competence and Behavior-30, SCBE-SF = Social Competence and Behavior Evaluation-Short Form, SD = Standard deviation, SDQ = Strengths and Difficulties Questionnaire, SMFQ = Short Mood and Feelings Questionnaire, TCRS = Teacher-Child Rating Scale, TRF = Teacher Report Form, YSR = Youth Self-Report



## Highlights

- Preventive parenting interventions can reduce child internalizing problems.
- The effects of parenting interventions can last for up to 11 years.
- Preventive interventions directed primarily at parents can have long-term benefits for children.
- We should increase parental involvement in preventing child internalizing problems.



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