

Familie- og nærmiljøbaserte tiltak for barn og unge med atferdsproblemer.

Notat fra Kunnskapscenteret
Systematisk litteratursøk med
sortering
Mai 2012

 kunnskapscenteret

Nasjonalt kunnskapssenter for helsetjenesten
Postboks 7004, St. Olavs plass
N-0130 Oslo
(+47) 23 25 50 00
www.kunnskapssenteret.no
Notat: ISBN 978-82-8121-464-4

Mai 2012

 kunnskapssenteret

(fortsettelsen fra forsiden)

Tittel	Familie- og nærmiljøbaserte tiltak for barn og unge med atferdsproblemer. Litteratursøk.
English title	Family and community- based interventions for children and young people with behavioral problems. Literature search.
Institusjon	Nasjonalt kunnskapssenter for helsetjenesten
Ansvarlig	Magne Nylenna, direktør
Forfattere	Kirkehei, Ingvild, prosjektleder, <i>forskningsbibliotekar, Nasjonalt kunnskapssenter for helsetjenesten</i> Sporstøl Fønhus, Marita, <i>forsker, Nasjonalt kunnskapssenter for helsetjenesten</i>
ISBN	978-82-8121-464-4
Prosjektnummer	927
Publikasjonstype	Systematisk litteratursøk med sortering
Antall sider	33 (41 inklusiv vedlegg)
Oppdragsgiver	Norsk psykologforening
Nøkkelord	Barn, unge, atferdsproblemer, familie, nærmiljø, foreldre
Sitering	Kirkehei I, Sporstøl Fønhus M. Familie- og nærmiljøbaserte tiltak for barn med atferdsproblemer. Litteratursøk. Oslo: Nasjonalt kunnskapssenter for helsetjenesten, 2012.

Nasjonalt kunnskapssenter for helsetjenesten fremskaffer og formidler kunnskap om effekt av metoder, virkemidler og tiltak og om kvalitet innen alle deler av helsetjenesten. Målet er å bidra til gode beslutninger slik at brukerne får best mulig helsetjenester. Kunnskapssenteret er formelt et forvaltningsorgan under Helse- direktoratet, men har ingen myndighetsfunksjoner og kan ikke instrueres i faglige spørsmål.

Nasjonalt kunnskapssenter for helsetjenesten
Oslo, mai 2012

Hovedfunn

Barn og unge med atferdsproblemer trenger behandling og oppfølging. Tre aktuelle familie- og nærmiljøbaserte tiltak er Parent Management Training Oregon (PMTO), De utrolige årene og Multisystemisk terapi (MST). I dette notatet presenteres funnene fra et søk etter systematiske oversikter som er publisert fra og med 2000 og som har oppsummert effektene av ett eller flere av de tre tiltakene.

Hensikten med søket er å gi et overblikk over forskningen på området. Referansene fra søket ble sortert i henhold til hvilke tiltak og type atferdsproblemer de omhandlet.

Det er publisert mange systematiske oversikter om effektene av de tre tiltakene og de identifiserte publikasjonene fordelte seg slik:

- 14 oversikter over systematiske oversikter om ulike familie- og nærmiljøbaserte tiltak
- 25 systematiske oversikter over effekter av Parent Management Training og/eller De utrolige årene
- 10 systematiske oversikter om effekter av Multisystemisk terapi

Vi har i dette notatet listet opp de systematiske oversiktene, men har ikke vurdert den metodiske kvaliteten eller sammenstilt funn og konklusjoner.

Tittel:

Familie- og nærmiljøbaserte tiltak for barn og unge med atferdsproblemer

Publikasjonstype:

Systematisk litteraturliste

En systematisk litteraturliste er resultatet av å

- søke etter relevant litteratur ifølge en søkestrategi og
- eventuelt sortere denne litteraturen i grupper presentert med referanser og vanligvis sammendrag

Svarer ikke på alt:

- Ingen kritisk vurdering av studienes kvalitet
- Ingen analyse eller sammenfatning av studiene
- Ingen anbefalinger

Hvem står bak denne publikasjonen?

Kunnskapssenteret har gjennomført oppdraget etter forespørsel fra Norsk Psykologforening

Når ble litteratursøket utført?

Søk etter studier ble avsluttet april, 2012.

Key messages (English)

Children and young people with behavioural problems need treatment and follow-up. Three current family and community-based interventions are Parent Management Training Oregon (PMTO), the Incredible Years and Multisystemic therapy (MST). We present the results of a literature search for systematic reviews of the effects of one or more of the three interventions.

The purpose of the search is to provide an overview of the research field. Citations from our search are sorted according to the type of interventions and behavioural problems addressed:

- 14 overviews of systematic reviews on different family and community-based interventions
- 25 systematic reviews on the effectiveness of Parent Management Training and/or the Incredible Years
- 10 systematic reviews on the effectiveness of Multisystemic Therapy

We have listed the systematic reviews, but have not assessed the methodological quality or summarised the results and conclusions.

Title:

Family and community-based interventions for children and young people with behavioral problems.

Type of publication:

Systematic reference list

[Info will add description]

Doesn't answer everything:

[Info will add this text]

Publisher:

Norwegian Knowledge Centre for the Health Services

Updated:

Last search for studies: April, 2012.

Innhold

HOVEDFUNN	2
KEY MESSAGES (ENGLISH)	3
INNHold	4
FORORD	5
INNLEDNING	6
METODE	8
RESULTAT	10
Pågående systematiske oversikter	10
Oversikter over systematiske oversikter	11
1. Atferdsproblemer bredt definert	11
2. Atferdsforstyrrelse eller opposisjonell atferdsforstyrrelse	14
3. Kriminalitetsforebygging	15
Systematiske oversikter om Parent Management Training Oregon (PMTO) og De utrolige årene	16
1. Atferdsproblemer bredt definert	16
2. Atferdsproblemer og nedsatt funksjonsevne	23
3. ADHD (Attention deficit hyperactivity disorder)	23
4. Atferdsforstyrrelser	25
5. Antisosial atferd eller antisosial personlighetsforstyrrelse	26
Systematiske oversikter om Multisystemisk terapi (MST)	27
1. Atferdsproblemer bredt definert	27
2. Opposisjonell atferdsforstyrrelse	29
3. Kriminalitetsforebygging	29
KOMMENTAR	32
REFERANSER	33
VEDLEGG 1 SØKESTRATEGI	34
VEDLEGG 2 EKSKLUDERTE SYSTEMATISKE OVERSIKTER	38

Forord

Nasjonalt kunnskapssenter for helsetjenesten fikk i oppdrag fra Norsk psykologforening å identifisere tilgjengelig forskning om effekter av tre ulike behandlingstiltak for barn med atferdsproblemer; Parent Management Training Oregon (PMTO), De utrolige årene og Multisystemisk terapi (MST).

Prosjektgruppen har bestått av:

- Ingvild Kirkehei, Nasjonalt kunnskapssenter for helsetjenesten (prosjektleder)
- Marita Sporstøl Fønhus, forsker, Nasjonalt kunnskapssenter for helsetjenesten

Gro Jamtvedt
Avdelingsdirektør

Liv Merete Reinar
Seksjonsleder

Ingvild Kirkehei
Prosjektleder

Innledning

Begrepet atferdsproblemer favner vidt og defineres på forskjellige måter innenfor ulike fagdisipliner. I følge Nordahl 2005 dreier atferdsproblemer seg om ”i hvilken grad barns atferd bryter med gjeldende regler, normer og forventninger i oppvekstmiljø og samfunn, og i hvilken grad atferden avviker fra aldersadekvat oppførsel på en slik måte at den klart forstyrrer eller hemmer barnets egen læring og utvikling, forstyrrer eller skaper problemer for andre... og/eller forstyrrer eller hemmer sosial samhandling mellom barn og mellom barn og voksne” (1, s. 31). Atferdsproblemer kan beskrives som ulike former for problematferd, som for eksempel lærings- og undervisningshemmende atferd, utagerende atferd, sosial isolasjon eller antisosial atferd. Atferdsproblemer kan også diagnostiseres og de mest relevante diagnosene er alvorlig atferdsforstyrrelse, opposisjonell atferdsforstyrrelse, ADHD, Aspergers syndrom og Tourettes syndrom (1).

Atferdsproblemer oppstår vanligvis tidlig i livet og vedvarer ofte gjennom barne- og ungdomsårene. Behandlingen av atferdsproblemer er ofte ressurskrevende og det er behov for tiltak på flere nivåer, for eksempel i hjemmet og på skolen (2).

I Norge tilbys barn og unge med atferdsproblemer ulike former for familie- og nærmiljøbaserte tiltak. To tiltaksmodeller som er ment å hjelpe yngre barn med atferdsproblemer er De utrolige årene (for barn mellom 3 og 8 år) og Parent Management Training – Oregon (PMTO, for barn mellom 4 og 12 år)¹ (3). Dette er familiebaserte opplærings- og behandlingsprogram som primært er rettet mot foreldrene. Foreldrene får opplæring og trening i å endre og systematisere ulike foreldre- og oppdragelsesferdigheter og målet er å stoppe eller redusere problematferden hos barna (1).

Multisystemisk terapi (MST) er et familie- og nærmiljøbasert tiltaksprogram som er rettet mot ungdom mellom 13 og 18 år med alvorlige atferdsproblemer. Det kjennetegnes av en helhetlig omsorgs- og behandlingsform sammensatt av ulike tiltak både i hjemmet, på skolen og/eller i ungdommens vennemiljø. I behandlingen

¹) Kalles også Parent Management Training (PMT)

jobbes det blant annet med å forbedre foreldrenes oppdragerpraksis, ungdommens skoleprestasjoner og med å redusere ungdommens kontakt med avvikende miljøer (1).

I dette notatet gir vi et overblikk over systematiske oversikter som er publisert f.o.m. 2000 og som har oppsummert effekter av Parent Management Training Oregon, De utrolige årene og/eller Multisystemisk terapi.

Metode

Litteratursøk

Vi søkte etter systematiske oversikter i følgende databaser: Ovid MEDLINE, Ovid EMBASE, Ovid PsycINFO, Cochrane Database of Systematic Reviews, Campbell Library, Health Technology Assessment Database (HTA, via Cochrane Library og CRD Databases), Database of Abstracts of Reviews of Effects (DARE, via Cochrane Library og CRD Databases), ISI Science/Social Science Citation Index, Sociological Abstracts, NHS Evidence, Open Grey, Cinahl, ERIC og Incredible Years Library. I tillegg søkte vi i Google og gjennomgikk referanselister fra relevant litteratur.

