



Parenting Programme Evaluation Tool (PPET)



The Parenting Programme Evaluation Tool (PPET) has been developed with reference to international standards of best practice in the delivery of early intervention and prevention programmes (see Appendix I for a review of this evidence).

These standards indicate that good quality parenting programmes contain several key elements:

- 1) They clearly specify their targeted population and include explicit processes to ensure that appropriate families (as determined by their level of need or risk) can be recruited into and participate in the programme;
- 2) The content (what information parents learn) and processes (how information is delivered to parents) of the programme are based on an explicit and sound theoretical framework;
- 3) They have carefully considered and detailed the training, supervision and implementation procedures that will allow the programme to be readily set up and implemented in new and independent settings;
- 4) They have robust evidence that participation in the programme results in positive, substantial and long-lasting gains for parents (and/or their children).

The PPET can be used to determine the quality of parenting programmes or approaches delivered in England. A Quality Rating (QR) can be calculated for a programme by assessing how closely it meets the standards or criteria for a quality parenting programme. Within each element, programmes can be evaluated on a scale ranging from 4 (high level of match with the criteria) to 0 (low level of match with the criteria).

This document summarises the key criteria and rating scales for each element. Detailed explanations of each Element are contained in the Commissioning Toolkit for Parenting Programmes information submission form.

Element 1:

Who is the programme/approach designed for and for what level of need?

Evaluation Criteria: Quality of the specification of the target population and matching to the programme.

Who is the programme / approach designed for?

[Description of the targeted population]

The characteristics of the participants at which the programme is aimed are clearly stated and described. Characteristics which may be specified include: parent factors (e.g. all parents or lone parents); child factors (e.g. all children aged 4-7 years or parents of children with a diagnosis of ADHD); social, cultural or economic factors (e.g. parents of Bangladeshi ethnicity).

What is the process for checking if parents are suitable for participation in the programme / approach?

[Needs analysis or assessment]

There is a process to identify the needs of parents wishing to participate in the programme that is appropriate to the characteristics of the target population. Examples of such a process may range from an informal chat at a drop-in centre or the use of a diagnostic interview. The needs of parents may be categorised by level of risk (e.g. low, moderate, high, or critical).

Based on this checking process, there is a process to determine if the parent is suitable for participation in the programme and a referral process is described for parents that are not suitable for the programme/approach.

What change is likely when parents participate in the programme? [Expected outcomes]

Outcomes are identified for each targeted group stated above (child, parent, family and/or social, cultural or economic variables) that are specific, measurable, achievable, realistic and timely given the target population characteristics. For example, participants will gain the knowledge and skills to manage child behaviour problems using non-punitive strategies.

What is the classification of the programme?

[Programme classification]

The overall classification of the programme is stated and this corresponds to the target population description. Universal interventions: (address the entire population of parents), targeted (focus on specific groups considered at higher risk for future problems), and specialist (focus on preventing the onset or development of problems for individuals demonstrating acute or high level needs otherwise at risk for poor outcomes). Intervention or treatment a programme or approach designed to alter the course of an existing or diagnosed problem.

Element 1: Rating Scale

4 – All criteria are met.

The programme/approach specifies all the criteria of best practice for this element. The target population(s) is clearly specified; the needs assessment/checking process is appropriate to the target population description; the target outcomes are specific, measurable, achievable, realistic and timely given the target population characteristics; and the classification level matches to the target population description.

3 – Most criteria are met.

The programme/approach specifies most of the criteria of best practice for this element.

2 – Some criteria are met.

The programme/approach specifies some of the criteria of best practice for this element.

1 – A few criteria are met.

The programme/approach specifies a few of the criteria of best practice for this element.

0 – No criteria are met.

The programme/approach does not meet any of the criteria for best practice for this element.

Element 2:

What is the content of the programme and how do you deliver it?

Evaluation Criteria: Quality of the programme content and processes.

