

# Characteristics Table for The Clinical Question: What are the best interventions for children and adolescents who have behavioural/conduct problems?

## Comparisons Included in this Clinical Question

Anger control training versus control
BARKLEY2000 DEFFENBACHER1996 FEINDLER1984 LIPMAN2006 LOCHMAN1984 LOCHMAN2002 LOCHMAN2004 OMIZO1988 SHECHTMAN2000 SUKHODOLSKY2000

Cognitive problem solving skills training versus control
KAZDIN1989 KENDALL1990 MICHELSON1983 VAN MANEN2004 WEBSTER-STRATTON1997

Family interventions versus control for adolescents at risk of reoffending
ALEXANDER1973 BARNOSKI2004 GORDON1995 MCPHERSON1983

Family interventions versus control for children and adolescents with behaviour problems
NICKEL2005 NICKEL2006 NICKEL2006A SANTISTEBAN2003 SAYGER1988 SZAPOCZNIK1989

Family therapy versus CBT
AZRIN2001

Multidimensional foster care versus control
CHAMBERLAIN1998 CHAMBERLAIN2007

Multisystemic therapy versus control
BORDUIN1995 BORDUIN2001 HENGgeler1992 HENGgeler1997 HENGgeler1999 HENGgeler2006 LESCHIED2002 OGDEN2004 ROWLAND2005 TIMMONS-MITCHELL2006

Other multi-component intervention
BARRETT2000 CAVELL2000 FRASER2004

Parent training + additional child intervention versus parent training
BARKLEY2000 DISHION1995 DRUGLI2006 KAZDIN1992 NOCK2005

Parent training + additional parent intervention versus parent training
DADDS1992 IRELAND2003 SANDERS2000A SANDERS2000B WEBSTER-STRATTON1994

Parent training + problem solving versus parent training + education
ELIAS2003

Parent training versus control
ADAMS2001
BANK1991
BARKLEY2000
BEHAN2001
BODENMANN2008
BRADLEY2003
CONNELL1997
FEINFIELD2004
GARDNER2006
HUTCHINGS2007
IRVINE1999
JOURILES2001
KACIR1999
KAZDIN1987
LOCHMAN2004
MAGEN1994
MARKIE-DADDS2006
MARTIN2003
NICHOLSON1999
NIXON2003
PATTERSON2007
SANDERS2000
SANDERS2000A
SCOTT2001
SCOTT2006
STEWART-BROWN2007
STOLK2008
STRAYHORN1989
TAYLOR1998
TURNER2006
TURNER2007
WEBSTER-STRATTON1984
WEBSTER-STRATTON1988
WEBSTER-STRATTON1990
WEBSTER-STRATTON1992
WEBSTER-STRATTON1997

Social skills training versus control
DEFFENBACHER1996
DESBIENS2003
ISON2001
PEPLER1995
VAN MANEN2004

## Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
<b>ADAMS2001</b> Study Type: RCT Type of Analysis: Completers Blindness: Open Duration (days): Mean 56 Setting: Outpatient Notes: Details on randomisation not reported;	n= 74 Age: Mean 10 Range 3-16 Sex: 46 males 28 females Diagnosis: Behaviour problems by Parent referred Exclusions: None reported. Baseline: No significant differences on pretest dependent	<b>Data Used</b> Family Assessment Device Notes: TAKEN AT: pre- and post-assessment. DROP OUTS: 22% (treatment group)	<b>Group 1 N= 39</b> Parent Training - Systematic Training for Effective Parenting (STEP) = 8 x 4 hour weekly sessions. Highly structured group therapy delivered by trained professionals. Parent and child. <b>Group 2 N= 35</b> Control - Routine mental health services	

the comparison group was not randomly assigned to the parenting groups.

measures.

Info on Screening Process: Details not reported.

#### Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Not reported
- 1.6 Not addressed
- 1.7 Well covered
- 1.8 22% (treatment)
- 1.9 Not addressed
- 1.10 Not addressed

2.1 +

### ALEXANDER1973

Study Type: RCT

n= 86

#### Data Used

Recidivism

#### Group 1 N= 46

Family interventions - Short-term behavioural family intervention programme. Therapists were first and second year graduate students on a clinical psychology course.

TAU

#### Group 2 N= 19

Control - Client-centered family group programme representative of treatment in many juvenile centers.

#### Group 3 N= 11

Parent + anger coping - Church sponsored family counselling programme. Average treatment is 12-15 sessions (with considerable variation between families)

Type of Analysis: Completers

Age: Range 13-16

Blindness: Open

Sex: 38 males 48 females

Duration (days): Mean 35

Diagnosis:  
100% Offending history

Setting: US

Outpatient

Exclusions: None reported.

Notes: Details on randomisation not reported

Baseline: No differences were found between groups.

Info on Screening Process: 99 families referred by the Salt Lake County Juvenile Court to the family clinic. Follow-up records were only available for 86 families.

#### Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Well covered
- 1.6 Not addressed
- 1.7 Adequately covered
- 1.8
- 1.9 Not addressed
- 1.10 Not applicable

2.1 +

### AZRIN2001

Study Type: RCT

n= 56

#### Data Used

Arrests  
CBCL (Parent)

#### Group 1 N= 29

Family interventions - Family Behaviour Therapy: 15 session multicomponent programme addressing cognitive, verbal, social and familial factors in addition to factors affecting antisocial behaviours and drug use including: behavioural contracting, communications skills.

Blindness: Single blind

Age: Mean 15

Duration (days): Mean 180

Sex: 46 males 10 females

Setting: US

Diagnosis:  
82% Conduct disorder by DSM-IV

Notes: RANDOMISATION: by coin toss

18% Oppositional defiant disorder by DSM-IV

- not living with a parent
- not living within 30 mins of clinic
- diagnosis of mental retardation or psychosis
- receiving a psychological intervention

Notes: Also all participants met DSM-IV criteria for substance abuse or dependence

**Group 2 N= 27**

CBT - Individual Cognitive Problem Solving: 15 session cognitive behavioural problem solving skills training for youths with aggressive and defiant behaviours.

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Adequately addressed
- 1.3 Not addressed
- 1.4 Adequately addressed
- 1.5 Well covered
- 1.6 Well covered
- 1.7 Adequately addressed
- 1.8 32/88
- 1.9 Not addressed
- 1.10 Not applicable

2.1 +

**BANK1991**

Study Type: RCT  
 Blindness: Single blind  
 Duration (days): Mean 180  
 Followup: 1,2,3 years  
 Setting: US Community  
 Notes: no further details provided on method of randomisation

n= 60  
 Age: Mean 14  
 Sex: all males  
 Diagnosis:  
 100% Offending history  
 Exclusions: - less than 2 offences or no serious offences  
 - >16 years  
 - living with family 20 miles from treatment centre

**Data Used**  
 criminal activity  
 Notes: DROPOUTS: no details

**Group 1 N= 28**

Parent Training - Parents trained to identify antisocial, prosocial and at risk behaviours (e.g. class attendance, defiance of teachers/adults, spending time with delinquent friends). Behaviour contracts were made on positive and negative consequence of actions.

**Group 2 N= 27**

Control - weekly family therapy, weekly drug counselling (for those with drug problems), school attendance and performance monitored either by family therapist or probation officer

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Not reported adequately
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Not reported adequately
- 1.6 Not reported adequately
- 1.7 Poorly addressed
- 1.8 6.7% - treatment; 10% - control
- 1.9 Poorly addressed
- 1.10 Not applicable

2.1 +

**BARKLEY2000**

Study Type: RCT  
 Study Description: comorbidities: ADHD (66%)  
 Blindness: Open  
 Duration (days): Mean 224  
 Setting: US schools  
 Notes: randomisation violated on 8 occasions

n= 158  
 Age: Mean 5  
 Sex: 104 males 54 females  
 Diagnosis:  
 18% Conduct disorder by DSM-IV

**Data Used**  
 CBCL (Teacher)  
 Self-control Rating Scale (Teacher)  
 Normative Adaptive Behaviour Checklist  
 School Situations Questionnaire (Teacher)  
 Home Situations Questionnaire (Parent)  
 CBCL (Parent)

**Group 1 N= 42**

Waitlist

substantial differences between groups in baseline levels of ADHD, ODD, and CD

(2 sets of siblings had to be assigned to the same condition, 6 participants could not be used in)

64% Oppositional defiant disorder by DSM-IV

Exclusions: - can't speak English  
- CPRS hyperactive-impulsive <93rd percentile  
- scores on behavioural scales not within clinical range

**Group 2 N= 39**

Parent Training - 10 weekly sessions plus 5 monthly booster sessions. Behavioural approach: rewarding nondisruptive behaviour, home token system, improving parental command effectiveness, understanding causes of disruptive behaviours

**Group 3 N= 37**

Special treatment classroom - Classrooms containing only high risk children and used a behavioural intervention based on Swanson, Pfifner and McBurnett. Includes: self-control training and group anger control training.

**Group 4 N= 40**

Anger Control Training - Includes: self-control training and group anger control training and parent training programme.

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Poorly addressed
- 1.3 Not addressed
- 1.4 Adequately addressed
- 1.5 Adequately adequately
- 1.6 Adequately adequately
- 1.7 Adequately addressed
- 1.8 0
- 1.9 Adequately addressed
- 1.10 Adequately addressed

2.1 +

**BARNOSKI2004**

Study Type: RCT

n= 700

Type of Analysis: Completers

Age: Range 13-17

Blindness:

Sex:

Duration (days): Mean 90

Diagnosis:

100% Offending history

Followup: 12-month

Exclusions: - not moderate- or high-risk  
- no dynamic risk factor score of at least 6/24

**Data Used**

Recidivism

**Group 1 N= 387**

Family therapy - Individual. 12 visits over 90 days. Trained therapists.

**Group 2 N= 313**

Control - TAU

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Poorly addressed
- 1.3 Not reported adequately
- 1.4 Not addressed
- 1.5 Adequately addressed
- 1.6 Poorly addressed
- 1.7 Adequately addressed
- 1.8 Not adequately reported
- 1.9 Adequately addressed
- 1.10 Not applicable

2.1 +

**BARRETT2000**

Study Type: RCT  
Blindness: Single blind  
Duration (days): Mean 70  
Setting: Clinic and Hospital settings, Australia  
Notes: no further details on randomisation

n= 57  
Age: Mean 9 Range 7-12  
Sex: 45 males 12 females  
Diagnosis:  
100% Oppositional defiant disorder

36% ADHD

Exclusions: - intellectual impairments or learning disabilities  
- English as a second language  
- children currently on prescribed medication for behaviour problems

**Data Used**  
CBCL (Parent)

**Group 1 N= 22**

Family interventions - Reciprocal skills training for 10 weeks: combined elements of family therapy, anger control, and problem solving approaches. Hospital setting.

**Group 2 N= 23**

Family interventions - Reciprocal skills training for 10 weeks: combined elements of family therapy, anger control, and problem solving approaches. Clinic setting.

**Group 3 N= 12**

Waitlist

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Not reported adequately
- 1.3 Not addressed
- 1.4 Adequately addressed
- 1.5 Adequately addressed
- 1.6 Adequately addressed
- 1.7 Adequately addressed
- 1.8 15% - treatment; 0% control
- 1.9 Not adequately reported
- 1.10 Not applicable

2.1 +

**BEHAN2001**

Study Type: RCT  
Type of Analysis: Completers  
Blindness:  
Duration (days): Mean 56  
Setting: IRELAND, Dublin  
Outpatient  
Notes: Details on randomisation not reported.  
Info on Screening Process: Details not reported.

n= 40  
Age: Mean 8 Range 3-12  
Sex:  
Diagnosis:  
100% Behaviour problems by Referred by other

10% Conduct disorder by DSM-IV

13% Oppositional defiant disorder by DSM-IV

5% ADHD

Exclusions: - If primary referral to outpatient child psychiatry clinic was not for child misconduct which included noncompliance, oppositional behaviours, aggression or destructiveness.

Notes: 2/3 had DSM-IV diagnosis that included: ADHD, ODD, CD, anxiety disorder, specific learning disability.

Baseline: Means for SDQ at pre-treatment = 22.60 (4.98) for treatment and 19.86 (6.61) for control. Means for CBCL = 61.61 (24.48) for treatment and 54.25 (30.29) for control.

**Data Used**  
Parenting Stress Index (PSI)  
CBCL (Parent)  
Strengths and Difficulties Questionnaire (SDQ)  
Notes: TAKEN AT: pre- and post-treatment, follow-up at 5.5 months but only for treatment group. DROP OUTS: 10 in total + 1 in treatment and 1 in control at post-treatment.

**Group 1 N= 26**

Parent Training - Parenting Plus Programme. Specific to Irish context. Group therapy. 8 weekly session, 2 hours each. Video & manual. Facilitators = experienced child mental health professionals.

**Group 2 N= 14**

Waitlist

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Poorly addressed
- 1.6 Adequately addressed

1.7 Well covered  
1.8 20% in total  
1.9 Not addressed  
1.10 Not applicable  
  
2.1 +

## BODENMANN2008

Study Type: RCT  
  
Type of Analysis: Completers  
Blindness: Open  
Duration (days): Mean 56  
Followup: 1-year  
Setting: SWITZERLAND  
Notes: Details on randomisation not reported.  
Info on Screening Process: Details not reported.

n= 150  
Age: Mean 7 Range 2-12  
Sex: no information  
Diagnosis:  
100% Disruptiveness by Social Behavior  
Questionnaire (SBQ)  
  
Behaviour problems by ECBI  
  
Exclusions: No formal inclusion/exclusion criteria; targeted  
couples.  
  
Notes: Children's mean score at baseline mets clinical cut-  
off.  
  
Baseline: No significant differences between groups on  
child behaviour.

**Data Used**  
ECBI  
Notes: TAKEN AT: pre- and post-assessment  
and 6-month and 1-year follow-up. DROP OUTS:  
women 2/50 (treatment) & 4/50 (control).

**Group 1 N= 50**  
Parent Training - Triple P. Group therapy  
for couples (8-10 couples). 4 group  
sessions + 4 telephone sessions over  
approx 8 weeks. In Switzerland addresses  
all children not just children with  
behaviour problems. Parent only.  
  
**Group 2 N= 50**  
Control - No treatment control group; no  
further information provided.

### Results from this paper:

1.1 Well covered  
1.2 Not reported  
1.3 Not addressed  
1.4 Not addressed  
1.5 Adequately addressed  
1.6 Not addressed  
1.7 Well covered  
1.8 4% (treatment); 8% (control)  
1.9 Not addressed  
1.10 Not applicable  
  
2.1 +

## BORDUIN1995

Study Type: RCT  
  
Blindness: No mention  
Duration (days):  
Followup: 4-, 13.5-years  
Setting: US  
Referred by the court  
Notes: RANDOMISATION: no details on method

n= 176  
Age: Mean 15  
Sex: 123 males 53 females  
Diagnosis:  
100% Offending history  
  
Exclusions: - <2 arrests  
- not living with at least one parent figure  
- evidence of psychosis or dementia

**Data Used**  
peer relations  
Aggression  
Revised Behaviour Problem Checklist  
Notes: DROPOUTS: at follow-up. MST 22/92  
Standard care 28/84

**Group 1 N= 92**  
Multisystemic therapy - problem focused  
interventions within the family, peer group,  
school and other systems of the  
participants environment  
  
**Group 2 N= 84**  
Standard Continuing Care - Individual  
therapy was the usual care for juvenile  
offenders in that particular judicial district.  
Involved eclectic blend of methods  
including psychodynamic, client centred,  
and behavioural. Focused on the  
individual not on social systems

### Results from this paper:

1.1 Adequately addressed  
1.2 Adequately addressed  
1.3 Adequately addressed  
1.4 Not addressed  
1.5 Adequately addressed

1.6 Adequately addressed  
1.7 Well covered  
1.8 16.3% - MST; 25% IT  
1.9 Not reported adequately  
1.10 Not applicable

2.1 +

## BORDUIN2001

Study Type: RCT n= 48  
Type of Analysis: No mention Age:  
Blindness: No mention Sex: no information  
Duration (days): Diagnosis:  
Setting: Community Offending history  
Notes: Details on randomisation not reported. Exclusions: - no information provided.  
Info on Screening Process: Details not reported.

**Data Used**  
Arrests  
Notes: TAKEN AT: 8-year follow-up for both sexual and non-sexual offences.

**Group 1 N= 24**  
Multisystemic therapy - Problem focused interventions within the family, peer group, school and other systems of the participant's environment.  
**Group 2 N= 24**  
Standard Continuing Care - No further information provided.

Results from this paper:

1.1 Adequately addressed  
1.2 Not reported adequately  
1.3 Not addressed  
1.4 Not addressed  
1.5 Not addressed  
1.6 Not reported adequately  
1.7 Not reported adequately  
1.8 Not addressed  
1.9 Not reported adequately  
1.10 Not applicable

2.1 +

## BRADLEY2003

Study Type: RCT n= 198  
Type of Analysis: Completers Age: Range 3-4  
Blindness: Open Sex: 121 males 77 females  
Duration (days): Mean 28 Diagnosis:  
Setting: CANADA 100% Behaviour problems by Parent referred  
Outpatient Exclusions: No exclusion or inclusion criteria.  
Notes: Details on randomisation not reported.  
Info on Screening Process: Details not given.