Søket ble utført i april 2012 og prosjektleder planla og utførte samtlige søk. Søkestrategien bestod av emneord og tekstord for barn/unge kombinert med ulike søkeord for atferdsproblemer og til sist avgrenset med søkeord for Parent Management Training, De utrolige årene eller Multisystemisk terapi. Alle søk ble avgrenset til publikasjonsdato f.o.m. 2000 og der hvor det var behov for ytterligere avgrensninger, ble det brukt søkeord for systematiske oversikter. Den fullstendige søkestrategien er gjengitt i Vedlegg 1.

Inklusjonskriterier

Studiedesign	Systematiske oversikter eller meta-analyser, oversikter over systematiske oversikter, retningslinjer basert på systematiske søk.
Populasjon:	Barn og unge fra 0 til 18 år med atferdsproblemer. Atferdsproblemer kan være bredt definert, diagnostisert som for eksempel atferdsforstyrrelse, opposisjonell atferdsforstyrrelse eller ADHD eller beskrevet som kriminell eller asosial atferd.
Tiltak:	Parent Management Training Oregon (PMTO), Multisystemisk terapi (MST), De utrolige årene eller tiltak beskrevet mer generelt, som for eksempel "evidence-based interventions" eller "parent training". Programmene kan fungere som forebyggings- eller behandlingstiltak.

Sammenlikning:	Andre behandlingstiltak (for eksempel medikamentell behandling), ingen behandling eller ”behandling som vanlig”
Utfall:	Ingen begrensninger i relevante utfall
Språk:	Ingen begrensninger i språk
Publikasjonsdato:	F.o.m. 2000

Eksklusjonskriterier

Vi ekskluderte usystematiske oversiktsartikler, det vil si oversikter som ikke tok utgangspunkt i et systematisk litteratursøk og som ikke hadde kvalitetsvurdert de identifiserte primærstudiene. Systematiske oversikter som omhandlet barn med rusproblemer ble ekskludert.

Artikkelutvelgelse og sortering

En person (prosjektleder) gjennomgikk og sorterte søkeresultatene. Vurderingen av inklusjon ble hovedsakelig gjort på bakgrunn av publikasjonenes tittel og sammendrag. Der hvor tittel eller sammendrag ikke hadde tilstrekkelig informasjon til å vurdere relevans, ble publikasjonen lest i fulltekst hvis vi hadde tilgang til det.

Sorteringen av referansene ble gjort på bakgrunn av oversiktens egne beskrivelser av inklusjons- og eksklusjonskriterier, det vil si hvilke(t) tiltak de undersøkte effekter av og hvilke(n) populasjon(er) de inkluderte. I oversiktsartikler hvor inklusjonskriteriene ikke var klart definert, tok vi utgangspunkt i hvilke tiltak som var rapportert i resultatene. Sorteringskategoriene ble ikke definert på forhånd, men ble besluttet etter at alle oversiktene var gjennomgått.

Resultat

Litteratursøket resulterte i 520 referanser. Av disse ble 49 referanser vurdert som relevante for inklusjon. Vi fant også systematiske oversikter om andre familie- og nærmiljøbaserte tiltak, for eksempel Triple P-Positive Parenting Program. Disse systematiske oversiktene er listet i Vedlegg 2.

De inkluderte referansene presenteres nedenfor. Hver referanse er supplert med sammendrag som er kopiert fra publikasjonens websider og URL som leder til mer informasjon, eventuelt fulltekst av publikasjonen.

Referansene er inndelt i fire hovedavsnitt:

- Systematiske oversikter under utarbeidelse
- Oversikter over systematiske oversikter
- Systematiske oversikter om Parent Management Training og De utrolige årene
- Systematiske oversikter om Multisystemisk terapi

Mange av oversiktene har brede definisjoner og inklusjonskriterier i forhold til type atferdsproblemer og behandlingstiltak. Disse blir presentert først i hvert hovedavsnitt. Deretter presenteres de systematiske oversiktene som i innledning, metodekapittel eller resultat beskriver hvilket tiltak som er undersøkt (for eksempel MST), eller hvilken diagnose barna i studiene hadde (for eksempel ADHD).

Systematiske oversikter under utarbeidelse

1. Whittington C, Mayo-Wilson E, Harrison B, Smith M, Pilling S. Psychological/psychosocial treatment and educational management interventions for children and young people with conduct disorders. PROSPERO 2011:CRD42011001748 http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42011001748 (25.4.2012)

Oversikten skal være dokumentasjonsgrunnlag for en retningslinje utarbeidet av National Institute for Health and Clinical Excellence. Retningslinjen skal handle om behandling av atferdsforstyrrelser og antisosial atferd hos barn og unge. I protokollen nevnes både De utrolige årene, Parent Training og MST som eksempler

på intervensjoner som vil studeres. Retningslinjen er planlagt ferdigstilt i mars 2013. Mer informasjon om arbeidet finnes på <http://guidance.nice.org.uk/CG/Wave24/8#schedule>.

Oversikter over systematiske oversikter

Vi fant 14 oversikter over systematiske oversikter som ser på effekter av ulike familie- og nærmiljøbaserte tiltak. I noen av publikasjonene har forfatterne lagt til grunn en systematisk innhenting og oppsummering av systematiske oversikter eller meta-analyser mens andre ikke har oppgitt noen systematiske innhentingsmetode. De fleste rapportene har en overordnet bred tilnærming til temaet og omhandler ulike familie- og nærmiljøbaserte tiltak. Fordi de ikke er avgrenset til ett spesielt tiltak, presenteres alle i en liste, sortert på type atferdsproblem.

Syv av publikasjonene omhandler barn og/eller ungdom med ulike atferdsproblemer, uten at det i sammendraget presiseres spesielle diagnoser (se pkt. 1 nedenfor). Fem publikasjoner omhandler barn diagnostisert med atferdsforstyrrelse eller opposisjonell atferdsforstyrrelse, i henhold til diagnosekriteriene ICD 10 eller DSM-IV² (pkt 2, s. 14). To rapporter omhandler kriminalitetsforebygging (pkt. 3, s. 15).

1. Atferdsproblemer bredt definert

1. Pacho ZR, Trinanes ER. Parent training of children with conduct problems: An efficacy review. [Spanish]. *Anales de Psicología* 2011;27(1):86-101.

<http://revistas.um.es/analesps/article/view/113511/107501> (24.4.2012)

Sammendrag: In the last years, the scientific studies have evidenced that parent-directed interventions are decisive in the modification of early-onset problem behaviors, which frequently are markers of antisocial developmental trajectories. In this context, parent-training programs emerge as one of the well-researched intervention modalities, and they are considered as high-quality interventions by the scientific literature in the behavioral problems field. This study aims to review the efficacy of this kind of intervention, on the basis of results from meta-analyses and review papers collected in PSYCINFO (APA); ISOC (CSIC), ERIC and MED-LINE for the last 20 years (1989-2009). The meta-analyses and reviews which are examined in this study indicate the robustness of parent-training in the promotion of positive changes in child behaviors, in the improvement of daily parent-child interactions, and in the parental attitudes and behaviors.

Moreover, parent-training programs show their efficacy in the promotion of other aspects involved in the family dynamics, such as communication, problem-solving and parental stress. (PsycINFO

² International Classification of Diseases (ICD), Diagnostic and Statistical Manual of Mental Disorders (DSM IV)

2. Ogden T. Familiebasert behandling av alvorlige atferdsproblemer blant barn og ungdom. Evaluering og implementering av evidensbaserte behandlingsprogrammet i Norge. Doktoravhandling. Universitetet i Bergen; 2010.

https://bora.uib.no/bitstream/1956/4615/1/Dr.thesis_Terje%20Ogden.pdf

(24.4.2012)

3. Carr C. The effectiveness of family therapy and systemic interventions for child-focused problems. *J Fam Ther* 2009;31(1):3–45.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1467-6427.2008.00451.x/abstract>

(24.4.2012)

Sammendrag: This review updates a similar paper published in the *Journal of Family Therapy* in 2001. It presents evidence from meta-analyses, systematic literature reviews and controlled trials for the effectiveness of systemic interventions for families of children and adolescents with various difficulties. In this context, systemic interventions include both family therapy and other family-based approaches such as parent training. The evidence supports the effectiveness of systemic interventions either alone or as part of multimodal programmes for sleep, feeding and attachment problems in infancy; child abuse and neglect; conduct problems (including childhood behavioural difficulties, ADHD, delinquency and drug abuse); emotional problems (including anxiety, depression, grief, bipolar disorder and suicidality); eating disorders (including anorexia, bulimia and obesity); and somatic problems (including enuresis, encopresis, recurrent abdominal pain, and poorly controlled asthma and diabetes).

4. Law J, Plunkett C, Taylor J, Gunning M. Developing policy in the provision of parenting programmes: Integrating a review of reviews with the perspectives of both parents and professionals. *Child Care Health Dev* 2009;35(3):302-312.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2214.2009.00939.x/abstract>

(24.4.2012)

Sammendrag: Background: Parenting programmes are a key component of the delivery of children's services, but evidence-based policy has often proved difficult to implement. Methods: The present review addressed this issue by integrating a review of systematic reviews of parenting programmes and a series of focus groups with parents and professionals involved in parenting across three agencies in a regional area (health, education and social work). The review summarizes parenting interventions targeting infant mental health, emotional and behavioural difficulties, autism spectrum disorder and attention deficit hyperactivity disorder, abuse/neglect, alcohol/substance abuse and 'vulnerable' parents. The focus groups discussed topics such as the range of parenting services across the three agencies, accessibility, gaps in the service and future directions. Results and conclusions: Twenty systematic reviews were summarized. These reviews demonstrated that there is a wide range of parenting programmes available that have the potential to benefit families who are affected by problems ranging from emotional and behavioural difficulties to adolescent substance abuse. However, the findings of the focus groups reveal that the success of these programmes will depend in part on how they can be tailored to meet the social context of the

families targeted. These integrated findings are discussed in terms of their implications for policy and practice.

5. Farley CE, Lutton ME, Scoville C. What are effective treatments for oppositional and defiant behaviors in preadolescents. *J Fam Pract* 2006;54(2): 162, 164-5.
<http://www.jfponline.com/Pages.asp?AID=1868#bib2> (24.4.2012)
6. Kristofersen LB, Sverdrup S, Haaland T, Wang Andresen I-H. Hjelpetiltak i barnevernet - virker de? Oslo; Norsk institutt for by- og regionforskning, 2006. (NIBR-rapport 2006:7).
<http://www.fritidforalle.no/media/15553/61ccb60c197ae701e47ecf620a0c7562.pdf> (4.5.2012)
7. Bunting L. Parenting programmes: The best available evidence. *Child Care Pract* 2004;10(4):327-343.
<http://www.tandfonline.com/doi/abs/10.1080/1357527042000285510> (24.4.2012)

Sammendrag: Rapporten presenterer kunnskap fra norsk og utenlandsk forskning om hjelpetiltak i barnevernet og om hva som finnes av forskningsmessig belegg når det gjelder virkninger. Totalt sett foreligger det relativt lite forskningsbasert kunnskap om virkningene av de ulike tiltakene, med unntak av enkelte av de nyere tiltaksformene. I norsk sammenheng er det behov for bedre og mer omfattende forskning som i langt større grad vektlegger design som muliggjør konklusjoner knyttet til effekter av de tiltakene som implementeres, og som er tydelige på utfallsmål.