What is the theoretical framework or assumption/s that the programme is based on?

[Validity of the theoretical framework]

A strong theoretical framework/s that has support for being effective when working with the targeted parents and their children underpins both the content and the process elements of the programme. Example theories include: social learning theory, attachment theory, family systems theory.

What do parents learn during the course of the programme? [Content of the programme]

Content components (what participants learn or develop) of the programme are directly linked to the theoretical framework. For example, a programme grounded in attachment theory principles teaches the rationale and techniques for increasing sensitive responding.

How do parents learn during the course of the programme? [Format of the programme]

The format of the programme is clearly specified and directly linked to the theoretical framework. Factors to be reported include: method of delivery (individual, group, self, phone and online); duration of the programme; duration of contact sessions (number of hours); intervals between contact sessions; location (home; children's centre; clinic setting; school; other specialised settings); and recommended number and credentials of practitioners required to deliver the programme.

A description is provided of the process recommended to: engage parents; account for different learning styles; determine the success of the programme in reaching the stated outcomes; respond to poor or unexpected post-participation outcomes; and respond to premature termination.

What resources are available to enable other practitioners to delivery the programme?

[Appropriateness and adequacy of the resources]

The content and the process of the programme, including the mechanism(s) of change, can be clearly communicated to other practitioners to enable them to implement or replicate it (e.g. manual, online information, DVD material) in new and independent settings.

Element 2: Rating Scale

4 – All criteria are met.

The programme/approach specifies all the criteria of best practice for this element. The programme/approach is based on a theoretical framework that has support for being effective when working with the targeted parents and their children; what parents learn is clearly based on the theory; the processes of how parents learn are clearly specified and comprehensive written materials are available to enable independent practitioners to implement the programme/approach.

3 – Most criteria are met.

The programme/approach specifies most of the criteria of best practice for this element.

2 – Some criteria are met. The programme/approach

specifies some of the criteria of best practice for this element.

1 – A few criteria are met. The programme/approach

specifies a few of the criteria of best practice for this element.

0 – No criteria are met. The programme/approach

does not meet any of the criteria for best practice for this element.

Element 3:

How do you train and support other practitioners to use the programme / approach most effectively and consistently in new and independent settings?

Evaluation Criteria: Quality of the implementation processes – practitioner characteristics, training, supervision and/or support, and dissemination and implementation processes.

What level of experience and qualification do practitioners need to run the programme?

The level of experience, expertise and qualification required by practitioners to deliver the programme is described in detail and is appropriate to the level of need of the population.

What training is available to instruct practitioners to be able to deliver the programme?

Systematic training is available to enable independent implementation of the programme. The format, intensity and duration of the training correspond to the complexity of the programme content and process. A mechanism is available to ensure the transfer of learning from training to implementation (i.e. accreditation procedure).

What mechanism is available to support and supervise practitioners to deliver the programme?

Appropriate supervision is available to enable independent replication of the programme. The format, intensity and duration of supervision correspond to the complexity of the programme content and process.

What mechanisms are available to support organisations wishing to implement the programme in their area? [Capacity for dissemination]

Mechanisms are recommended to ensure the successful implementation of the programme into the existing service framework. This includes mechanisms to monitor practitioner fidelity to the programme, using proven methods. For example, practitioner adherence to the programme questionnaire,

Element 3: Rating Scale

4 – All criteria are met.

The programme/approach meets all the criteria of best practice for this element. The characteristics practitioners should have to deliver the programme/approach are clearly specified and appropriate to the level of need of the target population; systematic training is available to enable independent implementation of the programme and this corresponds to the complexity of the programme; the format of practitioner supervision is described and this corresponds to the complexity of the programme; and other mechanisms are recommended to ensure the successful implementation of the programme/approach in a new and independent setting.

3 – Most criteria are met.

The programme/approach meets most of the criteria of best practice for this element.

2 – Some criteria are met.

The programme/approach meets some of the criteria of best practice for this element.