**Data Used**  
Brief Symptom Inventory (BSI)  
Preschool Characteristics Questionnaire (PCC)  
Preschool Behavior Questionnaire (PBQ)  
Parenting Scale (PS)  
Notes: TAKEN AT: pre- and post-intervention (3-months after randomization) and 1-year follow-up  
DROP OUTS: At post-assessment: intervention group = 8; Control group = 16. At 1 year follow-up: 25/33

**Group 1 N= 89**  
Parent Training - Group therapy consisting of a 2H group meeting once a week for 3 weeks followed by a booster session 4 weeks after the third session. Uses a video 1-2-3 Magic that has not been formally evaluated.  
**Group 2 N= 109**  
Control - Waitlist condition

No inclusion/exclusion criteria but parents who were experiencing problems managing the behaviour of their 3- or 4-year-old child who attended orientation sessions.

Results from this paper:

1.1 Adequately addressed  
1.2 Not reported  
1.3 Not addressed  
1.4 Not addressed  
1.5 Well covered  
1.6 Not addressed  
1.7 Well covered  
1.8 Loss to follow-up at 1-year: 87.3% (intervention group; did not followup control)  
1.9 Not addressed



1.10 Not applicable

2.1 +

## CAVELL2000

Study Type: RCT

n= 62

Blindness:

Age: Mean 8 Range 7-8

Duration (days): Mean 485

Sex: 46 males 16 females

Followup: 1 year post-treatment

Diagnosis:

100% Behaviour problems by Teacher referred

Setting: School, US

Notes: no further details on randomisation

Exclusions: - not in 2nd or 3rd grade at school  
- not rated as aggressive by teachers

### Data Used

CBCL (Parent)

Notes: CBCL - both parent and teacher outcomes

### Group 1 N= 31

Cognitive Problem Solving Skills

Training - Prime time intervention: 16 months duration. Included problem solving skills training and mentoring from undergrad student for child. Parents and teachers also received regular visits to provide support.

### Group 2 N= 29

TAU - received only mentors

Results from this paper:

- 1.1 Well covered
- 1.2 Not reported adequately
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Poorly addressed
- 1.6 Not reported adequately
- 1.7 Adequately addressed
- 1.8 0% - treatment; 6.4% - control
- 1.9 Poorly addressed
- 1.10 Adequately addressed

2.1 +

## CHAMBERLAIN1998

Study Type: RCT

n= 85

Blindness: Single blind

Age: Mean 15 Range 12-17

Duration (days):

Sex: all males

Followup: 12 months

Diagnosis:

100% Offending history

Setting: US

Fostercare

Notes: no further details on method of randomisation

Exclusions: - <12 years of age and >18 years of age  
- no history of serious and chronic delinquency  
- living at parent's home

### Data Used

incarceration

criminal activity

Notes: DROPOUTS: MTFC 11/40 Standard care 16/45

### Group 1 N= 40

Multidimensional foster care - problem focused interventions within the family, peer group, school and other systems of the participants environment. Included weekly family therapy with biological parents and weekly group meetings for foster parents in addition to 24-hour phone contact

### Group 2 N= 45

Standard Continuing Care - Positive peer culture approach used most frequently (but other approaches were used). Therapeutic group work seeks to establish prosocial norms, confront each other about negative behaviour, and take part in discipline and decision-making

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Not reported adequately
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Adequately addressed
- 1.6 Adequately addressed
- 1.7 Adequately addressed
- 1.8 13.5% - treatment; 20.5% - control
- 1.9 Well covered
- 1.10 Not applicable

**CHAMBERLAIN2007**

Study Type: RCT n= 81  
 Age: Mean 15 Range 13-17  
 Sex: all females  
 Diagnosis:  
 100% Offending history  
 Exclusions: - pregnant  
 - not in foster care because of chronic delinquency

**Data Used**  
 incarceration  
 criminal activity

**Group 1 N= 37**

Multidimensional foster care - problem focused interventions within the family, peer group, school and other systems of the participants environment. Included weekly family therapy with biological parents and weekly group meetings for foster parents in addition to 24-hour phone contact

**Group 2 N= 44**

Standard Continuing Care - group care interventions either focusing on behavioural (70%), eclectic (26%), family (4%) approaches. On average sessions were once weekly.

**Results from this paper:**

- 1.1 Adequately addressed
- 1.2 Adequately addressed
- 1.3 Not reported adequately
- 1.4 Adequately addressed
- 1.5 Adequately addressed
- 1.6 Adequately addressed
- 1.7 Adequately addressed
- 1.8 Not adequately reported
- 1.9 Adequately addressed
- 1.10 Not applicable

2.1 ++

**CONNELL1997**

Study Type: RCT n= 23  
 Age: Range 2-6  
 Sex: 10 males 13 females  
 Diagnosis:  
 52% ADHD by DSM-IV  
 61% Oppositional defiant disorder by DSM-IV  
 13% Conduct disorder by DSM-IV  
 100% Behaviour problems by ECBI  
 Exclusions: Criteria:  
 - families had to reside in rural area  
 - child needed to be between 2-6, no developmental delay or significant health impairment  
 - mothers had to report concern about child's behaviour + rate behaviour within clinical range of ECBI  
 - mothers were asked not to access any other therapy programme

**Data Used**  
 Parenting Sense of Competence (PSOC)  
 Parenting Scale (PS)  
 ECBI  
 Parent Daily Report Checklist  
 Consumer Satisfaction Questionnaire  
 Depression-Anxiety-Stress Scales (DASS)  
 Notes: TAKEN AT: pre- and post-treatment.  
 DROP-OUTS: 8.3% (WL), 0% (Intervention)

**Group 1 N= 12**

Self-directed behavioural family intervention - Parents were required to read sections of 'Every Parent' (Sanders, 1992) and complete tasks in 'Every Parent's Workbook' ( Sanders et al., 1994) each week for 10 weeks + weekly telephone contact initiated by client.

**Group 2 N= 11**

Control - Waitlist control condition

Baseline: No significant differences were found for any of the measures of child behaviour, parenting style, or parental adjustment.

**Results from this paper:**

- 1.1 Adequately covered

1.2 Not reported  
1.3 Not addressed  
1.4 Not addressed  
1.5 Well covered  
1.6 Poorly addressed  
1.7 Well covered  
1.8 8.3% - waitlist; 0% - intervention  
1.9 Not addressed  
1.10 Not applicable

2.1 +

## DADDS1992

Study Type: RCT  
Type of Analysis: Completers  
Blindness: Open  
Duration (days): Mean 56  
Followup: 6-month  
Setting: AUSTRALIA, Queensland  
Notes: Details on randomisation not reported.  
Info on Screening Process: Approximately 50% of people who sought help were included; exclusions were mainly that the child did not meet criteria for a behavioural disorder or parent requested alternate counsel.

n= 22  
Age: Mean 5  
Sex:  
Diagnosis:  
Oppositional defiant disorder by DSM-IIIIR  
Conduct disorder by DSM-IIIIR

Exclusions: Inclusion criteria:  
- availability of a person to function as an ally throughout the course of the treatment  
- child met the DSM-III-R criteria for ODD or CD  
- child's behaviour is not associated with organic pathology + no psychiatric pathology apart from conduct problem  
- no family member could be undergoing other psychological treatment  
- participants were to indicate willingness to complete self report & home observation procedures

**Data Used**  
Parent Daily Reports (PDR)  
Revised Behaviour Problem Checklist  
Notes: TAKEN AT: pre- and post-intervention and 6 month follow-up

**Group 1 N= 11**  
Family interventions - Child management training + ally support (included 2 mothers, 2 sisters, 1 brother & 6 female friends). The role of allies was to support the parent rather than assist. Child management = 6 training sessions by trainee psychologist.

**Group 2 N= 11**  
Child training group - Child management = 6 training sessions by trainee psychologist.

Results from this paper:

1.1 Well covered  
1.2 Not reported  
1.3 Not addressed  
1.4 Not addressed  
1.5 Well addressed  
1.6 Poorly addressed  
1.7 Well covered  
1.8 Not reported  
1.9 Not addressed  
1.10 Not applicable

2.1 +

## DEFFENBACHER1996

Study Type: RCT  
Type of Analysis: Completers  
Blindness: Open  
Duration (days): Mean 63  
Setting: US  
Schools  
Notes: Details on randomisation not reported.  
Info on Screening Process: 694 participants screened; 178 eligible; 11 moved or were

n= 120  
Age: Range 12-14  
Sex: 63 males 57 females  
Diagnosis:  
100% Behaviour problems

Exclusions: - If the child did not have an upper quartile on the Trait Anger Scale (TAS > 23)

**Data Used**  
Trait Anger (Self)  
Anger Rating Scale (Child)  
Anger Situation Rating (Child)  
Anger Expression Inventory (Child)  
Deviant Behavior Rating (Self)

**Group 1 N= 39**  
Anger Control Training - 9 x 45 min in groups of 12-14. List anger-provoking situations and learn cognitive & relaxation techniques to lower arousal. Homework assignments. Therapists = masters level psychologist & doctoral student.

unavailable before the project started, 4 moved or could not be assessed at follow-up, 8 requested that their child not be involved, 35 did not return consent form = 120 completed study.

Notes: TAKEN AT: pre and 8 weeks post-treatment DROP OUTS: 4.8% (cognitive-relaxation coping skills); 2.4% (social skills training); 2.4% (no treatment).

**Group 2 N= 40**

Social skills training - 9 x 45 min in groups of 12-14. List major provocations and list ways to handle the situation calmly. Rehearsed positive behaviours both mentally & in role plays. Homework assignments. Therapists = masters level psychologist & doctoral student.

**Group 3 N= 41**

No treatment

Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Not addressed
- 1.6 Not addressed
- 1.7 Well covered
- 1.8 4.8% (cognitive-relaxation coping skills); 2.4% (social skills training); 2.4% (no treatment)
- 1.9 Not addressed
- 1.10 Not applicable

2.1 +

**DESBIENS2003**

Study Type: RCT  
Blindness: No mention  
Duration (days): Mean 30  
Setting: CANADA, Quebec Schools  
Notes: no further details on randomisation  
Info on Screening Process: 212, 158 excluded

n= 54  
Age: Mean 9  
Sex: 33 males 21 females  
Diagnosis:  
Behaviour problems by Teacher referred  
Exclusions: - not identified by the school as having behaviour problems  
- not identified by a teacher as having behaviour problems

**Data Used**  
Perceived Competence Scale  
Notes: teacher rated outcomes

**Group 1 N= 18**

Social skills training - Social skills: 1 hour session, once a week for a month. Reinforcement of socially appropriate behaviour, role playing, and problem solving skills. Group therapy.

**Group 2 N= 19**

Social skills training - Social skills + cooperative learning: 1 hour session, once a week for a month. Reinforcement of socially appropriate behaviour, role playing, and problem solving skills. Also learned to work cooperatively with prosocial peers. Group therapy

**Group 3 N= 17**

Control - No further details reported.

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Not reported adequately
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Not reported adequately
- 1.6 Not reported adequately
- 1.7 Not reported adequately
- 1.8 None
- 1.9 Adequately addressed
- 1.10 Not reported adequately

2.1 +

**DISHION1995**

Study Type: RCT

Type of Analysis: ITT

Blindness: Open

Duration (days): Mean 84

Notes: Details on randomisation not reported.

Info on Screening Process: Details not given

n= 158

Age: Mean 12 Range 10-14

Sex: 83 males 75 females

Diagnosis:

100% Behaviour problems

Exclusions: Children had to meet 4/10 risk factors which were: (1) closeness to parents, (2) emotional adjustment, (3) academic engagement, (4) involvement in positive activities, (5) experience seeking, (6) problem behaviours, (7) child's substance use, (8) peer substance use, (9) family substance use history and (10) stressful life events.

#### Data Used

CBCL (Parent)

Notes: TAKEN AT: pre- and post-intervention at 1 year follow-up.

#### Group 1 N= 26

Parent Training - 12 x 90min group sessions (8 families) per week. Targets parent's family management practices & communication skills.

#### Group 2 N= 32

Child training group - 12 x 90min group sessions (7-8 teenagers) per week. Aims to enhance the teenager's regulation of their prosocial & disruptive behaviour in parent & peer environment. Homework assigned & group incentives.

#### Group 3 N= 31

Child + parent training group

#### Group 4 N= 29

Self-directed behavioural family intervention - Did not involve weekly group meetings or therapist contact but received all the intervention materials that accompanied the parent focus and teen focus interventions = 6 newsletters + 5 brief videotapes.

#### Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Well covered
- 1.6 Not addressed
- 1.7 Well covered
- 1.8 Total: 16%
- 1.9 Not addressed
- 1.10 Not addressed

2.1 +

### DRUGLI2006

Study Type: RCT

Type of Analysis: Completers

Blindness: Open

Duration (days): Range 70-84

Setting: NORWAY

Outpatient

n= 127

Age: Mean 7

Sex: 101 males 26 females

Diagnosis:

100% Behaviour problems by ECBI

83% Behaviour problems at school by PBQ and TRF

Exclusions: Children with gross physical impairment, sensory deprivation, intellectual deficit or autism.

#### Data Used

KIDDIE-SADS

TRF

Preschool Behavior Questionnaire (PBQ)

WALLY

CBCL (Parent)

ECBI

Social Competence and Behavior Evaluation (SCBE)

INVOLVE-T

Student-Teacher Relationship Scale (STRS)

Notes: TAKEN AT: pre- and post-intervention assessment and for intervention group at 1-year follow-up. DROP OUTS: Intervention group: 3 (2.4%)

#### Group 1 N= 47

Parent Training - Basic Incredible Years Parenting Programme. A total of 10-12 parents met in groups with 2 therapists at the clinic for 12-14 weekly 2 hour sessions.

#### Group 2 N= 52

Child + parent training group - Parent training plus child therapy. A total of 6 children and 2 therapists met weekly in 2 hour sessions for 18 weeks at the clinic for the Incredible Years Dinosaur School Programme.

All children received a possible or defined diagnosis of ODD and/or CD according to KIDDIE-SADS. "Possible diagnosis" refers to those children who scored one criterion less than the 4 required for DSM-IV ODD or the 3 items required for CD.

#### Results from this paper:

- 1.1 Well covered

1.2 Not reported  
1.3 Not addressed  
1.4 Not addressed  
1.5 Well covered  
1.6 Not addressed  
1.7 Well covered  
1.8 Intervention group: 2.4%  
1.9 Not addressed  
1.10 Not applicable

2.1 +

## ELIAS2003

Study Type: RCT

Blindness: Open

Duration (days): Mean 126

Setting: BRAZIL

Notes: Details on randomisation not reported.

Info on Screening Process: Details not given

n= 39

Age: Mean 9 Range 8-11

Sex: all males

Diagnosis:

100% Behaviour problems

Exclusions: Inclusion criteria:

- child between 8 & 11 years old
- no physical impairment, intellectual deficit, history of psychosis
- not receiving any sort of psychological or psychiatric treatment at the time of referral
- primary referral problem was low performance at school associated with behaviour problems

### Data Used

Interpersonal problem solving

School achievement

Child Behaviour (Rutter Scale)

Notes: TAKEN AT: pre- and post-intervention (long term follow-up is planned as well). DROP OUTS: Problem solving (5.3%, N = 1); language workshop (15%, N = 3)

### Group 1 N= 19

Problem Solving - Intervention = modified version of "I can Problem Solve" (Shure, 1992) + parent training. 18 x 2H group session (3-4 children) per week; mean no. of sessions = 15.7. Adult guides the child in applying problem-solving concepts to solve a real-life problem.

### Group 2 N= 20

Language Workshop - 18 x 2 hour group session of 3-4 children per week; mean number of sessions = 15.2 + parent training. Main goal is to help school-age children improve motivation for school learning. Children develop research + projects on themes that meet their interest

Results from this paper:

1.1 Well covered  
1.2 Not reported  
1.3 Not addressed  
1.4 Not addressed  
1.5 Well covered  
1.6 Adequately covered  
1.7 Well covered  
1.8 5.3% (Problem solving); Language workshop (15%)  
1.9 Not addressed  
1.10 Not applicable

2. 1 +

## FEINDLER1984

Study Type: RCT

Type of Analysis: Completers

Blindness: Open

Duration (days): Mean 49

Setting: US  
School

Notes: Details on randomisation not reported.

Info on Screening Process: 36/100 disruptive students from an existing specialised programme. 100 students chosen for the programs as they had been suspended for offences (other than smoking or truancy) at least twice during the previous school year.

n= 36

Age: Mean 14 Range 12-16

Sex:

Diagnosis:

100% Behaviour problems by Teacher referred

Exclusions: If the adolescent did not have the highest rate of classroom and/or community disruption as recorded on school records.

Baseline: Baseline data was reported; no test that examined differences between the conditions in the baseline data were reported.

### Data Used

Self-control Rating Scale (Teacher)

Notes: TAKEN AT: pre- and 5-weeks post-intervention

### Group 1 N= 18

Anger Control Training - 10 x 50 min biweekly training sessions over 7 week treatment period. Trained therapist. Behavioural and cognitive controls were taught i.e. relaxation sequence and problem solving. Homework assigned. Group therapy.

### Group 2 N= 18

Control - No treatment

Results from this paper:

- 1.1 Adequately covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Poorly addressed
- 1.5 Not reported
- 1.6 Not addressed
- 1.7 Adequately addressed
- 1.8 0%
- 1.9 Not applicable
- 1.10 Not applicable

2.1 +

## FEINFIELD2004

Study Type: RCT

n= 47

Type of Analysis: Completers

Age: Mean 7 Range 4-8

Blindness: Open

Sex:

Duration (days): Mean 77

Diagnosis:

100% Behaviour problems by ECBI

Notes: Details on randomisation not reported.

Info on Screening Process: Details not reported.

Exclusions: If the child was not between the ages of 4 and 8 years of age, developmentally delayed and if the primary referral problem was not persistent and significant disruptive behaviour problems.