Sammendrag: Parenting programmes have been provided to a wide range of child and parent groups across a number of countries, but are they effective? This aim of this paper is to examine the findings from a number of systematic reviews that summarise the best available research evidence on the impact of these programmes on a range of parental and child outcomes. In addition to examining the findings from systematic reviews, the paper also takes a selective look at the uptake of parenting programmes in the United Kingdom, the evidence for effectiveness and the efficacy of adopting a population-based approach to parent education. The findings from systematic reviews indicate that parenting programmes can have a positive impact on a range of outcomes, including improved child behaviour, increased maternal self-esteem and relationship adjustment, improved mother-child interaction and knowledge and decreased maternal depression and stress. While there is a need for greater evaluation of the long-term impact of these programmes, preliminary evidence indicates that these positive results are maintained over time, with group-based, behaviourally orientated programmes tending to be more effective. While several recent trials indicate that that these programmes can be effective within the United Kingdom, high drop-out rates may mean that they only reach a minority of parents. However, multi-level parent education strategies such as the Australian Triple P Positive Parenting Strategy that incorporate an array of mediums aimed at different levels of need may provide an opportunity to reach a wider range of parents. This approach is currently being evaluated in order to ascertain whether it is effective in improving child outcomes in the general population. While there is no coherent strategy for parent training across the United Kingdom, within the Northern Ireland context there is a move towards the development of a family support strategy. While uptake of parent education and training is

currently unknown the best available evidence highlights the positive impact that parent training can have, suggesting the importance of including parent education as one aspect of this strategy.

2. Atferdsforstyrrelse eller opposisjonell atferdsforstyrrelse

Her vises systematiske oversikter som har inkludert studier på barn med atferdsforstyrrelse (conduct disorder, CD) eller opposisjonell atferdsforstyrrelse (oppositional defiant disorder, ODD), diagnostisert med ICD-10 eller DMS-IV.

1. National Institute for Health and Clinical Excellence, Social Care Institute for Excellence. Parent-training/education programmes in the management of children with conduct disorders. London: National Institute for Health and Clinical Excellence; 2006. (NICE Technology Appraisal Guidance; no. 102). <http://www.nice.org.uk/nicemedia/live/11584/33426/33426.pdf> (24.4.2012)
2. Bradley MC, Mandell D. Oppositional defiant disorder: A systematic review of evidence of intervention effectiveness. *J Exp Criminol* 2005;1(3):343-365. <http://www.springerlink.com/content/nv873067877555q7/> (24.4.2012)
Sammendrag: This research synthesis examines rigorous evaluations of interventions for children diagnosed with ODD. The primary goal was to identify and synthesize through meta-analysis what is known regarding the effectiveness of various treatments. A secondary goal was to assess the degree to which treatment effectiveness is being evaluated in multiple domains. Seven studies were identified that measured outcomes in six domains. As in prior reviews, interventions demonstrate improvements in the child's behavior at home and parental stress/strain. Support for improvements in behavior and performance in school is not as strong due in part to a scarcity of attention to the multiple domains of functioning. The interventions reviewed here demonstrate some benefit and no harm; however, there is room to strengthen the research base.
3. Dretzke J, Frew E, Davenport C, Barlow J, Stewart-Brown S, Sandercock J, et al. The effectiveness and cost-effectiveness of parent training/education programmes for the treatment of conduct disorder, including oppositional defiant disorder, in children. *Health Technology Assessment* 2005;9(50). <http://www.hta.ac.uk/execsumm/summ950.htm> (24.4.2012)
Utdrag fra sammendrag: Aim: The aim of this review was to assess the clinical and cost-effectiveness of parent training programmes for the treatment of children up to the age of 18 years, with conduct disorder (CD. [...] Evidence was available from 37 randomised controlled trials (RCTs) that met the review inclusion and exclusion criteria. Overall, there was a lack of methodological detail, particularly concerning randomisation and allocation concealment, and as a result a majority of studies were assessed as being of poor methodological quality. Studies were clinically heterogeneous in terms of the population, type of parent training/education programme and content, setting, delivery, length and child behaviour outcomes used. Direction of evidence: Both vote counting and meta-analysis revealed a consistent trend across all studies towards short-term effectiveness (up to 4 months) of parent training/education programmes (compared with control) as measured by a change in child behaviour (based on parent reports and independent observations

of child behaviour). Pooled estimates showed a statistically significant improvement on the Eyberg Child Behaviour Inventory frequency and intensity scales, the Dyadic Parent–Child Interaction Coding System and the Child Behaviour Checklist. No studies reported a statistically significant result favouring control over parent training/education programmes. There were few statistically significant differences between different parent training/education programmes, although there was a trend for more intensive interventions (e.g. longer contact hours, additional child involvement) to be more effective. [...] Conclusion: On the balance of evidence, parent training/education programmes appear to be an effective and potentially cost-effective therapy for children with CD. However, the relative effectiveness and cost-effectiveness of different models of parent training/education programmes (such as therapy intensity and setting) require further investigation.

4. Richardson J, Joughin C. Parent-training programmes for the management of young children with conduct disorders. Findings from research. London: Gaskell; 2002.

<http://tiny.cc/14l9cw> (24.4.2012)

5. Van de Wiel N, Matthys W, Cohen-Kettenis PC, Van EH. Effective treatments of school-aged conduct disordered children: Recommendations for changing clinical and research practices. *Eur Child Adolesc Psychiatry* 2002;11(2):79-84.

<http://www.springerlink.com/content/473qg3m4btvpdg1x/> (24.4.2012)

Sammendrag: The present article discusses reviews, meta-analytical and other relevant outcome studies of treating school-aged conduct-disordered children. Meta-analytical studies of Parent Management Training and Cognitive-behavioural Therapy for the child have demonstrated that these interventions affect conduct disorder in children positively. However, most studies involved in these meta-analyses are conducted in research conditions and are not representative of the treatment effectiveness in everyday clinical practice. We believe there is a gap between the so-called efficacy studies in research conditions and the effectiveness studies in clinical practice and we discuss how clinical and research practice could be brought together.

3. Kriminalitetsforebygging

1. Beelmann A, Raabe T. The effects of preventing antisocial behavior and crime in childhood and adolescence: Results and implications of research reviews and meta-analyses. *Eur J Dev Sci* 2009;3(3):260-81.

Sammendrag: Much research is now available on the effectiveness of prevention measures for antisocial behavior problems and crime in childhood and adolescence. This article systematically reviews the results of 26 reviews and meta-analyses summarizing over a thousand controlled studies on social skills training, parent training, early interventions, and violence prevention programs. Results showed that programs generally had low to moderate mean effect sizes. Social skills training for children, parent training programs, and early interventions were the most promising prevention strategy, whereas school-based anti-bullying or violence prevention programs had lower effect sizes. Prevention measures addressing high-risk groups produced higher effect sizes than universal strategies. Several reviews also reported better outcomes for well-implemented programs. Finally, although most interventions had significant positive effects on development,

there were also several limitations: More research is needed on long-term effects, program implementation, prevention alternatives, and the dissemination of successful prevention programs within community care systems.

2. RKC Group, Przybylski R. What Works. Effective recidivism reduction and risk-focused prevention programs. A compendium of evidence-based options for preventing new and persistent criminal behavior. Prepared for the Colorado Division of Criminal Justice. Denver: Colorado Department of Public Safety, 2008.
http://dcj.state.co.us/ors/pdf/docs/ww08_022808.pdf (24.4.2012)

Systematiske oversikter om Parent Management Training Oregon (PMTO) og De utrolige årene

Vi fant 25 systematiske oversikter som undersøkte effekter av ulike foreldretrenings-tiltak, herunder både Parent Management Training og De utrolig årene og. Fordi tiltakene ofte ble oppsummert i de samme oversiktene, blir referansene presentert sammen. Ingen av oversiktene er tydelig avgrenset til å kun undersøke effekter av Parent Management Training Oregon. To oversikter er avgrenset til De utrolige årene (What Works Clearinghouse 2011, s. 17 og Sougstad 2010, s. 18).

14 av oversiktene omhandler barn og unge med ulike atferdsproblemer, men ikke tydelig avgrenset til spesielle diagnoser (se pkt. 1 nedenfor). Én oversikt tar for seg barn med atferdsproblemer og nedsatt funksjonsevne (pkt. 2, s. 23), seks oversikter omhandler barn med ADHD (pkt.3, s. 23), to omhandler barn med atferdsforstyrrelser (pkt. 4, s. 25) og to handler om barn med antisosial atferd (pkt. 5, s. 26).

1. Atferdsproblemer bredt definert

1. Furlong M, McGiloway S, Bywater T, Hutchings J, Donnelly M, Smith SM, et al. Behavioural/cognitive-behavioural group-based parenting interventions for children age 3-12 with early onset conduct problems. Cochrane Database Syst Rev 2012;(2):CD008225.
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008225.pub2/abstract> (24.4.2012)

Sammendrag: Plain language summary: Parenting programmes that are delivered in group settings have the potential to help parents develop parenting skills that improve the behaviour of their young children. This review provides evidence that group-based parenting programmes improve childhood behaviour problems and the development of positive parenting skills in the short-term, whilst also reducing parental anxiety, stress and depression. Evidence for the longer-term effects of these programmes is unavailable. These group-based

parenting programmes achieve good results at a cost of approximately \$2500 (£1712 or €2217) per family. These costs are modest when compared with the long-term social, educational and legal costs associated with childhood conduct problems.

2. What Works Clearinghouse. The Incredible Years. Children classified as having an emotional disturbance. WWC Intervention Report. U.S. Department of Education; 2011.

<http://ies.ed.gov/ncee/wwc/interventionreport.aspx?sid=590> (24.4.2012)

Sammendrag: Effectiveness: The Incredible Years was found to have potentially positive effects on external behavior and potentially positive effects on social outcomes for children classified as having an emotional disturbance. Program Description: The Incredible Years is composed of training programs for children, parents, and teachers. The child program is designed for children (ages 0–12) with challenging behaviors and focuses on building social and emotional skills. Lessons can be delivered to children referred for difficult behavior or to an entire classroom as a preventative measure. The program consists of 20- to 30-minute lessons two to three times a week; these lessons are reinforced by small-group activities, practicing skills throughout the day, and communicating with parents. Lessons cover recognizing and understanding feelings, getting along with friends, anger management, problem solving, and behavior at school. Parent training programs focus on positive discipline, promoting learning and development, and involvement in children's life at school. Research: One study of The Incredible Years that falls within the scope of the Children Classified as Having an Emotional Disturbance review protocol meets What Works Clearinghouse (WWC) evidence standards. This one study included 51 four- to eight-year-old children with oppositional defiant disorder who attended school in Washington state. Based on this one study, the WWC considers the extent of evidence for The Incredible Years on children classified as having an emotional disturbance (or children at risk for classification) to be small for the external behavior and social outcomes domains.