1 – A few criteria are met.

The programme/approach meets a few of the criteria of best practice for this element.

0 – No criteria are met.

The programme/approach does not meet any of the criteria for best practice for this element.

Element 4:

Element 4: What is the effect of the programme / approach on the targeted outcomes?

Evaluation Criteria: Quality of the evaluations used to prove the effectiveness of the programme in achieving its targeted outcomes.

What mechanisms are used to evaluate the outcomes of the programme? Examples of the information which will be considered:

A strong theoretical framework/s that has support for being effective when working with the targeted parents and their children underpins both the content and the process elements of the programme. Example theories include: social learning theory, attachment theory, family systems theory.

- Sample: sufficient size, description of who/what and recruitment methods.
- Design: strongest design possible to allow for causal inferences, assignment procedure (random, matched-sample).
- Outcome measures: multiple methods – direct observation, self-report, parent report, reports by other significant people; psychometrically sound (reliable and valid).
- Data collection procedures: multiple measurement periods to detect durability of results; collection independent of practitioner delivering the intervention.
- Analyses and results: attrition, appropriateness of analysis strategy, statistically significant effects, clinically significant effects.
- Replication studies.

Element 4: Rating Scale

4

An outcome evaluation has been conducted in which there is evidence that the demonstrated positive outcomes for parents and/or their children are due to the effects of the programme/approach. This is demonstrated in at least two randomised controlled trials including at least one conducted independently of the programme developer, using accepted research principles regarding sample size, outcomes measures, data collection procedures and statistical analyses.

3

An outcome evaluation has been conducted in which there is evidence that the demonstrated positive outcomes for parents and/or their children are due to the effects of the programme/approach. Positive outcomes have been demonstrated in at least one randomised controlled trial conducted by the programme developer or an independent investigator.

2

Positive change in parent and/or child outcomes has been demonstrated through scientifically validated assessment methods, collected at multiple time points for at least 20-30 families.

1

Some positive evaluation of the programme has been collected but as yet this has not included scientifically validated assessment methods across multiple time points.

0

No documented evaluation of any kind has been completed.

Bibliography

Barlow, J. (1999).

What works in parent education programmes. In Lloyd, E. (Ed) Parenting Matters: What works in parenting education? London: Barnados.

Barlow, J. (1997).

Systematic review of the effectiveness of parent-training programmes in improving behaviour problems in children age 3 - 10 years. Oxford: University of Oxford.

Barrett, P. M. & Ollendick, T. H. (2004).

Handbook of interventions that work with children and adolescents: Prevention and treatment. Vivian Ward Psychology Publishing, London.

Barth, R. P., Landsverk, J., Chamberlain, P., Reid, J. B., Rolls, J. A., Hurlburt, M. S. et al. (2005).

Parent-Training Programs in Child Welfare Services: Planning for a More Evidence-Based Approach to Serving Biological Parents. *Research on Social Work Practice*, 15, 353-371.

Bernazzani, O., Cote, C., & Tremblay, R. E. (2001).

Early Parent Training to Prevent Disruptive Behavior Problems and Delinquency in Children. *American Academy of Political and Social Science*, 578, 90-103.

Biglan, A., Mrazek, P. J., Carnine, D., & Flay, B. R. (2003).

The Integration of Research and Practice in the Prevention of Youth Problem Behaviors. *American Psychologist*, 58, 433-440.

Borkovec, T. D. & Castonguay, L. G. (1998).

What Is the Scientific Meaning of Empirically Supported Therapy? *Journal of Consulting & Clinical Psychology*, 66, 136-142.

Borkowski, J. G., Ramey, S. L., & Bristol-Power, M. (2002).

Parenting and the child's world: Influences on academic, intellectual, and social-emotional development. In (Eds.) Borkowski, J. G. P., Smith, L. E. P., & Akai, C. E. M. (2007). *Designing Effective Prevention Programs: How Good Science Makes Good Art. Infants & Young Children*, 20, 229-241.