If the child did not have a significant disruptive behaviour problems according to the primary caregiver's CBCL externalising domain (T score of 60 or greater) or the ECBI (problem domain score of 12 or greater).

Notes: Diagnosed with both the ECBI and CBCL.

Baseline: Waitlist condition had significantly higher TRF aggressions-scores, higher School Situations Questionnaire severity scores and lower Walker-McConnell total scores than the treatment condition at the initial assessment.

### Data Used

Walker-McConnell Scale of Social Competence  
ECBI  
Home Situations Questionnaire (Parent)  
School Situations Questionnaire (Teacher)  
Parenting Sense of Competence (PSOC)  
Parenting Stress Index (PSI)  
CBCL (Parent)  
TRF  
Parent Satisfaction Questionnaire  
Alabama Parenting Questionnaire (APQ)  
Parent-Child Relationship Questionnaire (PCRQ)  
Consistency question  
Index of Parental Attitudes (IPA)  
Behavioral Vignettes Test-Hyperactivity  
Leader evaluation  
Behavior Global Change Rating

Notes: TAKEN AT: pre- and post-intervention (waitlist also assessed at post-delayed intervention) and at a 5-month follow-up. DROP OUTS: 4 (treatment condition) and 5 (waitlist); 8 waitlist declined participation in delayed-treatment group.

### Group 1 N= 24

Parent Training - Parent and child together groups for the first 30 min of every group meeting plus parent groups (whilst children are in child groups) that consisted of nine 1 hour 30min group sessions and three 40min individual sessions. Minimal fee for service.

### Group 2 N= 23

Waitlist - Involved in post-delayed treatment.

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Poorly addressed
- 1.6 Not addressed
- 1.7 Well covered
- 1.8 9.6% (treatment condition); 11.5% (waitlist)
- 1.9 Not addressed
- 1.10 Not applicable

2.1 +

## FRASER2004

Study Type: RCT

Blindness: No mention

Duration (days):

Setting: During school/After school, in 6 sites in USA (3 urban, 3 town/rural)

Notes: no further details on randomisation

n= 115

Age: Mean 9 Range 6-12

Sex: 72 males 43 females

Diagnosis:

Exclusions: - infrequent aggressive behaviour (hitting, arguing, defiance, anger)  
- not rejected by prosocial peers (liked by or not isolated from classmates)

### Data Used

Carolina Child Checklist-Teacher Form  
Notes: Dropouts: Treatment 17/62 Control 12/53

### Group 1 N= 45

Multidimensional intervention - Families received on average 26 hours of training and children 28 hours of training. Family intervention delivered in the home drawing from parent training, MST etc. Child intervention included social skills training and interacting with prosocial peers.

### Group 2 N= 41

Control

### Results from this paper:

- 1.1 Adequately addressed
  - 1.2 Not adequately addressed
  - 1.3 Not addressed
  - 1.4 Not addressed
  - 1.5 Not adequately addressed
  - 1.6 Not adequately addressed
  - 1.7 Adequately addressed
  - 1.8 9.6% - treatment; 11.5% - control
  - 1.9 Not addressed
  - 1.10 Not applicable
- 2.1 +

## GARDNER2006

Study Type: RCT

Type of Analysis: ITT

Blindness: Unclear

Duration (days): Mean 98

Setting: UK  
Outpatient (5 sites)

Info on Screening Process: Of the 158 referrals, 37 did not meet inclusion criteria, 24 were unwilling to participate and 11 were assigned to a 3rd arm of the trial that was dropped.

n= 76

Age: Mean 6 Range 2-9

Sex: 56 males 20 females

Diagnosis:  
100% Behaviour problems by ECBI

Exclusions: Inclusion criteria:  
- child aged 2-9  
- referred for help with conduct problems  
- score >10 on ECBI problem scale  
- parent able to attend group and communicate in English

Exclusion criteria:  
- child severely disabled  
- child in temporary care  
- parent drug addict  
- previous attendance at Family Nurturing Network

Baseline: Significant difference between groups on the outcome measure, observed child independent play where the intervention group scored: M=11.3 (SD = 9.9) and control group scored: M= 18.6 (SD + 10.9).

### Data Used

Observation settings  
Beck Depression Inventory  
Parenting Scale (PS)  
Parenting Sense of Competence (PSOC)  
ECBI

Notes: TAKEN AT: pre- and post- intervention (6-months later) and for intervention group at 12-month follow-up. DROP OUTS: Post-intervention = 11.4% (intervention) and 0% (control); at follow up = 13.7% (intervention).

### Group 1 N= 44

Parent Training - Parent training (Webster-Stratton, 1998) consisted of a 14-week intervention delivered weekly to groups of 10-12 parents in 2 hour session. Children did not participate but were offered supervised child care.

### Group 2 N= 32

Control - Waitlist

### Results from this paper:

- 1.1 Well covered
- 1.2 Well covered
- 1.3 Well covered
- 1.4 Not addressed
- 1.5 Poorly addressed
- 1.6 Not addressed
- 1.7 Well covered
- 1.8 Post-intervention: 11.4% (intervention) and 0% (control); at follow-up = 13.7% (intervention)
- 1.9 Not addressed



1.10 Not addressed

2.1 +

## GORDON1995

Study Type: Non-Randomised Control Trial

n= 54

### Data Used

Recidivism

**Group 1 N= 27**

include as not RCT?

Blindness: Single blind

Age: Mean 15

Family interventions - Functional Family Therapy: reducing conflict and promoting family cohesion through social learning and behavioural techniques. Parent training and family living skills were also taught to families (e.g. communication skills, problem solving etc).

Duration (days): Mean 150

Sex: 38 males 16 females

Setting: US

Diagnosis:

100% Offending history

**Group 2 N= 27**

TAU - Standard probation services

Exclusions: - not court referred juveniles

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Poorly addressed
- 1.3 Not adequately reported
- 1.4 Adequately addressed
- 1.5 Adequately addressed
- 1.6 Adequately addressed
- 1.7 Adequately addressed
- 1.8 Not adequately reported
- 1.9 Adequately addressed
- 1.10 Not applicable

2.1+

## HENGGELER1992

Study Type: RCT

n= 84

### Data Used

Recidivism

**Group 1 N= 43**

Multisystemic therapy - Problem focused interventions within the family, peer group, school and other systems of the participants environment

Blindness: Single blind

Age: Mean 15

Arrests

Revised Behaviour Problem Checklist

Behaviour problems

Aggression

**Group 2 N= 41**

Standard Continuing Care - Received court orders including one or more stipulations (e.g. curfew, school attendance, participation with other agencies). Adherence was monitored by probation officers. If stipulations not met could be placed in a DYS institution.

Duration (days): Mean 94

Sex: 65 males 19 females

Followup: 59-weeks; 2,4 years

Diagnosis:

100% Conduct disorder/behaviour problems by Juvenile offenders

Notes: RANDOMISATION: no information on method of randomisation and allocation concealment

Exclusions: - not a juvenile offender

- not at imminent risk for out-of-home placement because of serious criminal activity (e.g. crimes against the person, arson, other felonies)

- recidivism data from state computer system not available

primary outcomes on crime and recidivism were blinded

Info on Screening Process: 96 screened, 12 excluded (2 did not have a felony arrest, 6 refused to participate or moved house, 2 randomisation was violated, 2 recidivism data was not available)

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Adequately addressed
- 1.3 Not adequately reported
- 1.4 Adequately addressed
- 1.5 Adequately addressed
- 1.6 Adequately addressed
- 1.7 Adequately addressed
- 1.8 MST 10/43 Control 18/41
- 1.9 Adequately addressed
- 1.10 Not applicable

2.1+

## HENGGELER1997

Study Type: RCT

Blindness: No mention

Duration (days): Mean 122

Followup: 1.7 years

Setting: US

Referred from Criminal Justice System

Notes: RANDOMISATION: no details on method of randomisation

n= 155

Age: Mean 15 Range 10-18

Sex: 127 males 28 females

Diagnosis:  
100% Offending history

Exclusions: - <11 years and >17 years  
- not committed a serious crime or <3 prior criminal offences  
- not at imminent risk of being placed outside the home because of criminal involvement

**Data Used**

peer relations  
criminal activity  
emotional behavioural functioning

Notes: DROPOUTS: MST 7/82 Standard care 8/73

**Group 1 N= 82**

Multisystemic therapy - problem focused interventions within the family, peer group, school and other systems of the participant's environment

**Group 2 N= 73**

Standard Continuing Care - placed on probation for 6 months. During probation, typically seen by probation officer once a month, school attendance monitored, and referred to other social services agencies.

incarceration outcome blinded

### Results from this paper:

- 1.1 Adequately addressed
- 1.2 Adequately addressed
- 1.3 Not adequately reported
- 1.4 Not addressed
- 1.5 Adequately addressed
- 1.6 Adequately addressed
- 1.7 Adequately addressed
- 1.8 MST 7/82 Control 8/73
- 1.9 Adequately addressed
- 1.10 Not applicable

2.1 +

## HENGGELER1999

Study Type: RCT

Blindness: Open

Duration (days): Mean 130

Followup: 6-month

Setting: US

Notes: RANDOMISATION: method not reported

Info on Screening Process: 423 screened

n= 118

Age: Mean 15 Range 12-17

Sex:

Diagnosis:  
35% Conduct disorder by DSM-III-R  
12% Oppositional defiant disorder by DSM-III-R  
100% Offending history

Exclusions: - Not 12-17 years of age  
- not abusing or dependent on substances  
- not on probation  
- not resident with at least one parent

Baseline: greater alcohol and drug misuse in the standard care group

**Data Used**

Arrests  
Self-Report Delinquency scale (SRD)

Notes: DROP OUTS: 1/58

**Group 1 N= 58**

Multisystemic therapy. Mean dose 130 days - problem focused interventions within the family, peer group, school and other systems of the participants environment

**Group 2 N= 60**

Standard Continuing Care - mainly 12 step groups

### Results from this paper:

- 1.1 Adequately addressed
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Poorly addressed
- 1.6 Adequately addressed
- 1.7 Poorly addressed
- 1.8
- 1.9 Not addressed

1.10 Not addressed

2.1 +

## HENGGELER2006

Study Type: RCT

Blindness: Open

Duration (days): Mean 84

Followup: 12 months

Setting: US  
Drug courts

Notes: RANDOMISATION: no details on the method

n= 161

Age: Mean 15 Range 12-17

Sex: 134 males 27 females

Diagnosis:

36% Conduct disorder by DSM-IV

24% Oppositional defiant disorder by DSM-IV

100% Offending history

Exclusions: - not aged 12-17 years of age

- not abusing or dependent on psychoactive substances

- not on probation

- not resident with at least one parent

Data Used

CBCL (Parent)

Arrests

Self-Report Delinquency scale (SRD)

Notes: DROP OUTS: MST + drug court (9/28);  
MST + family court (6/43); drug court (9/38; family  
court (9/42)

Group 1 N= 38

Waitlist

Drug Court - court met once a week -  
provided incentives for negative urine and  
sanctions for positive urine samples

Group 2 N= 38

Multisystemic therapy - problem focused  
interventions within the family, peer group,  
school and other systems of the  
participant's environment over a 4 month  
period + drug court.

Group 3 N= 42

Family Court - Met on average once or  
twice per year. Youths were directed to  
receive group treatment for 12 weeks  
including risk reduction, peer influence,  
conflict resolution, and anger  
management. Also concurrently received  
family group therapy for 12 weeks.

Group 4 N= 43

Multisystemic therapy - MST + family  
court + contingency management.

Results from this paper:

1.1 Adequately addressed

1.2 Adequately addressed

1.3 Not addressed

1.4 Not addressed

1.5 Adequately addressed

1.6 Adequately addressed

1.7 Adequately addressed

1.8 MST+drug court 9/28 MST+family court 6/43 drug court 9/38 family court 9/42

1.9 Adequately addressed

1.10 Not applicable

2.1+

## HUGHES1988

Study Type: RCT

Study Description: DATA NOT EXTRACTABLE

Type of Analysis: Completers

Blindness: Open

Duration (days): Mean 49

Setting: AUSTRALIA

Notes: Details on randomisation not reported

Info on Screening Process: Screened 61  
families, 11 did not meet selection criteria and 8  
did not complete the full course of treatment.  
Final sample = 42.

n= 42

Age: Mean 12

Sex: 34 males 8 females

Diagnosis:

Exclusions: Inclusion criteria:

- major problems such as disobedience, temper tantrums,  
irritability, fighting, destructiveness, rudeness, lying or  
staying out late.

- at least 4 problems on the Conduct Problem subscale of  
the Behavior Problem Checklist

- age of child between 6-15

- absence of other major disorders

- absence of acute risk factors

child presently residing at home

- expression of willingness to co-operate on the part of the  
child

- absence of major pathology or mental retardation on the

Data Used

Piers-Harris children's self-concept scale

Parent attitude survey (PAS)

Daily Report Diaries

Becker Adjective Checklist

Behaviour problem checklist

Notes: TAKEN AT: pre- and post-intervention.  
DROP OUTS: 8 in total.

Group 1 N= 0

Parent Training - 7 x weekly 1.5H  
sessions conducted on an individual basis  
with each family. Half had child present at  
therapy (measured this effect on  
outcome).

Group 2 N= 0

Communication skills/problem-solving  
training - 7 x weekly 1.5H sessions  
conducted on an individual basis with  
each family. Components: (1) teaching  
basic communication skills (2) training in  
problem solving (3) modification of  
unhelpful self-talk. Half had child present  
at therapy (measured effects).

Did not report the number of  
participants in each arm of  
the trial.

part of the parent  
 - parent's expressed commitment to keeping the child at home  
 - fluency of parent + child in English language

Notes: No formal diagnosis or tool used; patents were screened with a subscale of Behavior Problem Checklist

Baseline: No significant differences between groups at pre-assessment

Results from this paper:

- 1.1 Well covered
  - 1.2 Not reported
  - 1.3 Not addressed
  - 1.4 Not addressed
  - 1.5 Well covered
  - 1.6 Not addressed
  - 1.7 Well covered
  - 1.8
  - 1.9 Not addressed
  - 1.10 Not applicable
- 2.1 +

**HUTCHINGS2007**

Study Type: RCT  
 Study Description: Pragmatic (effectiveness) trial  
 Type of Analysis: ITT  
 Blindness: Open  
 Duration (days): Mean 84

n= 153  
 Age: Range 3-4  
 Sex: no information  
 Diagnosis:  
 100% Behaviour problems by ECBI

**Data Used**  
 DPICS  
 Strengths and Difficulties Questionnaire (SDQ)  
 ECBI  
 Notes: TAKEN AT: pre- and post-assessment  
 DROP OUTS: 17.3% (intervention)

**Group 1 N= 104**  
 Parent Training - Maximum of 12 parents attending weely sessions which lasted 2 - 2.5 hours over a period of 12 weeks.  
**Group 2 N= 49**  
 Control - Waitlist condition

Notes: The fourth author blindly and randomly allocated patricipants after stratification by age and sex, using a random number generator.

Info on Screening Process: 153 families were eligible and consented; 104 were allocated to intervention and 49 to control.

Exclusions: Inclusion criteria:  
 - Child aged between 36 and 48 months  
 - ECBI: Intensity score = 127; Problem score = 11  
 - SDQ: Hyperactivity = 7

Results from this paper:

- 1.1 Adequately covered
  - 1.2 Not reported
  - 1.3 Not addressed
  - 1.4 Not addressed
  - 1.5 Not addressed
  - 1.6 Not addressed
  - 1.7 Well covered
  - 1.8 17.3% (intervention)
  - 1.9 Well covered
  - 1.10 Not addressed
- 2.1 +

**IRELAND2003**

Study Type: RCT  
 Type of Analysis: Completers  
 Blindness: Open  
 Duration (days): Mean 54  
 Followup: 3-month

n= 37  
 Age: Range 2-5  
 Sex: 24 males 13 females  
 Diagnosis:  
 100% Behaviour problems by Parent referred

**Data Used**  
 Parent Problem Checklist (PPC)  
 Marital communication inventory  
 ENRICH Marital Satisfaction Scale  
 Abbreviated Dyadic Adjustment Scale (ADAS)  
 Depression-Anxiety-Stress Scales (DASS)

**Group 1 N= 19**  
 Standard Group Triple-P - Group Triple-P: 4 x 2 hour group sessions + 4 x 15-30 min follow-up telephone consultations. For both parents.

Setting: AUSTRALIA, Queensland

Exclusions: Inclusion criteria for two-parent couples:

- have a child between 2-5
- exhibit clinically significant levels of marital conflict
- report qualitative concerns about the management of their child's disruptive or oppositional behaviour
- be married or in cohabiting relationship for at least 12-months
- both agree to attend all group sessions

Exclusion criteria:

- both parents failed to attend at least 3/4 group sessions of standard Triple-P or 5/6 group sessions for enhanced Triple-P

Baseline: Parenting Scale (PS) a significant difference between condition for fathers such that the total score on this measure was significantly higher in the enhanced Triple-P than the standard Triple P.

Parenting Scale (PS)

ECBI

Notes: TAKEN AT: pre- and post-intervention and 3-month follow-up. DROP OUTS: Standard (23.8%); enhanced (30.4%).

**Group 2 N= 18**

Enhanced Group Triple-P - Group Triple P + 2 Group Partner Support (GPS) 90-minute sessions that aimed to improve marital communication + offer support for each other's parent efforts. Telephone consultations for one parent.

Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Adequately addressed
- 1.6 Not addressed
- 1.7 Well covered
- 1.8 Standard (23.8%); enhanced (30.4%)
- 1.9 Not addressed
- 1.10 Not applicable

2.1 +

## IRVINE1999

Study Type: RCT

n= 303

Blindness: No mention

Age: Mean 12

Duration (days): Mean 84

Sex: 185 males 119 females

Followup: 3-month

Diagnosis:

Setting: US middle schools

100% Behaviour problems by Teacher Risk Screening Instrument

Notes: no further details on method of randomisation

Exclusions: - not exhibiting risk behaviours according to Teacher Risk Screening Instrument  
- not middle school children

Data Used

PDR

CBCL (Parent)

Notes: DROPOUTS: not reported

**Group 1 N= 151**

Parent Training - 12 weekly sessions, group parent training, 90mins-2 hours. Parent monitoring, positive reinforcement, parent-child communication, problem solving skills. Each week expected to practice skills and discuss with group. Parents were given money to attend

**Group 2 N= 152**

Control - Waitlist condition

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Not reported adequately
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Adequately addressed
- 1.6 Adequately addressed
- 1.7 Adequately addressed
- 1.8 33.8% - treatment; 38.2% - control
- 1.9 Adequately addressed
- 1.10 Not applicable

2.1 +

## ISON2001

Study Type: RCT  
Blindness:  
Duration (days): Mean 49  
Setting: ARGENTINA  
Schools  
Notes: no further details on randomisation

n= 164  
Age: Range 8-12  
Sex: all males  
Diagnosis:  
100% Conduct disorder/behaviour problems by  
Child Behavior Report

Exclusions: - not of low socio-economic status  
Notes: also included 151 children without conduct disorder  
but analysed separately

**Data Used**  
Child Behavior Report

**Group 1 N= 90**  
Social skills training - Social skills training: 14 sessions twice weekly. Units included learning appropriate ways to make a complaint, learning how to say no, asking others to change inadequate behaviors, empathy, listening etc.

**Group 2 N= 74**  
Control - No treatment

Results from this paper:  
1.1 Adequately addressed  
1.2 Not reported adequately  
1.3 Not reported adequately  
1.4 Not reported adequately  
1.5 Adequately addressed  
1.6 Not reported adequately  
1.7 Adequately addressed  
1.8 0%  
1.9 Adequately addressed  
1.10 Not applicable  
2.1 +

## JOURILES2001

Study Type: RCT  
Blindness:  
Duration (days): Mean 240  
Followup: 16 months  
Setting: US, shelter for battered women  
Notes: no further details on randomisation

n= 36  
Age: Mean 6 Range 4-9  
Sex: 26 males 10 females  
Diagnosis:  
72% Oppositional defiant disorder  
28% Conduct disorder

Exclusions: - mother not in shelter for battered women  
- child did not have CD or ODD  
- children not 4-9 years old

**Data Used**  
CBCL (Parent)

**Group 1 N= 18**  
Parent Training - Parent and child intervention for up to 8 months: Providing social and instrumental support for mother and child. Additionally, training mothers with problem solving and child management skills.

**Group 2 N= 18**  
Control - Monthly telephone conversations and visits

Results from this paper:  
1.1 Adequately addressed  
1.2 Not reported adequately  
1.3 Not addressed  
1.4 Not addressed  
1.5 Adequately addressed  
1.6 Adequately addressed  
1.7 Adequately addressed  
1.8 Intervention group: 15.4% Control group: 7.7%  
1.9 Not reported adequately  
1.10 Not applicable  
2.1 +

## KACIR1999

Study Type: RCT  
Type of Analysis: Unclear

n= 38  
Age: Mean 14 Range 12-18  
Sex: 19 males 19 females

**Data Used**  
Parenting knowledge test  
Parent behaviour questionnaire

**Group 1 N= 19**  
Parent Training - Parenting Adolescent Wisely (PAW) programme consisting of 9 specific problems i.e. children not

Blindness: Open  
Duration (days): Mean 14

Followup: 3-5 months

Setting: US Ohio

Notes: Random number generator: mothers who received an even number were assigned to the experimental group.

Info on Screening Process: Details not reported. Note: there are no exclusion criteria adopted in the study.

Diagnosis:  
58% Behaviour problems by ECBI

Exclusions: No inclusion/exclusion criteria.

Notes: ECBI scores ranged from no problem behaviour (1 in treatment group, 1 in control) to 27 - a clinically significant amount (M=11.68, SD= 8.1)

Baseline: No significant differences between groups on the 3 outcome measures at pre-intervention.

ECBI  
Notes: TAKEN AT: Pre- and post-intervention with a median of a 4-month follow-up.

completing chores where the user is asked to pick 1 of 3 solutions based on how they would act in the situation. Parent receives feedback on-screen.

**Group 2 N= 19**

Control - No treatment

Results from this paper:

- 1.1 Well covered
- 1.2 Well covered
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Adequately addressed
- 1.6 Adequately addressed
- 1.7 Well covered
- 1.8 Not reported
- 1.9 Not reported
- 1.10 Not applicable

2.1 +

## KAZDIN1987

Study Type: RCT

Type of Analysis: Completers

Blindness: Open

Duration (days): Mean 140

Setting:  
Inpatient

Notes: Details on randomisation not reported

Info on Screening Process: Details not given

n= 40

Age: Range 7-12

Sex: 31 males 9 females

Diagnosis:  
58% Conduct disorder by DSM-III

8% ADHD by DSM-III

10% Major depressive disorder by DSM-III

Anxiety disorder by DSM-III

Exclusions: Inclusion:

- children referred for treatment for their antisocial behavior including aggressive acts, fighting, unmanageability at home or at school, stealing, running away, truancy or related antisocial behaviours as identified at intake assessment
- rated by their parent at the 98th percentile on either the aggressive or delinquency scale of the CBCL
- between 7 and 13 years old
- Wechsler Intelligence Scale for Children-Revised (WISC-R) IQ of 70+
- to show no evidence of neurological or organisational impairment, seizures, psychoses or pervasive development disorder
- to not be receiving psychotropic medication

Baseline: No significant differences.

### Data Used

School Behavior Checklist (SBCL-Form A2)  
CBCL (Parent)

Notes: TAKEN AT: pre- and post treatment and at 4, 8, 12 month follow-up. DROP OUTS - at post-treatment: 16.7% (treatment);1 2.5% (control) - at follow-up: 17.6% (treatment); 20.6% (control)

**Group 1 N= 24**

Parent Training - Parent management training plus problem solving training (for child). Parent training = 13 x 2 hour weekly sessions. Child training = 20 x 50 minute sessions. Therapists = postgraduate mental health workers.

**Group 2 N= 16**

Control - Contact-control condition.

Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed

1.5 Well covered  
1.6 Adequately addressed  
1.7 Well covered  
1.8 17.6% (treatment); 20.6% (control)  
1.9 Not addressed  
1.10 Not applicable

2.1 +

## KAZDIN1989

Study Type: RCT n= 112  
Type of Analysis: Completers Age: Range 7-13  
Blindness: Open Sex: 87 males 25 females  
Duration (days): Mean 175 Diagnosis:  
100% Behaviour problems by CBCL  
Followup: 1 year  
Setting: US Exclusions: - not referred for treatment of antisocial  
Inpatient/outpatient behaviour (e.g. fighting, stealing, unmanageability)  
Notes: No further details on randomisation - below 90th percentile on aggression or delinquency  
Info on Screening Process: Details not reported. subcscales of CBCL  
- WISC-R IQ score <70  
- receiving psychotropic medication  
Baseline: No differences between groups at pre-intervention.

### Data Used

Parent Daily Report Checklist  
CBCL (Parent)  
School Behavior Checklist (SBCL-Form A2)  
Notes: DROP OUTS: problem solving 3/37;  
problem solving+ practice 6/38; relationship  
therapy 6/37

### Group 1 N= 37

Cognitive Problem Solving Skills  
Training - Problem solving skills training  
for 25 sessions. Combined cognitive and  
behavioural techniques to teach problem  
solving skills. Individual therapy.

### Group 2 N= 38

Cognitive Problem Solving Skills  
Training - Cognitive problem solving skills  
+ in vivo practice for 25 sessions.  
Standard problem solving intervention +  
homework assignments. Individual  
therapy.

### Group 3 N= 37

Control - Client centred relationship  
therapy for 25 sessions: developing a  
close relationship with the child and  
providing empathy and unconditional  
positive regard. Later sessions involved  
discussing interpersonal situations with  
peers, teachers, parents etc.

## Results from this paper:

1.1 Well covered  
1.2 Not reported adequately  
1.3 Not addressed  
1.4 Not reported adequately  
1.5 Adequately addressed  
1.6 Adequately addressed  
1.7 Adequately addressed  
1.8 PSST - 8.1%; PSST-P - 15.8%; RT - 16.2%  
1.9 Well covered  
1.10 Not addressed

2.1 +

## KAZDIN1992

Study Type: RCT n= 97  
Type of Analysis: Completers Age: Range 7-13  
Blindness: Open Sex: 76 males 21 females  
Duration (days): Mean 213 Diagnosis:  
49% Conduct disorder by DSM-III-R  
Followup: 1-year  
Setting: Outpatient 41% Oppositional defiant disorder by DSM-III-R  
Notes: Details on randomisation not reported 3% ADHD by DSM-III-R  
Info on Screening Process: Details not given  
Exclusions: Inclusion criteria:  
- if they were referred to clinic for treatment for fighting,  
unmanageability at home or at school, stealing, running

### Data Used

Children's Action Tendency - Aggression Scale  
Interview for Antisocial Behaviour  
PDR  
Self-Report Delinquency scale (SRD)  
CBCL (Teacher)  
CBCL (Parent)

### Group 1 N= 29

CBT - Cognitive & behavioural techniques  
to teach problem solving skills. Child  
received 25 x 50min weekly sessions +  
homework + between-session phone  
contacts. Parents were brought into the  
sessions to watch, assist + foster child's  
new skills.



away, truancy or related antisocial behaviour  
 - above the 90th percentile on the aggression or delinquency scale of the CBCL  
 - aged 7-13  
 - read above the second grade level on the Wide Range Achievement Test  
 - were not receiving psychotropic medication  
 - both the child and parent/guardian provided consent

Notes: TAKEN AT: pre- and post-intervention and at 1-year follow-up. DROP OUTS: 13.8% (CBT); 29.0% (PMT); 21.3% (CBT + PMT)

**Group 2 N= 31**

PMT - Parent seen individually for 16x1.5 - 2 hour sessions over 6-8 months; at different points in treatment the child was brought into the sessions. Child's performance at school was monitored + teachers involved.

**Group 3 N= 37**

CBT + PMT - over 6-8 months

Baseline: No differences

Results from this paper:

- 1.1 Well covered
  - 1.2 Not reported
  - 1.3 Not addressed
  - 1.4 Not addressed
  - 1.5 Well covered
  - 1.6 Poorly addressed
  - 1.7 Well covered
  - 1.8 13.8% (CBT); 29.0% (PMT); 21.3% (CBT + PMT)
  - 1.9 Not addressed
  - 1.10 Not applicable
- 2.1 +

**KENDALL1990**

Study Type: RCT  
 Blindness: Single blind  
 Duration (days): Mean 120  
 Setting: US  
 Day hospital  
 Notes: departure (3 participants during study) from randomisation

n= 29  
 Age: Mean 11 Range 7-13  
 Sex: 26 males 3 females  
 Diagnosis:  
 100% Conduct disorder  
 Exclusions: - not conduct disordered

**Data Used**  
 CBCL (Teacher)

**Group 1 N= 15**

Cognitive Problem Solving Skills Training - CPSS: 20, 50 minute sessions over 4 months. Intervention included training in problem solving skills and reinforcement of good behaviour. Individual sessions.

**Group 2 N= 14**

Control - Standard care: 20, 50 minute session over 4 months. Either psychodynamic or supportive counselling. Individual sessions.

Results from this paper:

- 1.1 Adequately addressed
  - 1.2 Not reported adequately
  - 1.3 Not addressed
  - 1.4 Adequately addressed
  - 1.5 Adequately addressed
  - 1.6 Adequately addressed
  - 1.7 Well covered
  - 1.8 10.3%
  - 1.9 Adequately addressed
  - 1.10 Not applicable
- 2.1 +

**LESCHIED2002**

Study Type: RCT  
 Blindness: No mention  
 Duration (days): Range 30-150  
 Followup: 12-, 24-, 36-months  
 Setting: CANADA  
 referral from probation service

n= 412  
 Age: Mean 15  
 Sex: 304 males 108 females  
 Diagnosis:  
 100% Juvenile offenders  
 Exclusions: - risk/needs assessment indicating a high or

**Data Used**  
 Convicted (any crime)  
 Notes: DROP OUTS: 21/210

**Group 1 N= 210**

Multisystemic therapy - problem focused interventions within the family, peer group, school and other systems of the participants environment. Small caseloads; several visits per week; 2-15H per week.

Notes: Details on randomisation not reported.

very high risk (mean RNA = 23.5)  
- sex offenders  
- psychosis  
- home environment not appropriate for a family preservation treatment model

**Group 2 N= 202**

Standard Continuing Care - Mainly case management delivered by probation officers.

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Adequately addressed
- 1.3 Not adequately reported
- 1.4 Not addressed
- 1.5 Adequately addressed
- 1.6 Adequately addressed
- 1.7 Adequately addressed
- 1.8 Not adequately reported
- 1.9 Adequately addressed
- 1.10 Adequately addressed

2.1 +

**LIPMAN2006**

Study Type: RCT

n= 123

Blindness:

Age: Range 7-11

Duration (days): Mean 112

Sex:

Setting: Community-based

Diagnosis:

100% Behaviour problems by Parent referred

Notes: no further details on randomisation

Info on Screening Process: 401 screened, 147 not eligible, 47 not interested, 84 excluded for other reasons

Exclusions: - not between 7-11 years old  
- not identified as having problem with anger or aggression  
- intellectual or developmental impairment  
- severe psychiatric problems  
- changeable home situation

**Data Used**

Children's Hostility Index (Parent)  
Child Behaviour Questionnaire (Parent)  
Children's Inventory of Anger (Child)

Notes: Dropouts: intervention = 10/62 control = 14/61

**Group 1 N= 62**

Anger Control Training - 16 sessions: included interventions for parents, child group sessions, in home family practice sessions. Cognitive and behavioural focus on awareness of when they are losing their temper and problem solving approach learning alternative strategies.

**Group 2 N= 61**

Control - Standard information booklet about other community resources.

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Adequately addressed
- 1.3 Not adequately reported
- 1.4 Not addressed
- 1.5 Adequately addressed
- 1.6 Adequately addressed
- 1.7 Adequately addressed
- 1.8 Anger control 10/62 Control 14/61
- 1.9 Adequately addressed
- 1.10 Not applicable

**LOCHMAN1984**

Study Type: RCT

n= 76

Type of Analysis: Completers

Age: Mean 11 Range 9-12

Blindness: Open

Sex: all males

Duration (days): Mean 84

Diagnosis:

100% Behaviour problems by Missouri Children's Behavior Checklist

Setting: US

Notes: Details on randomisation not reported.

Info on Screening Process: Details not reported.

Exclusions: The children with the highest teacher ratings of aggression on the Missouri Children's Behavior Checklist

**Data Used**

Missouri Children's Behavior Checklist - Aggression  
BOSPT (Independent)

Notes: TAKEN AT: pre-intervention and 4-6 weeks post-intervention.

**Group 1 N= 21**

Anger Coping Plus Goal Setting - Anger coping = 12 x 45-60 min weekly sessions. Group therapy with 5-6 children. Cognitive + interpersonal problem solving. Plus 8 weeks of goal setting with contingent reinforcement. Therapist = school counsellor/trainee psychologist.

**Group 2 N= 20**

Anger Control Training - Anger coping = 12 x 45-60 min weekly sessions. Group therapy with 5-6 children. Cognitive + interpersonal problem solving.

**Group 3 N= 18**

Goal Setting - 8 weeks of goal setting where children's weekly goals were established, monitored by classroom teacher and received contingent reinforcement if appropriate goal attainment occurred. Minimal treatment intervention.

**Group 4 N= 17**

Control - No treatment

## Results from this paper:

- 1.1 adequately covered
- 1.2 not reported
- 1.3 not addressed
- 1.4 not addressed
- 1.5 not addressed
- 1.6 not addressed
- 1.7 well covered
- 1.8 Not reported
- 1.9 well covered
- 1.10 not applicable

2.1 +

**LOCHMAN2002**

Study Type: RCT

n= 245

Type of Analysis: Completers

Age: Mean 11

Blindness: Open

Sex: 163 males 82 females

Duration (days): Mean 480

Diagnosis:  
100% Behaviour problems by Teacher referred

Setting: US  
School

Exclusions: - Children who were not rated by their 4th-grade teachers as verbally aggressive, physically aggressive and disruptive.

Notes: Details on randomisation not reported.

Info on Screening Process: 31% (473) of the most aggressive 10 year old children in 17 schools were eligible for randomisation; 245 consented.

Baseline: Equivalent at baseline on aggressive behaviour.

**Data Used**

Behavioural Improvement at School (Teacher)  
Teacher Observation of Classroom Adaption-Revised  
Proactive-Reactive Aggression Scale (Teacher rated)  
Proactive-Reactive Aggression Scale (Parent rated)

Notes: TAKEN AT: pre-, mid- and post-intervention (secondary reference with 1-year follow-up). DROP OUTS: varies by outcome 213/245 (13%) Proactive-Reactive Aggression-parent rated; 187/245 (24%) Proactive-Reactive Aggression-Teacher Rated; 125/245 (51%) TOCA-R.

**Group 1 N= 59**

Anger Control Training - Coping Power Programme: 16-month duration, 34 x 40-50 min sessions with 5 - 8 children. Included for example: awareness of physiological arousal, relaxation, problem-solving. Plus 16 sessions for parents.