3. Barlow J, Smailagic N, Ferriter M, Bennett C, Jones H. Group-based parent-training programmes for improving emotional and behavioural adjustment in children from birth to three years old. Cochrane Database Syst Rev 2010;3:CD003680.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003680.pub2/abstract> (24.4.2012)

Sammendrag: Plain language summary: Parenting practices play a significant role in the development of emotional and behavioural problems in children, and parenting programmes aimed at the parents of infants and toddlers have the potential to prevent the occurrence of such problems. The findings of this review provide some support for the use of group-based parenting programmes to improve the emotional and behavioural adjustment of children with a maximum mean age of three years eleven months. The evidence concerning the long-term effects of improvements is inconclusive. It may be that during this period of rapid development, input at a later date is required. More research is needed to address this question.

4. Sougstad JR. Transforming everyday practices using scientific evidence: Meta-analysis of a parent training program. Dissertation. Michigan State University, 2010.

<http://search.proquest.com/docview/871417201> (24.4.2012)

Sammendrag: Meta-analysis of existing research on the Incredible Years Parent Training Program (IYPTP) provided stronger evidence for stable, reliable, and valid estimates of benefits, than would be obtained by reviewing individual studies separately. Comparing outcomes from primary developer-based research studies with the benefits found in independent replication studies yielded stable and generalizable effects for significantly reducing child conduct problems (CCP) within a three-tiered intervention model. At Tier I, small benefits were found from studies using IYPTP as a universal program to prevent the development of CCP. At Tier II, small to moderate decreases in CCP were found for selective studies where parenting was known to be dysfunctional and/or CCP levels were not restricted to clinically-significant cases. At the Tier III indicated level, the most severe and clinically significant forms of CCP exhibited the greatest reductions with moderate to large effects found. Provisionally identified (Sougstad, Oka, Carlson & Tomac, 2008) significant differences between inventor-based and replication research studies at Tier III were spurious and attributable to a larger, double-dosage of IYPTP used within two primary studies. For the most severe CCP cases, the group-administered form of IYPTP that required a substantial investment of time and resources was found to produce significantly higher benefits (about one standard deviation) over that of the self-administered form of IYPTP (about half-standard deviation) only when the dosage of the group sessions was doubled. The latter finding has not been published in a prior peer-reviewed study or reproduced by independent replication, although Webster-Stratton and Herman (2010) recently made a similar observation from review of prior data. The results of this research are consistent with several others showing that intervention effects are greater when initial child conduct problems are more severe. There was evidence suggesting that both primary and independent replication studies similarly reduced negative parenting while primary studies showed greater increases in positive parenting than did replications. Data across three levels of severity for CCP support the proposed alteration of norms for determining clinical-significance on the Eyberg Child Behavior Inventory (Colvin, Eyberg & Adams, 1999). Overall results from this meta-analysis provide ample evidence for the potency and robustness of TYPTP. The results of this study suggest that the feasibility of the group-administered form over that of the self-administered form within practice settings should be determined by the degree to which resources are available to ensure highly trained therapists and treatment integrity as well as substantial investments in a large dosage of sessions over a considerable length of time. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

5. Bayer J, Hiscock H, Scalzo K, Mathers M, McDonald M, Morris A, et al. Systematic review of preventive interventions for children's mental health: What would work in Australian contexts? *Aust N Z J Psychiatry* 2009;43(8):695-710.

<http://informahealthcare.com/doi/abs/10.1080/00048670903001893>
(24.4.2012)

Sammendrag: In childhood, mental health problems primarily consist of behaviour and emotional problems. These affect one in every seven children (i.e. 200 000 in Australia). Left untreated, up to 50% of preschool problems continue through the childhood years. Because of their high prevalence, population-based approaches will be needed to reduce their associated burden. The aim of the present study was therefore to identify evidence-based preventive interventions for behavioural and emotional problems of children aged 0–8 years.

Randomized controlled trials of preventive interventions for behavioural and emotional problems were located by searching standard clinical databases and systematic reviews. The authors determined which programmes were effective and ineffective, dividing the effective programmes into those with high or low risk of trial bias. Among effective programmes, the most promising for delivery in Australian contexts were identified, selected for their strength of evidence, sample comparability to Australia's population, and programme compatibility with Australia's service system. Around 50 preventive interventions have been evaluated in randomized controlled trials. Most targeted children's behavioural problems, and a few targeted emotional problems. Three US programmes have the best balance of evidence: in infancy, the individual Nurse Home Visitation Programme; at preschool age, the individual Family Check Up; at school age, the Good Behaviour Game class programme. Three parenting programmes in England and Australia are also worthy of highlight: the Incredible Years group format, Triple P individual format, and Parent Education Programme group format. Effective preventive interventions exist primarily for behaviour and, to a lesser extent, emotional problems, and could be disseminated from research to mainstream in Australia, ensuring fidelity to original programmes. Future research should develop programmes targeting emotional problems, and replicate effective programmes for behaviour problems in quality population translation trials. Randomized trial methods in staged roll-outs can determine population cost–benefits for children's mental health without delaying dissemination.

6. Dretzke J, Davenport C, Frew E, Barlow J, Stewart-Brown S, Bayliss S, et al. The clinical effectiveness of different parenting programmes for children with conduct problems: A systematic review of randomised controlled trials. *Child Adolesc Psychiatry Ment Health* 2009;3(1):7. DOI: [10.1186/1753-2000-3-7](https://doi.org/10.1186/1753-2000-3-7)
7. Eyberg SM, Nelson MM, Boggs SR. Evidence-based psychosocial treatments for children and adolescents with disruptive behavior. *J Clin Child Adolesc Psychol* 2008;37(1):215-37. <http://www.tandfonline.com/doi/abs/10.1080/15374410701820117> (24.4.2012)

Sammendrag: This article reviews the literature from 1996 to 2007 to update the 1998 Brestan and Eyberg report on evidence-based psychosocial treatments (EBTs) for child and adolescent disruptive behavior, including oppositional defiant disorder and conduct disorder. Studies were evaluated using criteria for EBTs developed by the task force on promotion and dissemination of psychological procedures (Chambless et al., 1998; Chambless et al., 1996). Sixteen EBTs were identified in this review, up from 12 in the earlier report, and 9 “possibly efficacious” treatments (Chambless & Hollon, 1998) were identified as well. This article describes the EBTs and their evidence base and covers research on moderators and mediators

of treatment outcome, as well as the clinical representativeness and generalizability of the studies. Best practice recommendations from the current evidence base also are offered, as well as calls for future research that increases understanding of the moderators and mechanisms of change for children and adolescents with disruptive behavior disorders.

8. Gavita O, Joyce M. A review of the effectiveness of group cognitively enhanced behavioral based parent programs designed for reducing disruptive behavior in children. *J Cogn Behav Psychother* 2008;8(2):185-99. <http://alturl.com/q4ipv> (24.4.2012)

Sammendrag: Few studies have examined the effects of varying the level of intensity of a parenting intervention in the treatment of conduct problems in children. In particular, it is unclear whether group parenting interventions that incorporate adjunctive cognitive interventions designed to reduce parental stress add to the efficacy and durability of effects of standard parenting skills training. Adjunctive interventions designed to reduce depression, stress, anger management problems or cognition biases, delivered in group settings, have the potential to augment parenting skills training. There is some empirical support for adjunctive interventions, but there are also conflicting findings. This study reviews the data from existing randomized controlled trials evaluating the effectiveness of group based cognitively enhanced behavioral parenting programs for reducing children's disruptive behavior and parent distress. The findings show the potential that such interventions have in reducing children's disruptive behavior and draw some lines for future integration of the cognitive components in behavioral parent training.

9. Guyer B, Ma S, Grason H, Frick K, Perry D, Wigton A, McIntosh J. Investments to promote children's health. A systematic literature review and economic analysis of interventions in the preschool. Baltimore: Women's and Children's Health Policy Center, John Hopkins Bloomberg School of Public Health, 2008. <http://www.jhsph.edu/bin/w/s/InvestChildHealth.pdf> (24.4.2012)

Sammendrag: In this study, we argue that poor health of children is not merely a product of individual choices, but rather, it is shaped by a broad set of environmental, genetic, and socioeconomic determinants that affect children both directly and through the conditions that confront their families. Furthermore, poor child health outcomes can disadvantage everyone in the society, as both workforce productivity and community stability are greatly affected by the way that health gets built into the early brain architecture of the developing child. The present study examines both the short- and long-term economic and health impact of health promotion and disease preventive interventions on four selected health problems of particular concern to young children (prenatal to age five) – exposure to tobacco use, obesity, unintentional injury, and mental health problems. The results show compelling evidence of the long-term health impact and societal economic burdens of these four problems when manifested in the preschool years. While the evidence on the effectiveness of preventive interventions is uneven, it does show that, from society's perspective, the benefits outweigh the costs of such interventions. We conclude this review by making the case that adopting an

–investment! approach to children’s health policy offers new opportunities to enhance the health and economic well-being of the entire U.S. population.

10. Harris KE. A meta-analysis of parent management training outcomes for children and adolescents with conduct problems. Thesis (Ph.D.) Toronto: University of Toronto, Canada: 2007.

11. Reyno SM, McGrath PJ. Predictors of parent training efficacy for child externalizing behavior problems – a meta-analytic review. *J Child Psychol Psychiatry* 2006;47(1):99–111.
<http://onlinelibrary.wiley.com/doi/10.1111/j.1469-7610.2005.01544.x/abstract> (24.4.2012)
Sammendrag: Background: The differential effectiveness of parent training has led researchers to examine a variety of child, parent, and familial variables that may predict treatment response. Studies have identified a diverse set of child, parent psychological/behavioral and demographic variables that are associated with treatment outcome and dropout. Method: The parent training literature was examined to isolate child, parent, and family variables that predict response to parent training for child externalizing behavior problems. A literature review was conducted spanning articles published from 1980 to 2004 of indicated prevention (children with symptoms) and treatment (children with diagnosis) studies. Meta-analyses were conducted to determine standardized effect sizes associated with the identified predictors. Results: Many of the predictors of treatment response examined in this meta-analysis resulted in moderate standardized effect sizes when study results were subjected to meta-analytic procedures (i.e., low education/occupation, more severe child behavior problems pretreatment, maternal psychopathology). Only low family income resulted in a large standardized effect size. Predictors of drop-out resulted in standardized effect sizes in the small or insubstantial range. Conclusions: Response to parent training is often influenced by variables not directly involving the child, with socioeconomic status and maternal mental health being particularly salient factors.