Bornstein, M. H. (2003).

Handbook of Parenting, 2nd Ed. US, Lawrence Erlbaum Assoc Inc.

Carr, A. (2000).

What works with children and adolescents?: A critical review of psychological interventions with children, adolescents and their families. London: Routledge.

Chambless, D. L. & Hollon, S. D. (1998).

Defining Empirically Supported Therapies. *Journal of Consulting & Clinical Psychology*, 66, 7-18.

Chorpita, B. F., Daleiden, E. L., & Weisz, J. R. (2005).

Identifying and selecting the common elements of evidence based interventions: a distillation and matching model. *Mental Health Services Research*, 7, 5-20.

Coalition for Evidence-Based Policy (2007).

Checklist For Reviewing a Randomized Controlled Trial of a Social Program or Project, To Assess Whether It Produced Valid Evidence. Retrieved April 17, 2008 from: <http://www.evidencebasedpolicy.org/default.asp?sURL=ombIII>

Colosi, L. & Dunifon, R. (2003).

Effective Parent Education Programs. Cornell Cooperative Extension. Retrieved April 14, 2008 from: www.parenting.cit.cornell.edu/research.html

Cornell, D. G. (1999).

What Works in Youth Violence Prevention. Retrieved April 16, 2008 from: <http://youthviolence.edschool.virginia.edu/>

Crime Reduction Home Office (2008).

Evaluated Options. Retrieved April 16, 2008 from <http://www.crimereduction.homeoffice.gov.uk/toolkits>

Elliott, D. S. & Mihalic, S. (2004).

Issues in disseminating and replicating effective prevention programs. *Prevention Science*, 5, 47-53.

Evidence Based Programs, Practices and Principles Support Children, Youth, and Families - Appendix 2-A (2003).

Oregon State University Family Policy Program - Oregon Commission on Children and Families. Retrieved April 17, 2008 from: http://www.oregon.gov/OCCF/Documents/HealthyStart/MeetingNotes/Community_Mobilization/Appendix2.pdf

Flay, B. R., Biglan, A., Boruch, R. F., Castro, F. G., Gottfredson, D., Kellam, S. et al. (2005). Standards of evidence: criteria for efficacy, effectiveness and dissemination. *Prevention Science*, 6, 151-175.

Fonagy, P., Target, M., Cottrell, D., Phillips, J., & Kurtz, Z. (2002).

What works for whom?: A critical review of treatments for children and adolescents. London: Guildford Press.

Frick, P. J. (2001).

Effective interventions for children and adolescents with conduct disorder. *Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie*, 46, 597-608.

Garry, E. M. (1999).

A Compendium of Programs That Work for Youth. Fact Sheet. Office of Juvenile Justice and Delinquency Prevention. Retrieved April 15, 2008 from: <http://www.ccnycunyu.edu/library/Divisions/Government/GOVPUBS.html>