**Group 2 N= 63**

Control - No treatment

**Group 3 N= 61**

Parent + anger control + universal intervention - Parent training, anger control intervention plus children were based in a classroom receiving a universal intervention (UI). UI included parent meetings and teacher in-service meetings designed to promoted home-school involvement.

## Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Poorly addressed
- 1.5 Adequately addressed
- 1.6 Not addressed
- 1.7 Poorly addressed
- 1.8 [not reported by intervention only by outcome]
- 1.9 Not addressed

1.10 Not addressed

2.1 +

## LOCHMAN2004

Study Type: RCT

n= 183

Type of Analysis: Completers

Age: Range 10-11

Blindness: Open

Sex: all males

Duration (days): Mean 450

Diagnosis:

100% Behaviour problems by TRF

Followup: 1 year

Setting: USA

Schools (N=11)

Notes: Details on randomisation not reported. 59% consent rate.

Info on Screening Process: 1578 boys were screening. 546 passed initial Teacher Screen. 20 boys did not pass second screen using TRF and CBCL. 15 already participating in a prevention study. 183 consented. Grant available to only study 180 children; no one else contacted.

Exclusions: If participants did not pass two screening stages: (1) a raw score of at least 7 on the teacher screen and (2) TRF score greater than 60 and CBCL score greater than 55.

Baseline: No significant baseline differences between conditions for dependent variables for participants with data at 1-year follow-up.

### Data Used

School behaviour improvement

Substance use (Parent)

Behavioural Improvement at School (Teacher)

National Youth Survey (Child)

Notes: TAKEN AT: pre- and post-intervention and 1-year follow-up. DROP OUTS: Baseline measures only delivered to 70% of the boys and 69% of parents who were followed-up at 1-year. At 1-year teacher reports only available for 73% of sample.

### Group 1 N= 60

Anger Control Training - From the Coping Power intervention programme. 8 x 40-60 min intervention sessions in the 1st year, 25 in the 2nd year. Derived from Anger Coping program. Groups consisted of 4-6 boys. Masters/doctoral level therapist.

### Group 2 N= 60

Parent Training - Child training + 16 parent group sessions over 15-month intervention delivered in groups of 5-6. Derived from social-learning-theory-based parent training programs. Supervised child waiting room was provided + \$10 for attending sessions.

### Group 3 N= 63

Control - Received services as usual within their schools.

### Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Poorly addressed
- 1.6 Not addressed
- 1.7 Poorly addressed
- 1.8 Not reported.
- 1.9 Not addressed
- 1.10 Not addressed

2.1 +

## MAGEN1994

Study Type: RCT

n= 56

Type of Analysis: Not reported

Age: Mean 7

Blindness: Open

Sex: 5 males 51 females

Duration (days): Mean 56

Diagnosis:

100% Behaviour problems by ECBI

Followup: 3 months

Notes: Randomisation process not reported

Exclusions: - If the child was not between the age of 5 and 11  
- If the parent or child had a developmental disability.

Info on Screening Process: Not reported

### Data Used

Parent role-play test

Social Problem Solving Inventory (SPSI)

Revised Behaviour Problem Checklist

Notes: TAKEN AT: Pretest, posttest, and follow-up at 3 months. DROP OUTS: not reported. OTHER: The parent role-playing test used in the study was under development at the time of study.

### Group 1 N= 19

Parent Training - Group parent training focused on behavioural skills. Once a week for 8 weeks, 2 hours per session.

### Group 2 N= 18

Problem Solving - Group parent training focused on problem solving. Once a week for 8 weeks, 2 hours per session.

### Group 3 N= 19

Control - Waitlist condition.

### Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Well covered
- 1.6 Not addressed
- 1.7 Adequately addressed

1.8 Not reported  
1.9 Not reported  
1.10 Not applicable

2.1 +

## MARKIE-DADDS2006

Study Type: RCT  
Type of Analysis: Completers  
Blindness: Open  
Duration (days): Mean 105  
Followup: 6-month  
Setting: Outpatient  
Notes: Randomly assigned according to a table of random numbers.  
Info on Screening Process: Details not given.

n= 63  
Age: Range 2-5  
Sex: 40 males 23 females  
Diagnosis:  
100% Behaviour problems by ECBI

Exclusions: The target child excluded if not between 2 and 5 years of age; the mother did not report that they were concerned about their child's behaviour; the child showed evidence of developmental disorder or significant health impairment; the child was currently having regular contact with another profession or agency or taking medication for behavioural problem; and if the parents were currently receiving therapy for psychological problems, were intellectual impairment and could not read a newspaper without assistance.  
The child was excluded if it did not have an ECBI Intensity Score of at least 127 or a Problem Score of at least 11.

### Data Used

Client Satisfaction Questionnaire (CSQ)  
Depression-Anxiety-Stress Scales (DASS)  
Parenting Problem Checklist (PPC)  
Parenting Sense of Competence (PSOC)  
Parenting Scale (PS)  
PDR  
ECBI

Notes: TAKEN AT: Pre- and post-intervention and 6-month follow-up. DROP OUTS: at post-intervention assessment were 9 (intervention group) and 7 (waitlist); at 6-month follow-up a further 10 (intervention group).

### Group 1 N= 32

Triple P - 10-unit self-directed programme of Triple P teaching parents 17 core child management strategies.

### Group 2 N= 22

Control - Waitlist condition

## Results from this paper:

1.1 Well covered  
1.2 Well covered  
1.3 Not addressed  
1.4 Not addressed  
1.5 Well covered  
1.6 Adequately covered  
1.7 Well covered  
1.8 Intervention group: 28% (at post-assessment); 43% (6-month follow-up). Control group: 23% (at post-assessment)  
1.9 Poorly addressed  
1.10 Not applicable

2.1 +

## MARTIN2003

Study Type: RCT  
Type of Analysis: Unclear  
Blindness: Open  
Duration (days): Mean 56  
Followup: 4-months  
Setting: AUSTRALIA, Brisbane  
Notes: Details on randomisation not reported.  
Info on Screening Process: 68 people responded to e-mail detailing intervention; 45 met eligibility criteria and were allocated to group; final sample = 42.

n= 42  
Age: Mean 6 Range 2-9  
Sex: no information  
Diagnosis:  
100% Behaviour problems by Strengths and Difficulties Questionnaire

Exclusions: Inclusion criteria:  
Child:  
-between 2 and 9  
- behavioural problems in the clinical range as measured by SDQ  
Parents:  
- experiencing significant level of distress juggling demands of work and home.  
- working at least 20 hours per week

Baseline: The groups were significantly different on one pre-

### Data Used

Work related self-efficacy  
Work Commitment Questionnaire  
Work Stress Measure  
Social Support Scale (SSS)  
Problem Setting and Behavior Checklist  
Parenting Scale (PS)  
ECBI  
Strengths and Difficulties Questionnaire (SDQ)

### Group 1 N= 23

Parent Training - Work-Place Triple P (WPTP). Families received four group sessions of parent training of 2 hour duration, plus four individual telephone consultations of 15-20 min duration.

### Group 2 N= 11

Control - Waitlist condition

Participants drawn from academic and general staff at the University of Queensland in order to test a version of Triple-P specifically designed for the work place.

intervention measure: ECBI problem score such that the intervention group reported fewer disruptive behaviours (M = 11.89, SD = 5.60; M=17.00, SD = 7.57). ECBI problem score was used as a covariate.

Notes: TAKEN AT: pre- and post-intervention and for intervention group, at a 4-month follow-up. DROP OUTS: Intervention group at post-assessment (4;17%) and at 4-month follow-up (16;30.4%). Control group (50%).

Results from this paper:

- 1.1 Well covered
  - 1.2 Not reported
  - 1.3 Not addressed
  - 1.4 Not addressed
  - 1.5 Well covered
  - 1.6 Not addressed
  - 1.7 Well covered
  - 1.8 Control group (50%) Intervention group (30.4%)
  - 1.9 Not addressed
  - 1.10 Not applicable
- 2.1 +

### MCPHERSON1983

Study Type: Non-Randomised Control Trial

n= 75

Blindness:

Age: Mean 15 Range 11-17

Duration (days): Range 90-120

Sex: no information

Followup: 0-1- and 3-4-month

Diagnosis:

100% Offending history

Setting: US

Community (undergoing court supervision)

Notes: Every fifth assignment was assigned to experimental group and the remaining were control

Exclusions: - no commission of a status

/misdemeanor/felony offence

- previous supervision by the Lane County Juvenile Court

- more than 17 years and 5 months at the time assignment

- not a resident with family in the Eugene/Springfield metropolitan area

#### Data Used

Recidivism

Notes: TAKEN AT: 4 and 7 months from inception of a 3-4-month trial.

#### Group 1 N= 15

Family therapy - Family systemic therapy. 3-4 months therapy. Counsellors as therapists. 10x2 hour sessions for parents + 10x1 hour sessions with child.

#### Group 2 N= 60

TAU - Regular casework-oriented probation services.

Results from this paper:

- 1.1 Well covered
  - 1.2 Poorly addressed
  - 1.3 Not addressed
  - 1.4 Not addressed
  - 1.5 Poorly addressed [inclusion criteria but no baseline data]
  - 1.6 Not addressed
  - 1.7 Well covered
  - 1.8 None reported
  - 1.9 Not applicable
  - 1.10 Not applicable
- 2.1 +

### MICHELSON1983

Study Type: RCT

n= 61

Blindness:

Age: Mean 11 Range 8-12

Duration (days): Mean 84

Sex: all males

Followup: 1-year

Diagnosis:

#### Data Used

School Behavior Checklist (SBCL-Form A2)

#### Group 1 N= 14

Cognitive Problem Solving Skills Training - Interpersonal problem solving skills for 12 weeks. Identification of interpersonal problems and generating solutions to these problems. Group

Outpatient  
Notes: no further details on randomisation

100% Behaviour problems by Parent referred

Exclusions: - psychosis  
- organic brain syndrome  
- mental retardation  
- severe antisocial tendencies  
- not referred by parents

Notes: DROP OUTS: 42/61 completed the intervention

therapy. 12 x 1 hour weekly sessions.

**Group 2 N= 14**

Cognitive Problem Solving Skills Training - Behavioural social skills training for 12 weeks. Utilised behavioural techniques such as modelling, feedback, shaping, social reinforcement to teach social skills. Group therapy. 12 x 1 hour weekly sessions.

**Group 3 N= 14**

Control - Non directive group treatment that was designed to help express their feelings. 12 x 1 hour weekly sessions. Group therapy.

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Not reported adequately
- 1.3 Not addressed
- 1.4 Adequately addressed
- 1.5 Not reported adequately
- 1.6 Not reported adequately
- 1.7 Adequately addressed
- 1.8 30%
- 1.9 Poorly addressed
- 1.10 Not applicable

2.1 +

**NICHOLSON1999**

Study Type: RCT

n= 60

Blindness:

Age: Mean 9 Range 7-12

Duration (days): Mean 70

Sex:

Setting: US

Diagnosis:

Community

100% Behaviour problems by CBCL

Exclusions: - not 7-12 years old  
- do not have significant conduct or oppositional behaviours (CBCL <40) for a minimum of 6 months

**Data Used**

Parent Daily Reports (PDR)

CBCL (Parent)

Notes: 18/60 dropped out

**Group 1 N= 14**

Family interventions - Behaviour family intervention for 10 weeks: family intervention + triple P parenting intervention.

**Group 2 N= 12**

Family interventions - Self directed behavioural family intervention for 10 weeks: self-directed material same as that used in the therapist directed intervention.

**Group 3 N= 16**

Waitlist

Results from this paper:

- 1.1 Well covered
- 1.2 Not reported adequately
- 1.3 Not reported adequately
- 1.4 Not addressed
- 1.5 Not reported adequately
- 1.6 Not reported adequately
- 1.7 Adequately addressed
- 1.8 Intervention with therapist: 36.4%; self-directed: 42.8%; Control group: 6%
- 1.9 Well covered
- 1.10 Not addressed

2.1 +

**NICKEL2005**

Study Type: RCT  
Blindness: Single blind  
Duration (days): Mean 180  
Setting: GERMANY  
community  
Notes: no further details on randomisation  
Info on Screening Process: 69 screened, 25 excluded (11 failed to meet inclusion criteria, 9 refused, 5 other)

n= 44  
Age: Mean 15 Range 14-16  
Sex: all males  
Diagnosis:  
100% Behaviour problems  
Exclusions: - not 14-16 years old  
- not bullying for >6months  
- psychotic illness  
- liability to be prosecuted  
- use of psychotropic medication and/or psychotherapy  
- current use of narcotics

**Data Used**  
Adolescents' Risky-Behavior Scale  
State Trait Anger Expression Inventory (Self)  
Notes: dropouts: family intervention 3/22 control 4/22

**Group 1 N= 22**  
Family interventions - Brief Strategic Family Therapy for 6 months. Brief Strategic Family Therapy for 12 weeks. Focusses on the family's conflict resolution style and on specific interventions to help families negotiate and resolve their differences.

**Group 2 N= 22**  
Control - Attentional control: Attentional control for 6 months. Structure session with detailed questions about how they felt and their daily activities.

Results from this paper:

- 1.1 Adequately addressed
  - 1.2 Adequately addressed
  - 1.3 Adequately addressed
  - 1.4 Adequately addressed
  - 1.5 Adequately addressed
  - 1.6 Not reported adequately
  - 1.7 Well covered
  - 1.8 Treatment - 13.6%; control - 18.2%
  - 1.9 Well covered
  - 1.10 Not addressed
- 2.1 +

**NICKEL2006**

Study Type: RCT  
Blindness:  
Duration (days): Mean 84  
Setting: GERMANY  
Community  
Notes: No further details on randomisation  
Info on Screening Process: 83 screened, 11 excluded (5 did not meet criteria, 5 refused, 1 other)

n= 72  
Age: Mean 15 Range 14-15  
Sex: all males  
Diagnosis:  
100% Behaviour problems  
Exclusions: - not 14-15 years old  
- not bullies

**Data Used**  
Adolescents' Risky-Behavior Scale  
State Trait Anger Expression Inventory (Self)  
Notes: dropout: Family 4/36 Control 5/36

**Group 1 N= 36**  
Control - Attentional control for 12 weeks. Structure session with detailed questions about how they felt and their daily activities.

**Group 2 N= 36**  
Family interventions - Brief Strategic Family Therapy for 12 weeks. Focusses on the family's conflict resolution style and on specific interventions to help families negotiate and resolve their differences.

Results from this paper:

- 1.1 Well covered
  - 1.2 Adequately addressed
  - 1.3 Adequately addressed
  - 1.4 Not reported adequately
  - 1.5 Well covered
  - 1.6 Adequately addressed
  - 1.7 Adequately addressed
  - 1.8 Treatment - 11.1%; Control - 13.9%
  - 1.9 Well covered
  - 1.10 Not applicable
- 2.1 +

**NICKEL2006A**

Study Type: RCT  
n= 40  
Age: Mean 15  
Sex: all females

**Data Used**  
Adolescents' Risky-Behavior Scale  
State Trait Anger Expression Inventory (Self)

**Group 1 N= 20**  
Family interventions - Brief Strategic Family Therapy for 12 weeks. Focusses on the family's conflict resolution style and



Blindness:  
Duration (days): Mean 84  
Followup: 1 year  
Setting: Germany  
Notes: no further details on randomisation

Diagnosis:  
100% Behaviour problems

Exclusions: - not 15 years old  
- no physical or verbal bullying for at least 6 months  
- psychosis  
- taking psychotropic medication  
- liability to prosecution  
- substance use disorder

Notes: Dropouts: 2/20 family, 2/20 control

on specific interventions to help families negotiate and resolve their differences.

**Group 2 N= 20**

Control - Attentional control for 12 weeks. Structure session with detailed questions about how they felt and their daily activities.

Results from this paper:

- 1.1 Adequately addressed
  - 1.2 Adequately addressed
  - 1.3 Not adequately reported
  - 1.4 Not addressed
  - 1.5 Adequately addressed
  - 1.6 Adequately addressed
  - 1.7 Adequately addressed
  - 1.8 Family intervention 2/20 Control 2/20
  - 1.9 Adequately addressed
  - 1.10 Not applicable
- 2.1+

**NIXON2003**

Study Type: RCT  
Type of Analysis: Completers  
Blindness: Open  
Duration (days): Mean 84  
Setting: AUSTRALIA  
Outpatient  
Notes: Details on randomisation not reported.  
Info on Screening Process: 71 families self-referred to participate in the study. 54 meet inclusion criteria.

n= 54  
Age: Mean 4 Range 3-5  
Sex: 38 males 16 females  
Diagnosis:  
100% Oppositional defiant disorder by DSM-IV  
100% Behaviour problems by ECBI

Exclusions: Inclusion criteria:  
- ECBI score > 132  
- diagnosis for ODD  
- primary referral problem was disruptive behaviour that was present for at least 6 months

Exclusion criteria:  
- behaviour problems because of organic pathology, trauma or history of severe physical or mental deficits and receiving medication to manage behavioural difficulties.

Baseline: No significant differences on parent-report and observational data between groups.

**Data Used**

Parent Locus of Control Scale  
DPICS  
Parenting Scale (PS)  
Parenting Sense of Competence (PSOC)  
Parenting Stress Index (PSI)  
Home Situations Questionnaire (Parent)  
CBCL (Parent)  
ECBI

Notes: TAKEN AT: Pre- and post-treatment and 6-month follow-up  
DROP OUTS: Standard intervention (23%); Abbreviated intervention (13%); waitlist (0.05%)

**Group 1 N= 16**

Parent-Child Interaction Therapy  
Parent Training - Parent-child interaction therapy but parenting skills are discussed and modelled on videotape (which is given to the families) + 5 x 30-min telephone consultations + 1-hour booster session (face-to-face) 1-month post-treatment. Took 9.5 to administer.