12. Weisz JR, Jensen-Doss A, Hawley KM. Evidence-based youth psychotherapies versus usual clinical care. A meta-analysis of direct comparisons. *Am Psychol* 2006;61(7):671-89.
<http://psycnet.apa.org/journals/amp/61/7/671/> (24.4.2012)
Sammendrag: In the debate over evidence-based treatments (EBTs) for youth, one question is central: Do EBTs produce better outcomes than the usual interventions employed in clinical care? The authors addressed this question through a meta-analysis of 32 randomized trials that directly compared EBTs with usual care. EBTs outperformed usual care. Effects fell within the small to medium range at posttreatment, increasing somewhat at follow-up. EBT superiority was not reduced by high levels of youth severity or by inclusion of minority youths. The findings underscore a need for improved study designs and detailed treatment descriptions. In the future, the EBT versus usual care genre can inform the search for the most effective interventions and guide treatment selection in clinical care. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

13. Barlow J, Parsons J, Stewart-Brown S. Preventing emotional and behavioural problems: The effectiveness of parenting programmes with children less than 3 years of age. *Child Care Health Dev* 2005;31(1):33-42. <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2214.2005.00447.x/abstract> (24.4.2012)

Sammendrag: Background: Emotional and behavioural problems in children under 3 years of age have a high prevalence, and parenting practices have been shown to be strongly associated with their development. A number of recent systematic reviews have shown that group-based parenting programmes can be effective in improving the emotional and behavioural adjustment of older children (aged 3–10 years). The aim of this review was to establish whether there is evidence from controlled trials that group-based parenting programmes are effective in improving the emotional and behavioural adjustment of children less than 3 years of age, and their role in the primary prevention of emotional and behavioural problems. Methods: English and non-English language articles published between January 1970 and July 2001 were retrieved using a keyword search of a number of electronic databases. Results: Five studies were included and two meta-analyses were conducted, the first combining data from parent reports and the second combining data from independent observations of children's behaviour. The combined parent reports showed a non-significant difference favouring the intervention group, while the combined independent observations showed a significant difference favouring the intervention group. Conclusion: It is concluded that this review points to the potential of parenting programmes to improve the emotional and behavioural adjustment of children less than 3 years of age, but that there is insufficient evidence from controlled trials to assess whether the short-term benefit is maintained over time, or the role that such programmes might play in the primary prevention of emotional and behavioural problems. This review points to the need for further primary preventive research on this important public health issue.

14. Barlow J, Stewart-Brown S. Behavior problems and group-based parent education programs. *J Dev Behav Pediatr* 2000;21(5):356-70. <http://journals.lww.com/jrnldb/pages/articleviewer.aspx?year=2000&issue=10000&article=00007&type=abstract> (24.4.2012)

Sammendrag: Behavior problems in children are an important social, educational, and health issue. The prevalence of these problems, their stability over time, their poor prognosis, and their costs to both individuals and the society, all point to the need for primary prevention and early effective interventions. A systematic review examined the effectiveness of group parent education programs that aimed to improve behavior problems in 3- to 10-year-old children. The phrase "parent education program" is used here to refer to group-based programs with a standardized format aimed at enhancing parenting skills. The term "behavior problems" is used to refer to children exhibiting externalizing problems such as temper tantrums, aggression, and noncompliance. It does not include children diagnosed as having attention-deficit hyperactivity disorder. This review focused explicitly on measures of child behavioral outcomes, which are only small, albeit important, outcomes of parent education programs. Reviews focusing on other clinically relevant outcomes are also needed, including parental well-being and attitudes towards parenting. Other reviews are also needed to collate evidence

concerning the effectiveness of parent education programs with other age-groups, i.e., preschoolers and adolescents, and in improving other aspects of child well-being. The review included published studies only and as such may have been influenced by a "publication bias." Inclusion criteria comprised the use of a waiting list, a no-treatment or placebo control group, and at least one standardized measure assessing the child's behavior. Only studies published after 1970 that included at least one "group-based" parent education program were included. A total of 255 primary studies were identified, but only 16 of these and 2 follow-up studies met all of the specified inclusion criteria. Critical appraisal of these 16 studies revealed considerable heterogeneity in the interventions, the populations studied, and the outcome measures used. Nevertheless, these studies suggest that structured parent education programs can be effective in producing positive change in both parental perceptions and objective measures of children's behavior and that these changes are maintained over time. Because of the small number of controlled studies and their methodological variations, caution should be exercised before these findings are generalized broadly. (C) 2000 Lippincott Williams & Wilkins, Inc.

2. Atferdsproblemer og nedsatt funksjonsevne

1. Ziviani J, Feeney R, Cuskelly M, Meredith P, Hunt K. Effectiveness of support services for children and young people with challenging behaviours related to or secondary to disability, who are in out-of-home care: A systematic review. *Child Youth Serv Rev* 2012;34(4):758-770.

<http://www.sciencedirect.com/science/article/pii/S0190740912000126>

(24.4.2012)

Sammendrag: Highlights. ► We review interventions for youth with challenging behaviour in out-of-home care. ► We detail and appraise the studies, their participants, interventions and results. ► Interventions may address behaviour, placement stability and education outcomes. ► Older males with externalising and delinquent behaviours demonstrate most gains. ► Interventions have mixed results for foster carers.

3. ADHD (Attention deficit hyperactivity disorder)

1. Zwi M, Jones H, Thorgaard C, York A, Dennis JA. Parent training interventions for attention deficit hyperactivity disorder (ADHD) in children aged 5 to 18 years. *Campbell Systematic Reviews* 2012:2.

<http://campbellcollaboration.org/lib/project/143/> (24.4.2012)

Sammendrag: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder. For a child to be diagnosed with ADHD, adults such as parents, carers, healthcare workers or teachers must have noticed higher levels of inattention, hyperactivity and impulsivity in the child before the age of seven years compared to children of similar age. The inattention, hyperactivity and impulsivity must be observed in a range of situations, for a substantial period of time and cause impairment to the child's learning or social development. Parent training programmes aim to equip parents with techniques to manage their child's 'difficult' or ADHD-related behaviour (that is their inattention and hyperactivity-impulsivity). We found five randomised controlled studies that met

our inclusion criteria. Four set out to improve children's general behaviour and one focused specifically on how parents could help their children make friends. All studies were small and their quality varied. Results from these studies were somewhat encouraging as far as parental stress and general child behaviour were concerned, but were uncertain with regard to other important outcomes including ADHD-related behaviour. No study provided data on the key outcomes of achievement in school, harmful effects or parent knowledge of ADHD. There was no evidence to say whether parent training is better delivered in groups or individually. The evidence we found was limited in terms of the size of the trials and in their quality, and therefore we do not think it can be used as the basis for guidelines of treatment of ADHD in clinics or schools. We believe more research is needed and that it should ensure better reporting of the study procedures and results.

2. Denson LA, Hodgson KD, Hutchinson AD. Psychological treatments for attention deficit hyperactivity disorder (ADHD): A meta-analysis of paediatric outcome studies. *Brain Impairment*. Conference: 2011 International Neuropsychological Society Mid-Year Meeting/ASSBI 4th Pacific Rim Conference Auckland New Zealand. 20110706 - 20110709. Conference Publication 2011.
<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8495362> (25.4.2012)
3. National Collaborating Centre for Mental Health. Attention deficit hyperactivity disorder. Diagnosis and management of ADHD in children, young people and adults. The British Psychological Society and The Royal College of Psychiatrists; 2011. (National Clinical Practice Guideline Number 72).
<http://www.nice.org.uk/nicemedia/live/12061/42060/42060.pdf> (24.4.2012)
4. Storebø OJ, Skoog M, Damm D, Thomsen PH, Simonsen E, Gluud C. Social skills training for attention deficit hyperactivity disorder (ADHD) in children aged 5 to 18 years. *Cochrane Database Syst Rev* 2011;12:CD008223.
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008223.pub2/abstract> (24.4.2012)
Sammendrag: Children with Attention Deficit Hyperactivity Disorder (ADHD) are hyperactive and impulsive, cannot maintain attention, and have difficulties with social interactions. This review looks at whether social skills training benefits children with ADHD in their social interactions. Eleven trials including a total of 747 participants met the inclusion criteria. This review suggests that there is little evidence for social skills training for children with ADHD at the moment. It is not possible to recommend or refute social skills training for children with ADHD. There is need for more randomised clinical trials, with low risk of bias and with a sufficient number of participants, investigating the efficacy of social skills training for children with ADHD.
5. Bjornstad G, Montgomery P. Family therapy for attention-deficit disorder or attention-deficit/hyperactivity disorder in children and adolescents. *Cochrane Database Syst Rev* 2010;(3): CD005042.
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005042.pub2/full> (24.4.2012)

Sammendrag: Plain language summary: This review looks at whether family therapy can help children with attention-deficit hyperactivity disorder (ADHD) without medication. There are several medications and types of therapy used to treat ADHD. However, many families would rather that their children not take medication. Two studies met the criteria for quality of research method. One found no difference in children's symptoms of ADHD after either family therapy or normal treatment in the community. The second study found that family therapy was more effective than a medication placebo. Further research is needed.

6. Pelham WE, Fabiano G. Evidence-based psychosocial treatments for Attention-Deficit/Hyperactivity Disorder. *J Clin Child Adolesc Psychol* 2008;37(1):184-214. <http://www.tandfonline.com/doi/abs/10.1080/15374410701818681> (25.4.2012)

Sammendrag: Pelham, Wheeler, and Chronis (1998) reviewed the treatment literature on attention-deficit/hyperactivity disorder (ADHD) and concluded behavioral parent training (BPT) and behavioral classroom management (BCM) were well-established treatments for children with ADHD. This review updates and extends the finding of the prior review. Studies conducted since the 1998 review were identified and coded based on standard criteria, and effect sizes were calculated where appropriate. The review reinforces the conclusions of Pelham, Wheeler, and Chronis regarding BPT and BCM. Further, the review shows that intensive peer-focused behavioral interventions implemented in recreational settings (e.g., summer programs) are also well-established. The results of this update are discussed in the context of the existing treatment literature on ADHD. Implications for practice guidelines are suggested, as are directions for future research.