Bibliography

- Gomby, D. S., Culross, P. L., & Behrman, R. E. (2008). Home Visiting: Recent Program Evaluations: Analysis and Recommendations. *The Future of Children*, Vol.9, No.1, Home Visiting: Recent Program Evaluations, (Spring - Summer, 1999), pp.4-26.
- Greenhalgh, T., Robert, G., Bate, P., Kyriakidou, O., Macfarlane, F., & Peacock, R. (2004a). How to Spread Good Ideas - A systematic review of the literature on diffusion, dissemination and sustainability of innovations in health service delivery and organisation. Report for the National Co-ordinating Centre for NHS Service Delivery and Organisation R & D (NCCSDO). Retrieved April 15, 2008 from: <http://www.sdo.lshtm.ac.uk/files/project/38-final-report.pdf>
- Greenhalgh, T., Robert, G., MacFarlane, F., Bate, P., & Kyriakidou, O. (2004b). Diffusion of Innovations in Service Organizations: Systematic Review and Recommendations. *Milbank Quarterly*, 82, 581-629.
- Hazelrigg, M. D., Cooper, H. M., & Borduin, C. M. (1987). Evaluating the effectiveness of family therapies: an integrative review and analysis. *Psychological Bulletin*, 101, 428-442.
- Healthy Families and Children (2007). Retrieved April 16, 2008 from http://www.pew-partnership.org/resources/whats_works.html
- Hibbs, E. D. & Jensen, P. S. E. (Eds.) (2005). Psychosocial treatments for child and adolescent disorders: Empirically based strategies for clinical practice (2nd ed.). Washington, D.C.: American Psychological Association.
- Huser, M., Small, S. A., & Eastman, G. (2008). A what works, Wisconsin Fact Sheet - What research tells us about effective parenting education programs. Retrieved April 14, 2008 from: <http://www.uwex.edu/ces/flp/families/whatworks.cfm>
- Kaminski, J., Valle, L. A., Filene, J. H., & Boyle, C. L. (2008). A Meta-analytic Review of Components Associated with Parent Training Program Effectiveness. *Journal of Abnormal Child Psychology*, 36, 567-589.
- Kazdin, A. E. E. & Weisz, J. R. (Eds.) (2003). Evidence-based psychotherapies for children and adolescents. New York: Guilford Press.
- Kazdin, A. E. & Weisz, J. R. (1998). Identifying and Developing Empirically Supported Child and Adolescent Treatments. *Journal of Consulting & Clinical Psychology*, 66, 19-36.
- Kellam, S. G. & Langevin, D. J. (2003). A framework for understanding "evidence" in prevention research and programs. *Prevention Science*, 4, 137-153.
- Kumpfer, K. L. (1999). Strengthening America's Families: Exemplary Parenting and Family Strategies For Delinquency Prevention. Office of Juvenile Justice and Delinquency Prevention, Office of Juvenile Programs, U.S.Department of Justice. Retrieved April 14, 2008 from: http://www.ncjrs.gov/html/ojjdp/jjjournal_2000_12_2/jj2.html
- Kumpfer, K. L. & Alvarado, R. (1998). Effective Family Strengthening Interventions. *Juvenile Justice Bulletin*. Family Strengthening Series. Retrieved April 17, 2008 from: <http://www.ncbi.nlm.nih.gov/pubmed/12971192>
- Kumpfer, K. L. & Alvarado, R. (2003). Family-Strengthening Approaches for the Prevention of Youth Problem Behaviors. *American Psychologist*, 58, 457-465.
- Kyler, S. J., Bumbarger, B. K., & Greenberg, M. T. (2005). Evidence-Based Programs. Technical Assistance Fact Sheets. Fact Sheet 1. Prevention Research Center for the Promotion of Human Development. Retrieved April 16, 2008 from: http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/28/0a/fe.pdf
- Latessa, E. L. (2007). Promoting Public Safety Through Effective Correctional Interventions: What Works and What Doesn't. Policy Institute for Family Impact Seminars. Retrieved April 16, 2008 from: http://www.familyimpactseminars.org/s_wifis19c04.pdf
- Lipsey, M. W. & Wilson, D. B. (1998). Effective Intervention for Serious Juvenile Offenders. In R.Loeber & D. P. Farrington (Eds.), *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions* (pp. 313-345). Thousand Oaks CA: Sage.
- Lipsey, M. W., Wilson, D. B., & Cothorn, L. (2000). Effective Intervention for Serious Juvenile Offenders. *Juvenile Justice Bulletin*. Retrieved April 17, 2008 from: <http://www.ncjrs.gov/pdffiles1/ojjdp/181201.pdf>
- Lloyd, E. (1999). Parenting matters: what works in parenting education? Retrieved April 16, 2008 from: <http://www.barnardos.org.uk>
- Loeber, R., Farrington, D. P., & Waschbusch, D. A. (1998). Serious and violent juvenile offenders. In R. Loeber & D. P. Farrington (Eds.), *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions* (pp. 13-29). Thousand Oaks CA: Sage.