**Group 2 N= 19**

Parent Training - 12 x 1-2 hour weekly sessions for parents + 1-hour booster session (face-to-face) 1-month post-treatment. Took 15.5 hours to administer. Therapist = master's level clinician on doctorate course.

**Group 3 N= 19**

Control - waitlist condition

Results from this paper:

- 1.1 Well covered
  - 1.2 Not reported
  - 1.3 Not addressed
  - 1.4 Not addressed
  - 1.5 Adequately addressed
  - 1.6 Not addressed
  - 1.7 Well covered
  - 1.8 Standard intervention (23%); Abbreviated intervention (13%); WL (0.05%)
  - 1.9 Not addressed
  - 1.10 Not applicable
- 2.1 +

## NOCK2005

Study Type: RCT n= 76  
Type of Analysis: ITT Age: Mean 7  
Blindness: Open Sex:  
Duration (days): Mean 42 Diagnosis:  
Behaviour problems

Setting: US  
Outpatient

Notes: Details on randomisation not reported.

Info on Screening Process: 120 parents of antisocial children contacted the clinic, met eligibility criteria and scheduled an intake appointment; 76 attended appointment and all consented to participate.

## OGDEN2004

Study Type: RCT n= 100  
Type of Analysis: Unclear Age: Mean 15 Range 12-17  
Blindness: Open Sex: 63 males 37 females  
Duration (days): Mean 183 Diagnosis:  
100% Behaviour problems  
Followup: 2 years

Notes: Details on randomisation not reported.

Info on Screening Process: Details not given.

Exclusions: Inclusion Criteria  
- problem behaviour such as law-breaking or other antisocial acts  
- 12-17 years of age  
- parents sufficiently involved/motivated for MST  
Exclusion Criteria  
- ongoing treatment by another agency  
- substance abuse without other antisocial behaviour  
- sexual offending  
- autism, acute psychosis, or imminent risk of suicide  
- presence of the youth in the home posed a serious risk to the youth or to the family  
- ongoing investigation by the municipal child protective services

Notes: No formal diagnosis or tool used.

Baseline: Significant differences in baseline demographic measures. Pre-intervention assessments not compared between groups.

### Data Used

Treatment attendance  
Treatment adherence

### Group 1 N= 39

Parent training + participation enhancement - Parent training plus children older than 7 received cognitive problem solving. In addition, parents received participation enhancement intervention. 5-25 min during 1st, 5th, 7th sessions, therapists conducted motivational interviews.

### Group 2 N= 37

Parent Training - TAU: parent training plus children greater than 7 received cognitive problem solving.

### Data Used

Family Satisfaction Survey  
Out-of-Home placement  
FACES-III  
Social Competence with Peers Questionnaire (SCPQ)  
Self-Report Delinquency scale (SRD)  
Social Skills Rating Scale (SSRS)  
CBCL (Parent)

Notes: TAKEN AT: pre- and post intervention.  
DROP OUTS: Intervention group: 4 (7%) families withdrew from MST early in treatment and were replaced; 1 withdrew prior to post-assessment.  
Control group: 3 prior to post-assessment.

### Group 1 N= 62

Multisystemic therapy - MST therapists had a professional education equal to a Masters/Bachelors degree. Each therapist had a low caseload of 3-6 families and were available 24/7. Economic rewards for completion of assessments.

### Group 2 N= 38

Standard Continuing Care - Usual child welfare services. 14 youths received long-term institutional placement, 5 were placed in a crisis institution for assessment and in-home follow-up, 6 were supervised by a social worker, 7 were given home-based treatment and 6 refused services.

### Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Poorly addressed
- 1.6 Adequately addressed
- 1.7 Well covered
- 1.8 Intervention group: 8% Control group: 7.9%
- 1.9 Not addressed
- 1.10 Not addressed

2.1 +

## OMIZO1988

Study Type: RCT

Type of Analysis: Completers

Blindness: Open

Duration (days): Mean 70

Setting: School

Info on Screening Process: Of 47 nominated children for aggressive/hostile behaviour, 24 were randomly selected and assigned to treatment or control.

n= 24

Age: Range 10-12

Sex: 14 males 10 females

Diagnosis:

100% Behaviour problems by Teacher referred

Exclusions: - Children who were not nominated by their teachers as being aggressive or hostile and who were not randomly selected to participate.

Baseline: Baseline data was reported; no test that examined differences between the conditions in the baseline data were reported.

#### Data Used

Perceived Competence Scale

School Behavior Checklist (Teacher rated)

Notes: TAKEN AT: pre- and post-assessment

DROP OUTS: none reported

#### Group 1 N= 12

Anger Control Training - 10 x 45 - 50 min group sessions that incorporated cognitive behaviour techniques targeted to assist children in controlling their anger.

#### Group 2 N= 12

Control - Group members watched films that did not have aggressive content.

#### Results from this paper:

- 1.1 Poorly addressed
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Poorly addressed
- 1.5 Not addressed
- 1.6 Not addressed
- 1.7 Adequately covered
- 1.8 0%
- 1.9 Not applicable
- 1.10 Not applicable

2.1 +

### PATTERSON2007

Study Type: RCT

Type of Analysis: ITT

Blindness:

Duration (days): Mean 70

Followup: 6-month

Setting: UK

Primary Care

Notes: Randomisation occurred by tossing coin in the presence of an independent witness to treatment or control.

Info on Screening Process: N=1788 - all children aged 2-8 years old registered at 3 GPs in Oxford received postal survey.

N=1105 - questionnaires returned

N=487 - children scored above median on ECBI + invited to participate

N=105 - excluded

N= 116 - consented

n= 116

Age: Range 2-8

Sex: no information

Diagnosis:

100% Behaviour problems by ECBI

Exclusions: Exclusions - children already receiving treatment for behaviour problems (N=27) and those with learning difficulties (N=78).

Notes: All children had a score above the median value on the EBI (score = 100).

#### Data Used

General Health Questionnaire (GHQ)

Strengths and Difficulties Questionnaire (SDQ)

ECBI

Notes: TAKEN AT: pre- and post-intervention and at 6-month follow-up

#### Group 1 N= 60

Parent Training - Webster-Stratton 10-week parenting programme (2 hour sessions) delivered by trained health visitors or nursery nurse.

#### Group 2 N= 56

Control - No intervention.

#### Results from this paper:

- 1.1 Well covered
- 1.2 Well covered
- 1.3 Inadequate
- 1.4 Not addressed
- 1.5 Not addressed
- 1.6 Adequately covered
- 1.7 Well covered
- 1.8 23.4% (Intervention group); 17.9% (Control group)
- 1.9 Well addressed
- 1.10 Not addressed

2.1 +

## PEPLER1995

Study Type: RCT

Blindness: Open

Duration (days): Range 84-105

Notes: Details on randomisation not reported.

Info on Screening Process: Not reported.

n= 74

Age: Mean 9 Range 6-12

Sex: 63 males 11 females

Diagnosis:

100% Behaviour problems by Teacher referred

Exclusions: Inclusion criteria:

- teachers identified them as having aggressive behaviour problems
- their teachers rated them above the mid-point on a five-point scale for aggression, disruption and non compliance
- school principal concurred with the referral
- parents consented

### Data Used

CBCL (Teacher)

CBCL (Parent)

Notes: TAKEN AT: pre- and post-assessment

DROP OUTS: none reported.

### Group 1 N= 40

Social skills training - Focused on skills training at school + parent groups to facilitate child's learning/to teach effective child management + teacher participation where the teacher taught the skills to entire class. Groups of 7. Therapist = trained child care workers.

### Group 2 N= 34

Control - Waitlist condition.

### Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Not addressed
- 1.6 Not addressed
- 1.7 Well covered
- 1.8 0%
- 1.9 Well covered
- 1.10 Not applicable

2.1 +

## ROWLAND2005

Study Type: RCT

Blindness:

Duration (days):

Followup: 6-month

Setting: US, Hawaii

Info on Screening Process: 64 met inclusion criteria, 5 consented

n= 31

Age: Mean 14 Range 9-17

Sex: 16 males 15 females

Diagnosis:

39% Conduct disorder by DSM-IV

Exclusions: - did not attend public school

- did not qualify to receive mental health services
- not currently at risk of a costly out-of-home fund
- not between 9 and 17
- not living at home with caregiver and/or family
- autism
- severe developmental disabilities
- sexual offending
- youths in custody without a permanent home

Baseline: Initial rates for self-reported delinquency were higher for MST than controls.

### Data Used

Arrests

CBCL (Child)

CBCL (Parent)

Notes: DROP OUTS: 4/26 (MST); 3/29 (CONTROL), analysis based upon 15 MST and 16 CONTROL that had received their 6-month service evaluation

### Group 1 N= 26

Multisystemic therapy - Master level therapists. Home-based model of service delivery. 24/7 support.

### Group 2 N= 29

Standard Continuing Care - Could include individual + family therapy, medication, foster care.

### Results from this paper:

- 1.1 Adequately addressed
- 1.2 Not reported adequately
- 1.3 Not addressed
- 1.4 Adequately addressed
- 1.5 Adequately addressed
- 1.6 Adequately addressed

1.7 Adequately addressed  
1.8 42.3% - MST; 44.8% - control  
1.9 Not addressed  
1.10 Not addressed  
  
2.1 +

## SANDERS2000

Study Type: RCT n= 56  
Type of Analysis: Not clear Age: Mean 5  
Blindness: No mention Sex: 33 males 23 females  
Duration (days): Mean 42 Diagnosis:  
100% Behaviour problems by ECBI  
Followup: 6-month  
Setting: Home Exclusions: - If the child had a chronic illness or disability,  
was in receipt of treatment for behavioural or psychological  
Notes: Details on randomisation not reported. problems.  
Info on Screening Process: Not reported.

**Data Used**  
Abbreviated Acceptability Rating Profile (AARP)  
Parenting Problem Checklist (PPC)  
Parenting Sense of Competence (PSOC)  
Depression-Anxiety-Stress Scales (DASS)  
Parenting Scale (PS)  
ECBI

Notes: TAKEN AT: Pre-test and post-test and at 6-month follow-up (experimental group only followed up). DROP OUTS: not reported.

### Group 1 N= 28

Parent Training - 12 videotapes each containing a different episode of the "Famililes" television series which is a media component of Triple P (Positive Parenting Program) + 12 self-help information sheet. Mothers were instructed to watch 2 videos per week at home.

### Group 2 N= 28

Control - Waitlist condition

## Results from this paper:

1.1 Adequately assessed  
1.2 Not reported  
1.3 Not addressed  
1.4 Not addressed  
1.5 Poorly addressed  
1.6 Not addressed  
1.7 Well covered  
1.8 Not reported  
1.9 Not reported  
1.10 Not applicable  
  
2.1 +

## SANDERS2000A

Study Type: RCT n= 305  
Type of Analysis: Completers Age: Mean 3  
Blindness: Open Sex: no information  
Duration (days): Mean 105 Diagnosis:  
100% Behaviour problems by ECBI  
Followup: 1-year  
Setting: AUSTRALIA, Brisbane Outpatient Exclusions: Initial screening inclusion criteria:  
- child aged between 36 and 48 months  
- mother's concerned about child's behaviour  
- child showed no evidence of developmental disorder or significant health impairment  
- child was not currently having regular contact with another professional or taking medication for behavioural problems  
- parents were not currently receiving therapy for psychological problems or intellectually disabled and could read a newspaper without assistance.  
Notes: Details of randomisation not reported.  
Info on Screening Process: 940 families responded to advertisement  
216 met initial telephone screening but did not return questionnaire  
724 returned questionnaire of these 343 excluded  
381 met all inclusion criteria  
74 declined to participate  
  
Inclusion criteria after initial screening:  
- ECBI Intensity score > 127 or Problem score > 11  
- Family was required to have at least one of the following family adversity factors: (a) maternal depression (BDI > 20)

**Data Used**  
SESBI  
DISC  
Abbreviated Dyadic Adjustment Scale (ADAS)  
Client Satisfaction Questionnaire (CSQ)  
Depression-Anxiety-Stress Scales (DASS)  
Parenting Problem Checklist (PPC)  
Parenting Sense of Competence (PSOC)  
Parenting Scale (PS)  
Parent Daily Reports (PDR)  
ECBI

Notes: TAKEN AT: pre- and post-intervention and at 1 - follow-up

### Group 1 N= 76

EBFI - Enhanced Triple P. Parents received an intensive version of the therapy delivered in SBFI. Parents attended 12 sessions of 14 hour of therapy in total. Therapy tailored to the needs of the parents. Homework given.

### Group 2 N= 77

SBFI - Standard Triple P. Parents attended 10 sessions of 10 hours in total. Parents were encouraged to bring their child to 6/10 sessions. Therapists = trainee clinical psychologists, qualified psychologists, psychiatrists.

### Group 3 N= 75

SDBFI - Self Directed Behavioural Family Intervention (Self-help Triple P). Families received 10 sessions of self-directed Triple P.

(b) relationship conflict (Parent Problem Checklist >5) (c) single parent household (d) low gross family income (<AUS\$345/week)

**Group 4 N= 77**  
Control - Waitlist

Baseline: No significant differences in outcome measures at pre-intervention.

Results from this paper:

- 1.1 Adequately covered
  - 1.2 Not reported
  - 1.3 Not addressed
  - 1.4 Not addressed
  - 1.5 Well covered
  - 1.6 Adequately covered
  - 1.7 Well covered
  - 1.8 6.8% (EBFI); 35.1% (SBFI); 45.3% (SDBFI).
  - 1.9 Not addressed
  - 1.10 Not applicable
- 2.1 +

**SANDERS2000B**

Study Type: RCT  
Type of Analysis: completers  
Blindness: Open  
Duration (days): Mean 84  
  
Info on Screening Process: 160 families were initially screened; 61 were screened further to determine diagnoses for child + mother; 47 were eligible and provided consent and began treatment.

n= 47  
Age: Mean 4 Range 3-9  
Sex:  
Diagnosis:  
4% Conduct disorder by DSM-IV  
  
89% Oppositional defiant disorder by DSM-IV  
  
Exclusions: Inclusion criteria:  
- mother met DSM-IV diagnosis for major depression with at least 1 child meeting DSM-IV diagnosis for either conduct disorder or oppositional-defiant disorder  
- child was 3-9 years old with no evidence of developmental disability  
  
Baseline: No differences between groups at preintervention.

**Data Used**  
Family Observation Schedule (FOS)  
Parent Daily Reports (PDR)  
CBCL (Parent)  
Notes: TAKEN AT: pre- and post-assessment  
DROPOUTS: at end of treatment - 21% (parent training), 13% (parent training + CBT for mothers); at 6-month follow-up - 79% (in total) provided data.

**Group 1 N= 23**  
Parent training + CBT - 12 sessions (8 clinical sessions + 4 feedback sessions in mother's home) completed over 5-month period plus cognitive therapy for the treatment of depression. Clinical sessions = 1 to 1.5 hour and home visits = 40 min. Parent + child were involved.

**Group 2 N= 24**  
Parent Training - 12 sessions (8 clinical sessions + 4 feedback session in mother's home) completed over 5- to 5-month period. Clinical sessions = 1 to 1.5 H and home visits = 40 min. Parent + child were involved. Therapist = trainee postgraduate clinical psychologists.

Results from this paper:

- 1.1 Well covered
  - 1.2 Not reported
  - 1.3 Not addressed
  - 1.4 Not addressed
  - 1.5 Well covered
  - 1.6 Not addressed
  - 1.7 Well covered
  - 1.8 21% (parent training), 13% (parent training + CBT for mothers); at 6-month follow-up - 79% (in total) provided data.
  - 1.9 Not addressed
  - 1.10 not applicable
- 2.1 +

**SANTISTEBAN2003**

Study Type: RCT  
Type of Analysis: Completers  
Blindness: Open  
Duration (days): Mean 77 Range 28-140

n= 126  
Age: Mean 16 Range 12-18  
Sex:  
Diagnosis:  
100% Behaviour problems by Revised

**Data Used**  
Structural Family Systems Rating (SFSR)  
Family Environment Scale (FES)  
Revised Behaviour Problem Checklist  
Addiction Severity Index

**Group 1 N= 80**  
Brief Strategic Family Therapy (BSFT) - All family members who lived in the household or were significantly involved in childrearing were asked to participate in therapy. Participants received between 4 and 20 weekly 1 hour sessions of

Notes: Details of randomisation not reported.  
Info on Screening Process: Details not given.

### Behaviour Problem Checklist (RBPC)

Exclusions: If the adolescent did not meet the inclusion criteria of parental or school complaints of externalising behaviour problems.

Baseline: No significant differences on pre-intervention measures between groups.

Notes: DROP OUTS: 30% (intervention group); 37% (control group)

therapy, depending on the severity of the condition.

### Group 2 N= 46

Control - Group treatment control for adolescents only. Sessions ranged between 6 and 16 weekly 90 min sessions in groups of 4-8.

#### Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Poorly addressed
- 1.6 Not addressed
- 1.7 Well covered
- 1.8 30% (intervention group); 37% (control group)
- 1.9 Not addressed
- 1.10 Not applicable

2.1 +

### SAYGER1988

Study Type: RCT

n= 43

Blindness: No mention

Age: Range 8-12

Duration (days): Mean 70

Sex: all males

Setting: US

Diagnosis:

100% Behaviour problems by Parent referred

Notes: Some departures from randomisation (3 families assigned to control were placed in family intervention because of abusive environment)

Exclusions: - not 8-12 years

- not high level of aggression

#### Data Used

Family Environment Scale (FES)

Parent Daily Reports (PDR)

CBCL (Parent)

Notes: DROPOUT: Treatment 3/23 Control 12/20

### Group 1 N= 22

Control - Waitlist condition

### Group 2 N= 23

Family interventions - Social learning family therapy: 10 weekly sessions. Included sessions on discipline, reinforcement, encouragement, school involvement, self control, setting up for success and family communication.

#### Results from this paper:

- 1.1 Adequately addressed
- 1.2 Not reported adequately
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Not adequately reported
- 1.6 Not adequately reported
- 1.7 Adequately reported
- 1.8 4.8% - treatment; 63.6% - control
- 1.9 Not addressed
- 1.10 Not addressed

2.1 +

### SCOTT2001

Study Type: RCT

n= 141

Type of Analysis: Completers

Age: Mean 6 Range 3-8

Blindness: Open

Sex: 104 males 37 females

Duration (days): Range 91-112

Diagnosis:

84% Oppositional defiant disorder by ICD-10

Setting: Outpatient (four sites)  
UK

Exclusions: Inclusion criteria:

- children aged 3-8

- referred for antisocial behaviour

#### Data Used

CBCL (Parent)

Strengths and Difficulties Questionnaire (SDQ)

Parent account of child symptoms

### Group 1 N= 90

Parent Training - Basic videotape parent training programme (Webster-Stratton, 1998). Parents of 6-8 children were seen in groups for 2 hours each week over 13-16 weeks; the children did not take part and no other treatment given. Therapists had regular jobs in services.

### Group 2 N= 51

Control - Waitlist condition

Notes: Allocation was determined by date of receipt of referral letter.

families could not be contacted, 33 said they no longer had problems, 62 declined to take part, 124 did not fulfil eligibility criteria, 3 dropped out before consent or assessment.

Exclusion criteria:  
- major developmental delay  
- hyperkinetic syndrome, any other condition requiring separate treatment  
-parents had to be able to understand English and attend at group times

Notes: The calculation of the percentage of ODD only includes completers.

Baseline: No significant differences between groups.

Notes: TAKE AT: pre- and post- intervention (approx 5-7 months after intervention). DROP OUTS: 19% (intervention), 27% (waitlist)

#### Results from this paper:

- 1.1 Well covered
- 1.2 Well covered
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Well covered
- 1.6 Well covered
- 1.7 Well covered
- 1.8 9% (intervention), 27% (waitlist)
- 1.9 Well covered
- 1.10 Not addressed

2.1 +

### SCOTT2006

Study Type: RCT

n= 72

Type of Analysis: ITT

Age: Mean 6

Blindness: Open

Sex:

Duration (days): Mean 126

Diagnosis:

Behaviour problems by Strengths and Difficulties Questionnaire

Setting: UK, London (disadvantaged areas)

Notes: Randomisation at classroom level

Info on Screening Process: 665/672 had SDQs completed by teachers, 532 by parents - 24% had behaviour problems. 174/233 provided consent.

Exclusions: - inability to understand English  
- index child not free of clinically apparent marked global developmental delay or disorder

Notes: ONLY REPORT DETAILS FOR THE 72 CHILDREN WITH BEHAVIOUR PROBLEMS; DEMOGRAPHIC INFORMATION NOT PROVIDED FOR THIS SUBSAMPLE

#### Data Used

Parent account of child symptoms  
Notes: TAKEN AT: pre-, 6-month and 1-year post randomisation. DROP OUTS (for total sample with and without elevated behaviour problems): 13/89 TREATMENT, 9/85 CONTROL.

#### Group 1 N= 33

Parent Training - 12-week Incredible Years + 6-week readiness programme for parents to use with children. Group therapy. 2 1/2 hours. Parent only.

#### Group 2 N= 39

TAU

#### Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Adequately addressed [study did not assess whether there are differences among subsample with behaviour problems in each arm]
- 1.6 Not addressed
- 1.7 Well addressed
- 1.8 13/89 (14.6%) TREATMENT, 9/85 (10.6%) CONTROL.
- 1.9 Well covered
- 1.10 Not addressed

2.1 +

### SHECHTMAN2000

Study Type: RCT

n= 70

Type of Analysis: Completers

Age: Range 10-15

Blindness: Open

Sex: 55 males 15 females

Duration (days): Mean 70

#### Data Used

CBCL (Teacher)  
CBCL (Child)

#### Group 1 N= 33

Anger Control Training - 10 x 45 min sessions. Students asked to identify feelings leading to aggression in short stories/poems, risk of aggressive



Setting: ISRAEL  
School

Notes: Details on randomisation not reported.

Info on Screening Process: Details not reported.

Diagnosis:  
100% Behaviour problems by Teacher referred

Exclusions: - children not nominated by their teachers for being aggressive as assessed by a 10-item questionnaire that referred to verbal and physical aggression.

Baseline: No significant differences.

Notes: TAKEN AT: pre- and post-assessment.  
DROP OUTS: 63/70 (9%) CBCL-YSR and 68/70 (3%) CBCL-TRF. CBCL-TRF was rated by teachers in the following year who were not involved in the intervention.

responses and to look at the connection between their own behaviour and that in the literature. Group or individual therapy.

**Group 2 N= 36**

Control - No treatment; control students remained in their homeroom groups with their teachers.

Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Poorly addressed
- 1.5 Well covered
- 1.6 Not addressed
- 1.7 Well covered
- 1.8 0% drop out of intervention; missing data for outcome measures
- 1.9 Not addressed
- 1.10 Not addressed

2.1 +

**STEWART-BROWN2007**

Study Type: RCT

Type of Analysis: ITT

Blindness: Open

Duration (days): Mean 70

Followup: 6-month and 12-month

Setting: ENGLAND, Oxford

Notes: Details on randomisation not reported

Info on Screening Process: Numbers not reported. All parents of 2-8 year old children registered with three GPs in Oxford were invited to participate in a survey to determine eligibility to the study. Of those invited to participate in the study 30% consented to enter the trial.

n= 116

Age: Mean 5 Range 2-8

Sex: no information

Diagnosis:  
100% Behaviour problems by ECBI

Exclusions: Parents excluded if the child was not between the ages of 2 and 8; if at least one child in the family did not fall above the median of ECBI or if the child was diagnosed with a learning difficulty or had previous treatment for behaviour problems.

**Data Used**

Rosenberg Self Esteem Scale (RSE)

General Health Questionnaire (GHQ)

Goodman Strengths and Difficulties questionnaire

Parenting Stress Index (PSI)

ECBI

Notes: TAKEN AT: pre- and post-intervention and at a 6 and 12 month follow-up. DROP OUTS: 26 non-attenders (intervention group); loss to follow up at 12-months was 13 (23%; control group) and 16 (28%; intervention group).

**Group 1 N= 60**

The Incredible Years Programme - Videotape modelling and experiential learning. Parents set themselves goals, undertake homework each week and report back on progress. Sessions are 2 hours, weekly over 10 weeks. Delivered by trained health visitors and nursery nurses.

**Group 2 N= 56**

Control - Waitlist condition

Just over half of the participants were boys however exact figures not given on the sex of the children.

Results from this paper:

- 1.1 Poorly covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Adequately covered
- 1.6 Not addressed
- 1.7 Well covered
- 1.8 loss to follow-up: 23% (control group) and 28% (intervention group).
- 1.9 Well covered
- 1.10 Well covered

2.1 +

**STOLK2008**

Study Type: RCT  
Blindness:  
Duration (days): Mean 240  
Setting: Netherlands  
Notes: no further details on randomisation

n= 237  
Age: Mean 2 Range 1-3  
Sex: 132 males 105 females  
Diagnosis:  
100% Behaviour problems by CBCL

Exclusions: - children that did not have Dutch first or surnames  
- CBCL age:1 <13, age:2 <19, age:3 <20

**Data Used**  
CBCL (Parent)

**Group 1 N= 64**

Parent - First-time mothers: 4 sessions every month then 2 booster sessions. Personal feedback on mother-baby interaction using video cameras and education on development of baby. Individual therapy.

**Group 2 N= 66**

Control - First time mothers: received 6 telephone calls as attentional control.

**Group 3 N= 56**

Parent - Not first time mothers:4 sessions every month then 2 booster sessions. Personal feedback on mother-baby interaction using video cameras and education on development of baby.

**Group 4 N= 51**

Control - Not first time mothers: received 6 telephone calls as attentional control.

**Results from this paper:**

- 1.1 Adequately addressed
- 1.2 Not reported adequately
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Adequately addressed
- 1.6 Adequately addressed
- 1.7 Well covered
- 1.8 0%
- 1.9 Adequately addressed
- 1.10 Not applicable

2.1 +

**STRAYHORN1989**

Study Type: RCT  
Type of Analysis: ITT  
Blindness: No mention  
Duration (days): Mean 42  
Setting: US  
Notes: Randomisation process not detailed in this paper but reported in the secondary reference as sequentially, by drawing a face-down card from a table-top  
Info on Screening Process: Not reported.

n= 98  
Age: Mean 4 Range 2-5  
Sex: 43 males 55 females  
Diagnosis:  
100% Behaviour problems by Parent referred

Exclusions: - Families whose primary language was not English or whose children had vocabulary test standard scores under 50 (where 100 is the population mean and 15 the SD).  
- If parent or caretaker of the child did not indicate in the screening conversation that the child had at least one undesirable behaviour.

**Data Used**  
Verbal ability measures  
Frequency of behaviour for preschoolers  
Parents' ratings on ODD and ADHD from DSM III-R  
Behar Preschool Behavior Questionnaire (PBQ)  
Child Behavior in Play with Parent Scale  
CBCL (Parent)  
Shiplely Scale  
Parent Behavior in Play with Child Scale  
Commands Self-Report  
Parent Practices Scale  
Consumer Satisfaction Questionnaire  
Beck Depression Inventory

Notes: TAKEN AT: pre- and post-intervention. Post intervention was taken on average 139 days after the last group meeting; or 33 days after the last individual session with the child.

**Group 1 N= 50**

Parent Training - Group training involving instruction and role-playing practice and individual sessions. Also viewed three videotapes and received pamphlets summarising the content of training. Training delivered by research assistant. Financial incentives given.

**Group 2 N= 48**

Control - Minimal treatment (most efficacious available intervention per unit of staff time expenditure). Parents viewed two videotapes (also shown to the experimental group) and received a copy of the "Suggestions for Parents" handout.

**Results from this paper:**

1.2 Not reported  
1.3 Not addressed  
1.4 Not addressed  
1.5 Not addressed  
1.6 Not addressed  
1.7 Adequately addressed  
1.8 Experimental condition (5 drop outs)  
1.9 Well covered  
1.10 Not applicable

2.1 +

## SUKHODOLSKY2000

Study Type: RCT

n= 33

Blindness: Open

Age: Range 9-11

Duration (days): Mean 70

Sex: all males

Setting: US  
School

Diagnosis:  
100% Behaviour problems by Teacher referred

Notes: Details on randomisation not reported. 3 boys changed groups after randomisation due to scheduling difficulties.

Exclusions: - Male students not nominated by their teachers for having anger-related problems  
- children who did not return parent consent forms

Info on Screening Process: Not reported.

### Data Used

Teacher Rating Scale  
Pediatric Anger Expression Scale (Self-report)  
Children's Inventory of Anger (Child)  
Notes: TAKEN AT: pre- and post-intervention.  
DROP OUTS: none reported.

### Group 1 N= 16

Anger Control Training - CBT delivered in groups of 4-7 for 40 min sessions with (1) affective education; (2) techniques dedicated to cognitive & physiological elements of anger and; (3) rehearsal of anger-control skills. Groups run by authors of study.

### Group 2 N= 17

Control - Playing various games such as "Jenga" and "Connect Four". These games offer an entertaining context within which various problematic behaviours can be addressed.

### Results from this paper:

1.1 Poorly addressed  
1.2 Not reported  
1.3 Not addressed  
1.4 Not addressed  
1.5 Not addressed  
1.6 Not addressed  
1.7 Well covered  
1.8 0%  
1.9 Poorly addressed  
1.10 Not reported

2.1 +

## SZAPOCZNIK1989

Study Type: RCT

n= 69

Blindness: Single blind

Age: Mean 9 Range 6-12

Duration (days): Mean 180

Sex: all males

Setting: US

Diagnosis:  
16% Conduct disorder by DSM-III

Notes: RANDOMISATION: method not reported

32% Oppositional defiant disorder by DSM-III

Info on Screening Process: 979 screened

Exclusions: - not 6-12 years  
- not from a 2 parent family  
- lived in the US for less than 3 years  
- history of mental retardation, organic dysfunction, mental health care, psychoactive medication, or suicidal ideation

### Data Used

Revised Behaviour Problem Checklist  
Notes: DROPOUTS: 19/88

### Group 1 N= 26

Family interventions - Structured family therapy: 60-90min session per week at first and then less frequently. Emphasis was on modifying maladaptive patterns of interactions

### Group 2 N= 26

Psychodynamic intervention - Individual psychodynamic child therapy: one 50 min session per week. Non directive approach, the child was seen in a playroom situation. Expression of feelings, limit setting, transference interpretations, and insight were emphasised.

### Results from this paper:

1.1 Adequately addressed

- 1.2 Adequately addressed
- 1.3 Not adequately reported
- 1.4 Adequately addressed
- 1.5 Adequately addressed
- 1.6 Adequately addressed
- 1.7 Adequately addressed
- 1.8 Not adequately reported
- 1.9 Adequately addressed
- 1.10 Not applicable

## TAYLOR1998

Study Type: RCT

n= 108

Type of Analysis: ITT

Age: Mean 6 Range 3-8

Blindness: Open

Sex: no information

Duration (days): Range 77-98

Diagnosis:  
100% Behaviour problems by Parent referred

Setting: CANADA, Ontario  
Community-based

Exclusions: - Child not between the ages of 3 and 8. The primary reason for referral was not child management problems.

Notes: Details of randomisation process not reported. Urgent families could not be randomised into waitlist control.

Baseline: The ECBI for families assigned to waitlist control was 16.5 and 127 in comparison to 19.0 and 144.5 for families assigned to PACS and 19.2 and 148.3 for families assigned to eclectic treatment.

Info on Screening Process: Initial screening number not reported but of those who met the inclusion criteria for the study, 51 declined to participate. 108 families randomised to treatment.

### Data Used

Therapy Attitude Inventory  
Brief Anger-Aggression Questionnaire (BAAQ)  
Support Scale  
Dyadic Adjustment Scales (DAS)  
MESSY  
Achenbach Teacher Report Form (TRF)  
Beck Depression Inventory  
PDR  
CBCL (Parent)  
ECBI

Notes: TAKEN AT: pretest, post-test (after 4 months of treatment)

### Group 1 N= 46

Parent Training - 7 families per group that met for 2 hours and 15 minutes weekly for 11 to 14 weeks. Between group meetings, therapists made calls to families who missed sessions or were having difficulties. Monetary award if completed questionnaires.

### Group 2 N= 46

Control - Treatment typically offered at the centre. Therapeutic approaches or theories included ecological, solution-focused, cognitive-behavioural, family system. Families met with therapist on an individual basis and negotiated frequency and intensity.

## Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Well covered
- 1.6 Not addressed
- 1.7 Well covered
- 1.8 PACS: 5 families TAU: 8
- 1.9 Well covered
- 1.10 Not applicable

2.1 +

## TIMMONS-MITCHELL2006

Study Type: RCT

n= 93

Blindness:

Age: Mean 15

Duration (days): Mean 145 Range 90-150

Sex: 71 males 22 females

Followup: 6-month

Diagnosis:  
100% Offending history

Notes: Randomisation was accomplished by having the court administrator flip a coin.

Exclusions: Inclusion criteria:  
- felony conviction  
- suspended commitment to the Department of Youth Services incarcerating facility  
- parent's consent to participate

Info on Screening Process: 105 participants who met the inclusion criteria agreed to participate in the study.

Baseline: No significant differences in pre-treatment offences, misdemeanors or felonies.

### Data Used

Recidivism  
Notes: TAKEN AT: pre- and post-treatment and at 6-month follow-up and 18-month recidivism follow-up. DROP OUTS: 11% (in total)

### Group 1 N= 48

Multisystemic therapy - MST provides service delivery at home and in the community 24 hours a day, 7 days a week. Treatment ranges between 3 and 5 months (no prescribed length of service). Master's level MST supervisor + 14 therapists.

### Group 2 N= 45

Standard Continuing Care

Results from this paper:

- 1.1 Well covered
- 1.2 Adequately addressed
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Well covered
- 1.6 Not addressed
- 1.7 Adequately addressed
- 1.8 11% (in total)
- 1.9 Not addressed
- 1.10 Not applicable

2.1 +

### TURNER2006

Study Type: RCT n= 30  
Type of Analysis: ITT Age: Range 2-5  
Blindness: Open Sex: no information  
Duration (days): Range 21-28 Diagnosis:  
100% Behaviour problems by Parent referred  
Setting: AUSTRALIA, Brisbane  
Primary Care  
Notes: Details on randomisation not reported.  
Info on Screening Process: Details not reported.  
Exclusions: - If the child was not between 2 and 5 years of age and had started primary school.  
- If the primary caregiver did not have one or more concerns about their child's behaviour or their own parenting skills.  
- If the child had received a diagnosis of developmental delay, developmental disorder, conduct disorder or ADHD.  
- If the child was currently taking medication or in regular contact with another professional for behavioural problems.  
- If the parents were currently in therapy for psychological or relationship problems or could not read English.  
Baseline: No significant group difference on any measure at pre-intervention assessment.