4. Atferdsforstyrrelser

1. Charles JM, Bywater T, Edwards RT. Parenting interventions: A systematic review of the economic evidence. *Child Care Health Dev* 2011;37(4):462-74. <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2214.2011.01217.x/abstract> (24.4.2012)

Sammendrag: Conduct disorder (CD) places huge costs on the individual, family and society. Parenting programmes can reduce CD symptomatology, but economic evaluations of their cost-effectiveness are rarely undertaken. The objective of this paper was to conduct the first specific systematic review of the published economic evidence of parenting programmes as a means to support families with children with or at risk of developing CD. A systematic search of 12 electronic databases was conducted. We identified 93 papers, of which six fulfilled the inclusion criteria. The search found one review article, mainly focusing upon clinical evidence with secondary focus on cost-effectiveness, one cost-effectiveness study, two partial economic evaluations and two cost studies. The costs of group parenting programme delivery ranged from £629.00 to £3839.00. Cost-effectiveness was influenced by intervention type and delivery method, i.e. individual versus group programme. The review highlights a need for a more standardized approach towards the comparison of the cost-effectiveness of parent programmes. In future studies it may be helpful to adopt a 'complex intervention approach', exploring in detail the attribution of cause and effect, the role of socio-economic setting and ripple effects, e.g. benefits to other family members.

2. Woolfenden SR, Williams K, Peat JK. Family and parenting interventions for conduct disorder and delinquency: a meta-analysis of randomised controlled trials. Arch Dis Child 2009;86(4):251-6.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1719168/?tool=pubmed>

(24.4.2012)

Sammendrag: Aims: To determine whether family and parenting interventions benefit children and adolescents with conduct disorder and delinquency. Methods: Meta-analysis of eight randomised controlled trials involving 749 children and adolescents (aged 10–17 years) with conduct disorder and/or delinquency. Criminality, academic performance, future employment, problem behaviour, family functioning, parental mental health, and peer relations were evaluated. Results: Family and parenting interventions significantly reduced the time spent by juvenile delinquents in institutions (weighted mean difference 51.34 days). There was also a significant reduction in the risk of a juvenile delinquent being rearrested (relative risk 0.66) and in their rate of subsequent arrests at 1–3 years (standardised mean difference -0.56). Conclusions: The evidence suggests that family and parenting interventions for juvenile delinquents and their families have beneficial effects on reducing time spent in institutions and their criminal activity. In addition to the obvious benefit to the participant and their family, this may result in a cost saving for society.

5. Antisozial atferd eller antisozial personlighetsforstyrrelse

1. NICE. Antisocial personality disorder. Treatment, management and prevention. National Collaborating Centre for Mental health; 2010. (National Clinical Practice Guideline Number 77).

<http://www.nice.org.uk/guidance/CG77/NICEGuidance> (24.4.2012)

2. Piquero AR, Farrington D, Jennings WG, Tremblay R, Welsh B. Effects of early family/parent training programs on antisocial behavior and delinquency. Campbell Systematic Reviews 2008;(11).

<http://campbellcollaboration.org/lib/project/43/> (24.4.2012)

Sammendrag: Based on evidence that early antisocial behavior is a key risk factor for continued delinquency and crime throughout the life course, early family/parent training, among its many functions, has been advanced as an important intervention/prevention effort. The prevention of behavior problems is one of the many objectives of early family/parent training, and it comprises the main focus of this review. Results of this review indicate that early family/parent training is an effective intervention for reducing behavior problems among young children and the weighted effect size was 0.35 approximately corresponding to 50% recidivism in the control group compared with 33% recidivism in the experimental group. The results from a series of analog to the ANOVA and weighted least squares regression models (with random effects) demonstrated that there were significant differences in the effect sizes of studies conducted in the US versus those conducted in other countries and that studies that were based on samples smaller than 100 children had larger effect sizes. Sample size was also the strongest predictor of the variation in the effect sizes. Additional descriptive evidence indicated that early family/parent training was also effective in reducing delinquency and crime in later adolescence and adulthood. Overall, the findings lend support for the continued use of early family/parent training to prevent behavior problems such as

antisocial behavior and delinquency. Future research should be designed to test the main theories of the effects of early family/parent training, more explicitly including a better articulation of the causal mechanisms by which early family/parent training reduces delinquency and crime, and future early family/parent training program evaluations should employ high quality evaluation designs with longterm follow-ups, including repeated measures of antisocial behavior, delinquency, and crime over the life course.

Systematiske oversikter om Multisystemisk terapi (MST)

Vi fant ti systematiske oversikter over effekter av MST. Fem av oversiktene handler om unge med atferdsproblemer generelt (se pkt. 1 nedenfor) hvorav en av dem (Painter 2009) omhandler barn fra flerkulturelle familier. Én oversikt tar for seg barn med opposisjonell atferdsforstyrrelse (pkt. 2, s. 29) og tre omhandler kriminalitetsforebygging (pkt. 3, s. 29).

1. Atferdsproblemer bredt definert

1. Littell JH, Campbell M, Green S, Toews B. Multisystemic therapy for social, emotional, and behavioral problems in youth aged 10-17. *Cochrane Database Syst Rev* 2009;(4):CD004797.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004797.pub4/abstract> (24.4.2012)

Sammendrag: Results of eight randomised controlled trials of Multisystemic Therapy (MST) conducted in the USA, Canada, and Norway indicate that it is premature to draw conclusions about the effectiveness of MST compared with other services. Results are inconsistent across studies that vary in quality and context. There is no information about the effects of MST compared with no treatment. There is no evidence that MST has harmful effects.

2. Painter K, Scannapieco M. Part I: A review of the literature on multisystemic treatment within an evidence-based framework: implications for working with culturally diverse families and children. *J Fam Soc Work* 2009;12(1):73-92.
<http://www.tandfonline.com/doi/abs/10.1080/10522150802654302> (24.4.2012)

Sammendrag: One key step in the evidence-based practice process directs practitioners to pose client-oriented, practical, evidence-search questions (COPEs), seeking the truth about what will help their client (Gibbs, 2003) and inform policy (Gambrill, 2006) and not to take a “one method fits all” position. Literature focusing on providing services to minority children and families in the child welfare system strongly supports this approach (Cohen, 2000; Lum, 2004; Samantrai, 2004). This article poses an effectiveness question, locates and evaluates existing evidence, and then presents implications for working with families and children from diverse backgrounds. The effectiveness question posed is, “If families and children from diverse populations experiencing mental health problems receive Multisystemic Therapy, will they have similar outcomes across race and ethnicity?”

3. Shepperd S, Doll H, Gowers S, James A, Fazel M, Fitzpatrick R, et al. Alternatives to inpatient mental health care for children and young people. *Cochrane Database Syst Rev* 2009;(2):CD006410.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006410.pub2/abstract>
(24.4.2012)

Sammendrag: Many countries place emphasis on providing mental health services in the least restrictive setting, recognizing that some children will need to be admitted to hospital. As a result there are a range of mental health services to manage young people with serious mental health problems in community or outpatient settings who are at risk of being admitted to hospital. This review found seven studies which evaluated whether these other services helped children and young people with mental health problems. This review did not find any studies about intensive day treatment (where children attend treatment programmes during the day for a short period of time), intensive case management (health care professionals coordinate services and support for the children), therapeutic foster care (children live with specially trained foster parents) or residential care with inpatient care (children live in a residence, but not a hospital, which provides mental health care services). The studies evaluated four different types of services. In Multisystemic therapy (MST) at home, therapists provide therapy to the child and the family together in their home. Some behaviours in the children, improved with MST. They also spent fewer days out of school and in hospital. Intensive home treatment provides children with therapy in their home to solve problems with the way they interact with other people in the home and to improve their psychological symptoms. Children who received this type of service did not improve any more than children who did not. Intensive home based crisis intervention (Homebuilders model for crisis intervention), focuses on the child and family to learn skills in relationship building, reframing problems, anger management, communication, and cognitive behavioural therapy. Children with this service had small improvements. Specialist outpatient services are provided by a range of health care professionals in clinics. Children who received this service did not improve any more than children who did not. The quality of some of the studies was not high and most did not have enough people to evaluate the true effect of the services. The evidence we now have provides very little guidance for the development of these types of services.

4. Harpell JV, Andrews J. A current review of Multisystemic Therapy: A social-ecological approach to the treatment of conduct problems among adolescents. *Dev Disabil Bull* 2006;34(1-2):80-106.

<http://alturl.com/vt6v3> (24.4.2012)

Sammendrag: A current empirical review of the treatment efficacy of Multisystemic Therapy (MST) for adolescent conduct problems (CP) was conducted. Conclusions based on this review suggest that MST can be a very powerful alternative to the usual legal and social service approaches (e.g. justice system, day treatment programs) used in the treatment of adolescent CP. Assessment of the overall quality of this body of research identified strengths in the provision of MST across various treatment locations, the various dependent measures used in the research, and the long-term follow-up periods. Limitations included the lack of specificity in the descriptions of treatment and comparison groups, the direct links between the majority of researchers and MST model developers, the lack of quality assurance measures, and the over-interpretation of findings from correlational studies. MST continues to expand nationally and internationally with relatively little

empirical substantiation on the world stage. This review calls for further empirical scrutiny of MST efficacy with consideration of the outlined limitations.

5. Curtis NM, Ronan KR, Borduin CM. Multisystemic treatment: A meta-analysis of outcome studies. *J Fam Psychol* 2004;18(3):411-419.

<http://psycnet.apa.org/journals/fam/18/3/411/> (24.4.2012)

Sammendrag: Multisystemic treatment (MST) is a family- and home-based therapeutic approach that has been found to be effective in treating antisocial youths and that has recently been applied to youths with serious emotional disturbances. In light of the increasing dissemination of MST, this review examines the effectiveness of MST by quantifying and summarizing the magnitude of effects (treatment outcomes) across all eligible MST outcome studies. Included in a meta-analysis were 7 primary outcome studies and 4 secondary studies involving a total of 708 participants. Results indicated that across different presenting problems and samples, the average effect of MST was $d = .55$; following treatment, youths and their families treated with MST were functioning better than 70% of youths and families treated alternatively. Results also showed that the average effect of MST was larger in studies involving graduate student therapists (i.e., efficacy studies; $d = .81$) than in studies with therapists from the community (i.e., effectiveness studies; $d = .26$). In addition, MST demonstrated larger effects on measures of family relations than on measures of individual adjustment or peer relations. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

2. Opposisjonell atferdsforstyrrelse

1. Sprague A, Thyer BA. Psychosocial treatment of oppositional defiant disorder: A review of empirical outcome studies. *Soc Work Ment Health* 2003;1(1):63-72.

http://www.tandfonline.com/doi/abs/10.1300/J2000v01n01_05 (24.4.2012)

Sammendrag: *Objective:*To review and describe empirical outcome studies on the psychosocial treatment of children and adolescents meeting the criteria for Oppositional Defiant Disorder (ODD). *Method:*To locate these treatment outcome studies, an extensive review of the literature using the PsycINFO database was conducted. *Results:*Psychosocial treatments designed solely for youth meeting the criteria for ODD are rare. Rather, it seems that most of the intervention studies have involved youth with Conduct Disorder as well as ODD, even though these two disorders have distinct differences. Selected psychosocial interventions, including anger control and stress inoculation training, assertiveness training, multisystemic therapy, and rational emotive therapy, have produced favorable outcomes in the studies conducted and published to date.