Bibliography

- Lonigan, C. J., Elbert, J. C., & Johnson, S. B. (1998). Empirically supported psychosocial interventions for children: an overview. *Journal of Clinical Child Psychology, 27*, 138-145.
- Maughan, B., Rowe, R., Messer, J., Goodman, R., & Meltzer, H. (2004). Conduct Disorder and Oppositional Defiant Disorder in a national sample: Developmental epidemiology. *Journal of Child Psychology and Psychiatry, 45*, 609-621.
- McCart, M. R., Priester, P. E., Davies, W. H., & Azen, R. (2006). Differential effectiveness of behavioral parent-training and cognitive-behavioral therapy for antisocial youth: a meta-analysis. *Journal of Abnormal Child Psychology, 34*, 527-543.
- Ministry of Justice, D. Y. J. B. (2007). Parenting Contract and Orders Guidance. Ministry of Justice, DCSF, Youth Justice Board. Retrieved April 15, 2008 from: <http://www.homeoffice.gov.uk/documents/parenting-contracts-orders-07?view=Binary>
- Minuchin, S. (1974). *Families & family therapy*. Oxford, England: Harvard U. Press.
- Mitchell, A., Weiss, H., & Schultz, T. (1992). Evaluating Education Reform: Early Childhood Education. Retrieved April 15, 2008 from: <http://www.gse.harvard.edu/hfrp/pubs/onlinepubs/eer/index.html>
- Mrazek, P. & Brown, C. H. (2000). An Evidence-Based Literature Review: Outcomes in Psychosocial Prevention and Early Intervention in Young Children. Retrieved April 17, 2008 from: http://www.investinkids.ca/ContentPage.aspx?name=pro_early_intervention_research
- Nathan, P. E. E. & Gorman, J. M. (Eds.) (2007). *A guide to treatments that work* (3rd ed.). New York: Oxford University Press.
- Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E. et al. (2003). What Works in Prevention: Principles of Effective Prevention Programs. *American Psychologist, 58*, 449-456.
- National Registry of Evidence-based Programs and Practices (NREPP website) (2008b). Retrieved April 14, 2008 from <http://www.nrepp.samhsa.gov/>
- Nixon, R. (2002). Treatment of behaviour problems in preschoolers: a review of parent training programs. *Clinical Psychology Review, 22*, 525-546.
- Nominate a Program for the Model Programs Guide (2008a). OJJDP Model Programs Guide. Retrieved April 14, 2008 from: http://www.dsgonline.com/mpg2.5/nom_form.htm
- Ollendick, T. H. & King, N. J. (2004). Empirically Supported Treatments for Children and Adolescents: Advanced Toward Evidence-Based Practice. In P. M. Barrett & T. H. Ollendick (Eds.), *Handbook of interventions that work with children and adolescents: Prevention and treatment* (pp. 3-25). New York, NY, US: John Wiley & Sons Ltd.
- Parent-training/education programmes in the management of children with conduct disorders (2007b). NICE technology appraisal guidance 102. Retrieved April 16, 2008 from: <http://www.nice.org.uk/TA102>
- Promotion, Prevention and Early Intervention for Mental Health (2000). Department of Health and Ageing. Australian Retrieved April 16, 2008 from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-p-prommon>
- Promotion and Prevention In Mental Health: Strengthening Parenting and Enhancing Child Resilience (2007c). Substance Abuse and Mental Health Services Administration, Centre for Mental Health Services. Retrieved April 17, 2008 from: <http://download.ncadi.samhsa.gov/ken/pdf/SVP-0186.pdf>
- Riley, D. (2007). Some Principles for Designing Effective Parenting Education/Support Programs. Policy Institute for Family Impact Seminars. Retrieved April 14, 2008 from: http://www.familyimpactseminars.org/s_wifis03c02.pdf
- Russ, S. W. & Ollendick, T. H. (Eds.) (1999). *Handbook of psychotherapies with children and families*. Dordrecht, Netherlands: Kluwer Academic Publishers.
- Sanders, M. R. (2003). Guest editorial: The translation of an evidence-based parenting program into regular clinical services. *Australian e-Journal for the Advancement of Mental Health, 2*.
- Serketich, W. J. & Dumas, J. E. (1996). The effectiveness of behavioral parent training to modify antisocial behavior in children: A meta-analysis. *Behavior Therapy, 27*, 171-186.
- Solving the Problem (2008). Parenting programmes. Retrieved April 14, 2008 from: <http://www.renewal.net/Documents/RNET/Solving%20the%20Problem/Parentingprogrammes.doc>
- Spring, B. (2007). Evidence-based practice in clinical psychology: what it is, why it matters; what you need to know. *Journal of Clinical Psychology, 63*, 611-631.