*Conclusions:*Social workers serving ODD youth should seek training in these provisionally supported evidence-based practices. Given the scarcity of treatments designed solely for ODD with adolescents, there is a need for more outcome studies on this specific population, and for more studies of social work practice involving such youth.

3. Kriminalitetsforebygging

1. Ross A, Duckworth K, Smith DJ, Wyness G, Schoon I. Prevention and reduction: A review of strategies for intervening early to prevent or reduce youth crime and anti-social behaviour. Centre for Analysis of Youth Transitions (CAYT), Department for Education; 2011. (Research Report DFE-RR111).

<https://www.education.gov.uk/publications/RSG/publicationDetail/Page1/DFE-RR111> (24.4.2012)

Sammendrag: There have been a number of recent publications highlighting some of the inherent failures of the current system for dealing with youth crime and anti-social behaviour in England. Most notable are concerns regarding the levels of expenditure on enforcement, courts and the use of prisons. Despite a recent fall in youth imprisonment it still remains substantially higher than 20 years ago. This review is aimed at providing a comprehensive understanding of the key characteristics of what works in terms of early interventions to prevent or reduce youth crime or anti-social behaviour. By drawing on evidence from the international literature, primarily the US where the evidence base is especially strong, this review is able to provide a critical evaluation of youth crime interventions in England, where the scientific evidence is less robust. This collation of the best evidence and expert opinion will support the development of the strongest and most promising approaches. At the same time it identifies gaps in the evidence and makes recommendations for further research.

2. Drake EK, Aos S, Miller MG. Evidence based public policy options to reduce crime and criminal justice costs: Implications in Washington State. *Vict Offender* 2009;4(2):170-196.

<http://www.tandfonline.com/doi/abs/10.1080/15564880802612615> (24.4.2012)

Sammendrag: In 2006, long-term forecasts indicated that Washington faced the need to construct several new prisons in the following two decades. Since new prisons are costly, the Washington legislature directed the Washington State Institute for Public Policy to project whether there are "evidence-based" options that can reduce the future need for prison beds, save money for state and local taxpayers, and contribute to lower crime rates. The institute conducted a systematic review of all research evidence that could be located to determine what works, if anything, to reduce crime. We found and analyzed 545 comparison-group evaluations of adult corrections, juvenile corrections, and prevention programs. We then estimated the benefits and costs of many of these evidence-based options and found that some evidence-based programs produce favorable returns on investment. This paper presents our findings and describes our meta-analytic and economic methods.

3. Limbos MA, Chan LS, Warf C, Schneir A, Iverson E, Shekelle P, et al. Effectiveness of interventions to prevent youth violence. A systematic review. *Am J Prev Med* 2007;33(1):65-74.

<http://www.ajpmonline.org/article/S0749-3797%2807%2900199-7/abstract> (24.4.2012)

Sammendrag: Objectives: To identify interventions effective in preventing youth violent behavior and commonalities of effective and ineffective interventions. Methods: A systematic review of the literature on the effectiveness of youth violence interventions was conducted. Interventions were categorized according to the level of the intervention: primary (implemented universally to prevent the onset of violence), secondary (implemented selectively with youth at increased risk for violence), and tertiary (focused on youth who had already engaged in violent behavior). An intervention was considered effective if one or more violence outcome indicators was reported as significantly different at the $p < 0.05$ level, and ineffective if none of the violence outcome indicators

was significantly different at the $p < 0.05$ level. Data collection and analysis were conducted in 2003 and updated in 2006. Results: Forty-one studies were included in the review. Overall, 49% of interventions were effective. Tertiary-level interventions were more likely to report effectiveness than primary- or secondary-level interventions. Effective interventions evaluated by randomized controlled trials included Responding in Peaceful and Positive Ways, Aban Aya Youth Project, Moving to Opportunity, Early Community-Based Intervention Program, Childhaven's Therapeutic Child-Care Program, Turning Point: Rethinking Violence, and a multisystemic therapy program. Differences among programs and within subpopulations could not be assessed because of inadequate data. Conclusions: Increasing effectiveness was reported as the level of intervention increased from primary to tertiary. Approaches to evaluate prevention interventions need to be clarified and standardized.

Kommentar

Resultatet fra vårt systematiske litteratursøk viser at det er publisert mange systematiske oversikter om effekter av de tre tiltakene. Noen av oversiktene er videre omtalt i oversikter over oversikter, blant annet i to norske rapporter (Ogden 2010 s. 12 og Kristofersen 2006 s. 13). I disse rapportene kan det være referanser til systematiske oversikter som ikke er funnet i søket vårt, også de som er publisert før 2000. Det er også verdt å legge merke til at National Institute for Health and Clinical Excellence (NICE) i Storbritannia jobber med en systematisk oversikt over alle de tre tiltakene.

Vi fant få systematiske oversikter som var klart avgrenset ved begrepet Parent Management Training – Oregon og kun to var avgrenset til De utrolige årene. Men disse tiltakene inngikk i flere av oversiktene med et mer overordnet tema eller annen begrepsbruk. I noen oversikter inngikk de som kontrolltiltak. Det kan være store overlapp mellom de systematiske oversiktene og for å få et riktig bilde av dekkningen og omfanget av forskningen på de tre tiltakene, er det nødvendig å lese dokumentasjonen mer inngående.

Ideelt sett bør sorteringen av referanser gjøres av to eller flere personer uavhengig av hverandre, men i dette oppdraget er titler og sammendrag bare gått gjennom av én person. Ikke alle oversikter er innhentet i fulltekst og der hvor sammendraget har begrenset eller uklar informasjon, kan referansen være sortert i feil kategori og relevansen kan være usikker.

Vi har ikke oppsummert resultatene og konklusjonene i de systematiske oversiktene og heller ikke gjennomført noen form for kvalitetsvurdering av dem. Vi vet derfor ikke om resultatene er til å stole på. For å vurdere kvaliteten av de systematiske oversiktene, anbefaler vi "Sjekkliste for vurdering av en oversiktsartikkel", som er tilgjengelig på Kunnskapssenterets hjemmeside (4). Vi viser også til Littel 2008 som har innhentet og kvalitetsvurdert et stort antall systematiske oversikter om MST (5). I tillegg til oversiktens kvalitet er det viktig å være oppmerksom på når litteratursøket ble avsluttet. En oversikt publisert i 2011, kan ha et litteratursøk fra 2008.

Referanser

1. Nordahl T, Manger T. Atferdsproblemer blant barn og unge. Bergen: Fagbokforlaget, 2005.
2. Funn fra Barn i Bergen. Bergen: Regionsenter for barn og unges psykiske helse Vest (RBUP Vest). [Lest 4.5.2012] Tilgjengelig fra:
http://www.helse.uni.no/upload/Funn_fra_BarniBergen_trykkeriversjon.pdf
3. Christensen B, Mauseth T. Multisystemisk terapi: familie- og nærmiljøbasert behandling av ungdom med alvorlige atferdsvansker. Tidsskrift Norsk Psykologforening 2007;44:1095-1106.
<http://alturl.com/o2rig> (26.4.2012)
4. Sjekklistor for vurdering av forskningsartikler. Kunnskapssenteret, 2008. [Lest 24.4.2012] Tilgjengelig fra:
<http://www.kunnskapssenteret.no/Verkt%C3%B8y/Sjekklistor+for+vurdering+av+forskningsartikler.2031.cms>
5. Littell J. Evidence-based or biased? The quality of published reviews of evidence-based practices. Child Youth Serv Rev 2008;30:1299-1317.
<http://www.sciencedirect.com/science/article/pii/S0190740908000984> (24.4.2012)

Vedlegg 1 Søkestrategi

Søketreff totalt: 870

Søketreff etter dublettkontroll: 520

Ovid MEDLINE, EMBASE, PsycINFO

Embase 1980 to 2012 Week 16

MEDLINE In-Process & Other Non-Indexed Citations and Ovid MEDLINE 1946 to Present

PsycINFO 1806 to April Week 4 2012

Søketreff: 313

1. exp "attention deficit and disruptive behavior disorders"/ or exp child behavior disorders/
2. 1 use prmz
3. oppositional defiant disorder/ or exp attention deficit disorder/ or exp attention deficit disorder with hyperactivity/ or exp behavior disorders/ or exp conduct disorder/ or hyperkinesis/
4. 3 use psyh
5. behavior disorder/ or exp attention deficit disorder/ or exp disruptive behavior/ or exp oppositional defiant disorder/ or exp psychosocial disorder/
6. 5 use emez
7. ((attention deficit adj3 disorder*) or disruptive behavio* disorder* or adhd or behavio* disorder* or behavio* problem* or conduct disorder* or conduct problem* or hyperkinetic syndrom* or hyperkinetics or hyperkinetic disorder* or Tourette* Syndrome or Psychosocial disorde* or Oppositional Defiant Disorder* or oppositional disorder* or externalizing disorder* or externalizing behav*).tw.
8. (antisocial* or aggressi* or violenc* or violent or hyperactiv* or self-harm*).mp.
9. juvenile delinquency/ or (delinquency or delinquent).tw.
10. 2 or 4 or 6 or 7 or 8 or 9
11. (multi systemic or (systemic and MST) or multisystemic).tw.
12. (parent management training or (parent management adj2 program*) or pmt* or parent training).tw.
13. (webster stratton or incredible years).tw.
14. (treatment program* or (systematic adj2 program*) or (psychosocial adj2 (treatment or program*)) or (parent* adj2 program*) or (evidence based treatment* or evidence based program*)).tw.
15. or/11-14

16. ((systematic* adj2 (review* or overview*)) or meta-anal* or (overview adj3 (evidence or systematic or literature)) or meta-ethnograph*).mp,pt.
17. (((database* or systematic*) adj2 search*) or (pubmed or medline or embase or sociological abstracts or critical* apprai*)).tw.
18. or/16-17
19. 10 and 15 and 18
20. Remove duplicates from 19

PubMed

Dato: 24.04.2012

Søketreff: 182

((Systematic review or meta-analysis) and (mst or multisystemic or pmt* or "parent training" or "parent management" or incredible))

Limits: Published in the last 2 years

Cochrane Library

Dato: 24.4.2012

Søketreff: Cochrane Database of Systematic Reviews 105, DARE 40, HTA 5

All text: "multisystemic therapy" or mst or "parent management training" or "parent training" or pmt or pmto or "incredible years" or "webster stratton"

CRD Databases

Dato: 24.4.2012

Søketreff: 65

Quick Search: "multisystemic therapy" or mst or "parent management training" or "parent training" or pmt or pmto or "incredible years" or "webster stratton"

ISI Web of Science

Dato: 24.4.2012

Søketreff: 78

Topic=("multisystemic therapy" or mst or "parent management training" or "parent training" or pmt or pmto or "incredible years" or "webster stratton") AND Topic=("systematic review" or "meta-analysis" or "meta-analyses" or (review and (pubmed or medline or embase or psycinfo)))

Timespan=All Years. Databases=SCI-EXPANDED, SSCI, A&HCI.

Lemmatization=On

Prospero

Dato: 24.4.2012

All fields: multisystemic therapy

All fields: mst
All fields: parent management training
All fields: parent training
All fields: pmt
All fields: pmto
All fields: incredible years
All fields: webster stratton

1 relevant protokoll

Campbell Library

Dato: 24.4.2012

Title: multisystemic therapy or mst or parent management training or parent training or pmt or pmto or incredible years or webster stratton

Søketreff: 3

All text: multisystemic therapy or mst or parent management training or pmt or pmto or incredible years or webster stratton

Søketreff: 22

Open Grey

Dato: 1.3.2012

Individuelle søk med følgende søkeord:

- multisystemic therapy – 1 treff
- parent management training – 6 treff
- parent training and review – 2 treff
- parent training and meta-analysis – 0 treff
- mst and review – 0 treff
- mst and meta-analysis – 0 treff
- pmt and review – 0 treff
- pmt and meta-analysis- 0 treff
- incredible years – 0 treff
- webster stratton – 0 treff

NHS Evidence

Dato: 15.3.2012

"multisystemic therapy" or mst or "parent management training" or "parent training" or pmt or pmto or "incredible years" or "webster stratton"

Avgrenset til: Systematic reviews, evidence summaries, clinical guidelines, technology assessments

CINAHL

Dato: 31.1.2012

Søketreff: 7

S1. TX parent management training OR TX parent training OR TX (pmto or pmt)
OR TI mst AND TX multisystemic AND TX incredible years

S2. (MH "Systematic Review") OR (MH "Literature Review+")

S3. (MH "Meta Analysis")

S4. TX systemaic* review* or meta-analys*

S5. S2 or S3 or S4

S6. S1 and S5

S7. S1 and S5 Exclude MEDLINE records; Published Date from: 20000101-
20120131

ERIC

17.02.2012

((Keywords:multisystemic or Keywords:multi and Keywords:systemic or Key-
words:mst) and (Keywords:review* or Keywords:meta-anal*))

Søketreff: 38

((Keywords:pmt* or Keywords:"parent management" or Keywords:"parent train-
ing") and (Keywords:systematic* and Keywords:review* or Keywords:meta-anal*))

Søketreff: 11

((Keywords:incredible) and (Keywords:systematic* and Keywords:review* or Key-
words:meta-anal*))

Søketreff: 0

Incredible years library

Dato: 24.4.2012

Gjennomgått "Research Reviews"

Vedlegg 2 Andre systematiske oversikter

Her vises systematiske oversikter om andre behandlingstiltak eller populasjoner. Referansene ble fanget opp i søket men ble ikke vurderte relevante i forhold til inklusjonskriteriene. Da vi ikke direkte søkte etter denne typen tiltak, kan det finnes flere systematiske oversikter om dem enn de som vises her. Det er mulig at MST, PMT eller de utrolige årene inngår som sammenligningstiltak i noen av studiene som blir oppsummert. Referanse nr. 2 skiller seg ut ved å ha brukt en såkalt "distillation and matching model" for å besvare spørsmålet "What features characterize successful treatments?".

1. Fetcheri R, Freeman E, Matthey S. The impact of behavioural parent training on fathers' parenting: A meta-analysis of the Triple P-Positive Parenting Program. *Fathering* 2011;9(3):291-312.
<http://mensstudies.metapress.com/content/kg242423681v12t1/>
(24.4.2012)
Behavioural parent training programs have been developed to address child behaviour problems through improvement in parenting practices. Ideally, programs would demonstrate effectiveness with all parents. The Triple P-Positive Parenting Program is widely reported as an effective, evidence-based program for parents. However, in this meta-analysis we demonstrate that there are significant differences in program effectiveness for mothers and fathers. We show that while Triple P has a large positive effect on mothers' parenting practices, it has a smaller effect on fathers' parenting practices. Considering that fathers make a significant and unique contribution to child development, we argue that it is important for parenting programs to assess their effectiveness with fathers as well as mothers. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
2. Chorpita BF, Daleiden EL. Mapping evidence-based treatments for children and adolescents: Application of the distillation and matching model to 615 treatments from 322 randomized trials. *J Consult Clin Psychol* 2009;77(3):566-579.
<http://psycnet.apa.org/journals/ccp/77/3/566.html> (3.5.2012)
This study applied the distillation and matching model to 322 randomized clinical trials for

child mental health treatments. The model involved initial data reduction of 615 treatment protocol descriptions by means of a set of codes describing discrete clinical strategies, referred to as practice elements. Practice elements were then summarized in profiles, which were empirically matched to client factors (i.e., observed problem, age, gender, and ethnicity). Results of a profile similarity analysis demonstrated a branching of the literature into multiple problem areas, within which some age and ethnicity special cases emerged as higher order splits. This is the 1st study to aggregate evidence-based treatment protocols empirically according to their constituent treatment procedures, and the results point both to the overall organization of therapy procedures according to matching factors and to gaps in the current child and adolescent treatment literature.

3. De Graaf I, Speetjens P, Smit F, De Wolff M, Tavecchio L. Effectiveness of the Triple P Positive Parenting Program on behavioral problems in children: A meta-analysis. *Behav Modif* 2008;32(5):714-35.

<http://bmo.sagepub.com/content/32/5/714.abstract> (24.4.2012)

The Triple P Positive Parenting Program is a multilevel parenting program to prevent and offer treatment for severe behavioral, emotional, and developmental problems in children. The aim of this meta-analysis is to assess the effectiveness of Triple P Level 4 interventions in the management of behavioral problems in children by pooling the evidence from relevant literature that included Level 4 Triple P interventions. Level 4 intervention is indicated if the child has multiple behavior problems in a variety of settings and there are clear deficits in parenting skills. Results indicate that Level 4 of Triple P interventions reduced disruptive behaviors in children. These improvements were maintained well over time, with further improvements in long-term follow-up. These effects support the widespread adoption and implementation of Triple P that is taking place in an increasing number of countries in quite diverse cultural contexts around the world.

4. Thomas R, Zimmer-Gembeck MJ. Behavioral outcomes of parent-child interaction therapy and triple P-positive parenting program: A review and meta-analysis. *J Abnorm Child Psychol* 2007;35(3):475-95.

<http://www.springerlink.com/content/372357054031hko8/> (24.4.2012)

We conducted a review and meta-analyses of 24 studies to evaluate and compare the outcomes of two widely disseminated parenting interventions—Parent-Child Interaction Therapy and Triple P-Positive Parenting Program. Participants in all studies were caregivers and 3- to 12-year-old children. In general, our analyses revealed positive effects of both interventions, but effects varied depending on intervention length, components, and source of outcome data. Both interventions reduced parent-reported child behavior and parenting problems. The effect sizes for PCIT were large when outcomes of child and parent behaviors were assessed with parent-report, with the exclusion of Abbreviated PCIT, which had moderate effect sizes. All forms of Triple P had moderate to large effects when outcomes were parent-reported child behaviors and parenting, with the exception of Media Triple P, which had small effects. PCIT and an enhanced version of Triple P were associated with improvements in observed child behaviors. These findings provide information about the

relative efficacy of two programs that have received substantial funding in the USA and Australia, and findings should assist in making decisions about allocations of funding and dissemination of these parenting interventions in the future.

5. Brookman-Frazee L, Stahmer A, Baker-Ericzén MJ, Tsai K. Parenting interventions for children with autism spectrum and disruptive behavior disorders: Opportunities for cross-fertilization. *Clinical Child and Family Psychology Review* 2006;9(3-4):181-200, <http://www.springerlink.com/content/752515228r3h6453/> (24.4.2012)
Empirical support exists for parent training/education (PT/PE) interventions for children with disruptive behavior disorders (DBD) and autism spectrum disorders (ASD). While the models share common roots, current approaches have largely developed independently and the research findings have been disseminated in two different literature traditions: mental health and developmental disabilities. Given that these populations often have overlapping clinical needs and are likely to receive services in similar settings, efforts to integrate the knowledge gained in the disparate literature may be beneficial. This article provides a systematic overview of the current (1995–2005) empirical research on PT/PE for children with DBD and ASD; attending to factors for cross-fertilization. Twenty-two ASD and 38 DBD studies were coded for review. Literature was compared in three main areas: (1) research methodology, (2) focus of PT/PE intervention, and (3) PT/PE procedures. There was no overlap in publication outlets between the studies for the two populations. Results indicate that there are opportunities for cross-fertilization in the areas of (1) research methodology, (2) intervention targets, and (3) format of parenting interventions. The practical implications of integrating these two highly related areas of research are identified and discussed.
6. von Sydow K, Beher S, Rothers-Schweitzer J, Retzlaff R. Systemic family therapy with children and adolescents as index patients. A meta-content analysis of 47 randomized controlled outcome studies. *Psychotherapeut* 2006;51(2):107-43. <http://www.springerlink.com/content/87800781x11u02h7/> (24.4.2012)
7. McCart MR, Priester PE, Davies WH, Azen R. Differential effectiveness of behavioral parent-training and cognitive-behavioral therapy for antisocial youth: A meta-analysis. *J Abnorm Child Psychol* 2006;34(4):525-541. <http://www.springerlink.com/content/766725jj51052325/> (24.4.2012)
Extended the findings from previous meta-analytic work by comparing the effectiveness of behavioral parent-training (BPT) and cognitive-behavioral therapy (CBT) for youth with antisocial behavior problems. Youth demographic variables were also examined as potential moderators of the effectiveness of these 2 types of interventions. Thirty BPT studies and 41 CBT studies met inclusion criteria for this meta-analysis. The weighted mean effect size (ES) for all interventions was 0.40. Youth age was found to moderate the outcome of the 2 interventions, with BPT having a stronger effect for preschool and school-aged youth and

CBT having a stronger effect for adolescents. The results also indicate that there may be systematic differences in the outcomes associated with BPT and CBT when the setting of the intervention is considered, suggesting the need to carefully consider the effect of setting in future research. This study also highlights the need for outcome research dealing with more diverse populations and the better classification of research participants on different developmental trajectories of antisocial behavior.