Bibliography

Standards of Evidence - Criteria for efficacy, effectiveness and dissemination (2008c).
Retrieved April 17, 2008 from: <http://www.preventionresearch.org>

Strengthening America's Families Project (1999).
Strengthening America's Families Retrieved April 17, 2008 from: <http://www.strengtheningfamilies.org/html/index.html>

Taylor, T. K. & Biglan, A. (1998).
Behavioral family interventions for improving child-rearing: a review of the literature for clinicians and policy makers. *Clinical Child & Family Psychology Review*, 1, 41-60.

Tennant, R., Goens, C., Barlow, J., & Stewart-Brown, S. (2007).
A systematic review of interventions to promote mental health and prevent mental illness in children and young people. *Journal of Public Mental Health*, 6, 25-32.

Utting, D., Monteiro, H., & Ghate, D. (2007).
Interventions for children at risk of developing antisocial personality disorder. Retrieved April 17, 2008 from: <http://www.prb.org.uk/publications/P182%20and%20P188%20Report.pdf>

Utting, D., Monteiro, H., & Ghate, D. (2008).
Interventions for Children at Risk of Developing Antisocial Personality Disorder - A Review. Policy Research Bureau. Retrieved April 17, 2008 from: <http://www.prb.org.uk/research%20projects/project%20summaries/P182.htm>

What Constitutes Strong Evidence of a Program's Effectiveness? (2004).
Retrieved April 17, 2008 from <http://www.whitehouse.gov/omb/part/>

-Weissberg, R. P., Kumpfer, K. L., & Seligman, M. E. P. (2003).
Prevention That Works for Children and Youth: An Introduction. *American Psychologist*, 58, 425-432.

Woolfenden, S. R., Williams, K., & Peat, J. (2007).
Family and parenting interventions in children and adolescents with conduct disorder and delinquency aged 10 - 17. *Cochrane Database of Systematic Reviews* 2001, Issue 2. Art. No.: CD003015. DOI: 10.1002/14651858.CD003015.

Woolgar, M. & Scott, S. (2006).
Evidence-based management of conduct disorders. *Current Opinions in Psychiatry*, 19, 539-543.

Youth Justice Board (2008a).
Key Elements of Effective Practice - Parenting. London. Retrieved April 16, 2008 from: <http://www.yjb.gov.uk/Publications/Resources/Downloads/PYO%20Summary%20A5.pdf>

Youth Justice Board. (2008b).
Persistent young offenders. Retrieved April 16, 2008 from: <http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idProduct=44&eP=>

Strand Bridge House
142 Strand
London WC2R 1HH

T: 020 7848 7500
F: 020 7848 7501/02

info@parentingacademy.org

National Academy for Parenting Practitioners
is a charitable company limited by guarantee
Registered charity no. 1121226 (England & Wales)
Registered office at Strand Bridge House
142 Strand, London WC2R 1HH

parentingacademy.org