#### Data Used

Client Satisfaction Questionnaire (CSQ)  
Parenting Experience Survey (PES)  
Goal Achievement Scales (GAS)  
Family Observation Schedule (FOS)  
Observation settings  
Home and Community Problem Checklist (HCPC)  
Depression-Anxiety-Stress Scales (DASS)  
Parenting Sense of Competence (PSOC)  
Parenting Scale (PS)  
ECBI  
Parent Daily Reports (PDR)

Notes: TAKEN AT: pre- and post-intervention;  
experimental group followed up at 6-months.  
DROP OUTS: 3 (18.75%; waitlist) and 2 (14.28% parent training).

#### Group 1 N= 16

Parent Training - Primary care Triple P.  
Three to four brief (30 minute) individual family consultations once per week. Five nurses delivered the intervention.

#### Group 2 N= 12

Control - Waitlist condition

Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Well covered
- 1.6 Well covered
- 1.7 Well covered
- 1.8 18.75% (waitlist) and 14.28% (parent training)
- 1.9 Well covered
- 1.10 Not applicable

2.1 +

### TURNER2007

Study Type: RCT n= 51  
Type of Analysis: Completers Age: Mean 6  
Blindness: Open Sex: 33 males 18 females  
Duration (days): Mean 56 Diagnosis:  
100% Behaviour problems by Parent referred  
Setting: AUSTRALIA, Brisbane

#### Data Used

Strengths and Difficulties Questionnaire (SDQ)  
Client Satisfaction Questionnaire (CSQ)  
Depression-Anxiety-Stress Scales (DASS)  
Parenting Experience Survey (PES)  
Parenting Scale (PS)  
ECBI

#### Group 1 N= 26

Parent Training - A culturally sensitive adaptation of the group Triple P that takes into consideration the tradition and needs of the indigenous people of Australia. An 8 session programme in groups of 10-12 parents.

Outpatient

Notes: Families were randomly assigned using a random number generator and consecutive case allocation.

Info on Screening Process: Details not given.

age and if the primary caregiver did not have concerns about their child's behaviour or their own parenting skills. If the target child had a development delay, major physical disability or severe chronic illness; chronic illness; and current medication or contact with another professional for behavioural problems.

Baseline: Differences between groups of pre-intervention measures not calculated. ECBI scores (Intensity and Problem subscales) are higher for the intervention group (150.05; 19.81) than the waitlist group (130.18;15.79).

Notes: TAKEN AT: pre- and post-intervention and at a 6-month follow-up (for intervention group only). DROP OUTS: Intervention group: 3 non-attenders and 3 non-completers. Waitlist group: 7 non-completers. **Group 2 N= 18** Control - Waitlist control condition

Results from this paper:

- 1.1 Well covered
- 1.2 Well covered
- 1.3 Well covered
- 1.4 Not addressed
- 1.5 Adequately addressed
- 1.6 Well covered
- 1.7 Well covered
- 1.8 23% (intervention group); 28% (waitlist)
- 1.9 Not addressed
- 1.10 Not addressed

2.1 +

**VAN MANEN2004**

Study Type: RCT

Type of Analysis: Completers

Blindness:

Duration (days):

Followup: 1 year

Setting: Netherlands Outpatient

Notes: Details on randomisation not reported.

Info on Screening Process: Details not reported

n= 97

Age: Mean 11 Range 9-13

Sex: all females

Diagnosis:  
Conduct disorder by DSM-IV

Oppositional defiant disorder by DSM-IV

Exclusions: Inclusion criteria:  
- DSM-IV criteria for CD or ODD  
- WISC-R IQ score above 85  
- CBCL aggressive and/or delinquent behaviour in the clinical range and attention problems in the non-clinical range

- ODD/CD boys with a few ADHD symptoms according to DSM-IV criteria but without an ADHD diagnosis were not excluded

Baseline: No significant differences

**Data Used**

TRA

CBCL (Parent)

CBCL (Teacher)

Notes: TAKEN AT: pre- and post-intervention and 1-year follow-up.

**Group 1 N= 42**

Cognitive Problem Solving Skills Training - Social cognitive intervention programme. Group treatment (N=4). 11 x 70 min weekly session. Therapist trained in both manuals and delivered both treatments. Includes the training of problem solving skills in social situations.

**Group 2 N= 40**

Social skills training - Social skills training programme = behavioural training; teaching children various social skills to improve interaction with peers. Group treatment (N=4). 11 x 70 min weekly session.

**Group 3 N= 15**

Waitlist

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Well covered
- 1.6 Not addressed
- 1.7 Well covered
- 1.8
- 1.9 Not addressed
- 1.10 Not applicable

2.1 +

## WEBSTER-STRATTON1984

Study Type: RCT

Type of Analysis: Completers

Blindness:

Duration (days): Mean 63

Setting: US  
Outpatient

Notes: Randomisation occurred using a sealed envelope designating the assigned group to the participant.

Info on Screening Process: Details not reported.

n= 35

Age: Mean 5

Sex: 25 males 10 females

Diagnosis:

100% Behaviour problems

Exclusions: - Child was not between the ages of 3 and 8.  
- Child had debilitating physical impairment, intellectual deficit or history of psychosis.  
- If the primary referral was not for the child's oppositional behaviours.

### Data Used

Consumer Satisfaction Questionnaire  
Behar Preschool Behavior Questionnaire (PBQ)  
Parent Daily Reports (PDR)  
ECBI  
CBCL (Parent)

Notes: TAKEN AT: Pre- and post-intervention (at baseline and at 3-months) with 1 year follow-up.  
DROP OUTS: 40 families entered the study, 35 completed treatment, 31 assessed at follow-up.

### Group 1 N= 11

Parent Training - 9 weeks of one-to-one sessions between the therapist, parent and target child. Parents role-played and rehearsed the modeled skills with their child while therapist watched. Therapists were doctorally trained psychologists.

### Group 2 N= 13

Parent Training - 9 sessions of therapist-led discussion programme where parents in groups of 8-10 observed videotapes of modelled parenting skills. Children did not attend the sessions. Both experimental groups paid for therapy.

### Group 3 N= 11

Control - Waitlist condition.

### Results from this paper:

- 1.1 Well covered
- 1.2 Well covered
- 1.3 Well covered
- 1.4 Not addressed
- 1.5 Well covered
- 1.6 Not addressed
- 1.7 Well covered
- 1.8 Full details not given
- 1.9 Not addressed
- 1.10 Not applicable

2.1 +

## WEBSTER-STRATTON1988

Study Type: RCT

Type of Analysis: Completers

Blindness: No mention

Duration (days): Range 70-84

Notes: A randomly selected sealed envelope was opened that designated each family's parent-training condition.

Info on Screening Process: Not reported.

n= 114

Age: Mean 5 Range 3-8

Sex: 79 males 35 females

Diagnosis:

100% Conduct disorder by ECBI

Exclusions: Child was not between the ages of 3 and 8.  
Child had debilitating physical impairment, intellectual deficit or history of psychosis and was receiving any form of psychological treatment at the time of referral.  
If the primary referral was not for child misconduct that had been occurring for 6 months.  
If parent did not report a clinically significant number of child behaviour problems (more than 2 SD above the mean) on the ECBI.

### Data Used

Consumer Satisfaction Questionnaire  
Behar Preschool Behavior Questionnaire (PBQ)  
DPICS  
Parenting Stress Index (PSI)  
PDR  
ECBI  
CBCL (Parent)

Notes: TAKEN AT: pre- and post-intervention (one month after treatment). DROP OUTS: not reported but significantly more parents dropped out from the GD treatment compared with the GDVM and IVM treatments.

### Group 1 N= 48

GDVM - Group discussion videotape modelling training (28 mothers and 20 fathers). Parents came to clinic weekly for 10-12 two-hour sessions in groups of 10 - 15. Parents met with therapist who showed 10 videotape programmes.

### Group 2 N= 49

IVM - Individually administered videotape modelling training (29 mothers and 20 fathers). Parents came to clinic weekly for self-administered sessions where they viewed 1 of the 10 videotape programmes.

### Group 3 N= 47

Group discussion training - Group discussion training (28 mothers and 19 fathers). Parents came to the clinic weekly for 10-12 two-hour sessions in groups of 10-15. Met with a therapist who led a group discussion of the same topics covered in GDVM without the videotapes.

### Group 4 N= 47

Control - Waitlist control

### Results from this paper:

- 1.1 Well covered
- 1.2 Well covered
- 1.3 Well covered

- 1.4 Not addressed
- 1.5 Well covered
- 1.6 Adequately addressed
- 1.7 Well covered
- 1.8 Not reported
- 1.9 Not addressed
- 1.10 Not applicable

2.1 +

## WEBSTER-STRATTON1990

Study Type: RCT

Type of Analysis: Completers

Blindness: No mention

Duration (days): Mean 70

Notes: Details on randomisation not reported.

Info on Screening Process: Not reported.

n= 43

Age: Mean 5 Range 3-8

Sex: 34 males 9 females

Diagnosis:

Behaviour problems by ECBI

Exclusions: Child was not between the ages of 3 and 8. Child had debilitating physical impairment, intellectual deficit or history of psychosis and was receiving any form of psychological treatment at the time of referral. If the primary referral was not for child misconduct that had been occurring for 6 months.

If parent did not report a clinically significant number of child behaviour problems (more than 2 SD above the mean) on the ECBI.

Baseline: Comparisons not made between groups on pre-intervention data therefore level of significance is unknown. Pre-scores do vary. ECBI intensity (mother) 164.59 for IVM and 157.36 for control. CBCL (mother) 49.29 for IVM and 64.46 for IVMC. PSI (mother) 145.17 for IVM and 153.46 for IVMC.

### Data Used

Consumer Satisfaction Questionnaire

DPICS

Parenting Stress Index (PSI)

PDR

ECBI

CBCL (Parent)

Notes: TAKEN AT: pre- and post-intervention (one month after treatment). DROP OUTS: IVM (no drop outs); IVMC (two families dropped out, not included in study)

### Group 1 N= 27

IVM - Individually Administered Videotape Modelling Treatment (17 mothers and 10 fathers). Parents came to the clinic weekly for 10 weeks to see 10 videotape programmes.

### Group 2 N= 25

IVMC - Individually Administered Videotape Training Plus Therapist Consultation (16 mothers and 9 fathers). Viewed the same videos as IVM plus they were told that they could contact therapist at any time and were scheduled for 2 individual 1-hour appointments.

### Group 3 N= 19

Control - Waitlist condition

Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Not addressed
- 1.6 Adequately addressed
- 1.7 Well covered
- 1.8 2 families in IVMC
- 1.9 Not addressed
- 1.10 Not applicable

2.1 +

## WEBSTER-STRATTON1992

Study Type: RCT

Type of Analysis: Unclear

Blindness: No mention

Duration (days): Mean 70

Followup: 1 year

Info on Screening Process: No reported.

n= 100

Age: Mean 5 Range 3-8

Sex: 72 males 28 females

Diagnosis:

100% Behaviour problems by ECBI

Exclusions: Child was not between the ages of 3 and 8. Child had debilitating physical impairment, intellectual deficit or history of psychosis and was receiving any form of psychological treatment at the time of referral. If the primary referral was not for child misconduct that had

### Data Used

Parent Daily Reports (PDR)

DPICS

Behar Preschool Behavior Questionnaire (PBQ)

ECBI

CBCL (Parent)

Parenting Stress Index (PSI)

### Group 1 N= 96

IVM - Individually Administered videotape Modeling Training (59 mothers and 37 fathers). Parents came to the clinic weekly for 10 weeks to see 10 videotape programs. Videotapes were accompanied with manual. Weekly homework assignments were included.

### Group 2 N= 41

Control - Waitlist condition



been occurring for 6 months.  
 If parent did not report a clinically significant number of child behaviour problems (more than 2 SD above the mean) on the ECBI.

Notes: TAKEN AT: pre- and post-intervention and follow-up assessment (delayed-treatment control group families not included). DROP OUTS: 2 mothers and 3 fathers dropped out of control group; 2 mothers and 6 fathers dropped out of experimental group.

Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Well covered
- 1.6 Adequately addressed
- 1.7 Well covered
- 1.8 2 mothers and 3 fathers dropped out of control group; 2 mothers and 6 fathers dropped out of experimental group.
- 1.9 Not reported
- 1.10 Not applicable

2.1 +

**WEBSTER-STRATTON1994**

Study Type: RCT  
 Type of Analysis: Completers  
 Blindness: No mention  
 Duration (days): Mean 189  
 Followup: short term follow-up  
 Info on Screening Process: Not reported.

n= 78  
 Age: Range 3-8  
 Sex:  
 Diagnosis:  
 Conduct disorder by DSM-III-R  
 Oppositional defiant disorder by DSM-III-R  
 Exclusions: Child was not between the ages of 3 and 8. Child had debilitating physical impairment, intellectual deficit or history of psychosis and was receiving any form of psychological treatment at the time of referral. If the primary referral was not for child misconduct that had been occurring for 6 months. If parent did not report a clinically significant number of child behaviour problems (more than 2 SD above the mean) on the ECBI. Child did not meet DSM-III-R criteria for ODD and CD.

**Data Used**  
 Marital Adjustment Test (MAT)  
 SPST-R  
 DPICS  
 Consumer Satisfaction Questionnaire  
 PS-I CARE  
 ECBI  
 CBCL (Parent)  
 Beck Depression Inventory  
 Parenting Stress Index (PSI)  
 Brief Anger-Aggression Questionnaire (BAAQ)  
 Notes: TAKEN AT: pre- and post-GDVM and a post-ADVANCE. DROP OUTS: study only included families who had completed all stages of therapy.

**Group 1 N= 96**  
 GDVM - Basic videotape parent skills training programme delivered to all parents. Consisted of weekly meetings at clinic for 12 to 13 weeks for 2 hour sessions in groups of 10 to 15. Therapists were social workers or psychologists with experience.  
 GDVM + ADVANCE  
**Group 2 N= 38**  
 GDVM + ADVANCE - In addition to GDVM sessions, parents also received 14 additional weekly 2 hour sessions. ADVANCE trains parents to cope with interpersonal distress through improved communication, problem solving and self-control skills.

78 families who completed all phases of the treatment programme. Study parents included 77 mothers and 58 fathers.

Results from this paper:

- 1.1 Well covered
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Well covered
- 1.6 Adequately addressed
- 1.7 Well covered
- 1.8 7 families dropped out of the study; 6 did not complete initial GDVM and 1 did not complete ADVANCE. Study only used families that completed all the phases.
- 1.9 Not addressed
- 1.10 Not applicable.

2.1 +

## WEBSTER-STRATTON1997

Study Type: RCT  
Type of Analysis: Unclear  
Blindness: Open  
Duration (days): Range 154-168  
Followup: 1 year  
Setting: USA  
Notes: Details of randomisation process not reported.  
Info on Screening Process: Numbers not reported

n= 97  
Age: Mean 6 Range 4-7  
Sex: 72 males 25 females  
Diagnosis:  
100% Conduct disorder by DSM-III-R  
100% Oppositional defiant disorder by DSM-III-R  
ADHD by DSM-III-R

Exclusions: - Child was not between the ages of 4 and 7.  
- Child had debilitating physical impairment, intellectual deficit or history of psychosis and was receiving any form of psychological treatment at the time of referral.  
-If the primary referral was not for child misconduct that had been occurring for 6 months.  
-If parent did not report a clinically significant number of child behaviour problems (more than 2 SD above the mean) on the ECBI.  
-Child did not meet DSM-III-R criteria for ODD and CD.

**Data Used**  
WALLY  
Parenting Stress Index (PSI)  
PDR  
ECBI  
CBCL (Parent)  
PS-I CARE  
Behar Preschool Behavior Questionnaire (PBQ)  
Consumer Satisfaction Questionnaire  
PPS-I CARE  
Parent Daily Reports (PDR)  
DPICS-R  
Notes: TAKEN AT: pre-treatment, post-treatment (2 months and 1 year)  
DROP OUTS: CT-PT (no drop outs)

**Group 1 N= 26**  
Parent Training - 26 mothers and 17 fathers divided into groups of 10-12, met weekly with therapist at clinic over course of 22-24 weeks for 2 hour sessions. Therapists had Masters or Doctoral level of education with 5-20 years of experience.

**Group 2 N= 22**  
Child + parent training group - 20 mothers, 16 fathers and 22 children came to clinic weekly for 22 to 24 sessions for parent training and child training.

**Group 3 N= 27**  
Child training group - 20 boys and 7 girls divided into groups of 5 or 6 met at the clinic weekly for 22 sessions with two therapists for 2 hour sessions.

**Group 4 N= 22**  
Control - Waitlist control condition

### Results from this paper:

- 1.1 Adequately addressed
- 1.2 Not reported
- 1.3 Not addressed
- 1.4 Not addressed
- 1.5 Not addressed
- 1.6 Adequately addressed
- 1.7 Well covered
- 1.8 Unclear
- 1.9 Not reported
- 1.10 Not applicable

2.1 +

## Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
ABELL2001	Design: non-RCT
ADAMS1992	Outcome: not validated
ANTSHEL2003	Population: ADHD
ARBUTHNOT1986	Intervention not relevant
ARMSTRONG1994	Design: non-RCT
BARTON1985	Design: non-RCT
BERNAL1980	Data not extractable
BIENERT1995	Data: not extractable
BIERMAN1987	Data: not extractable
BIERNERT1995	Data: not extractable
BLUE1981	Method: less than 10 in each group
BORDUIN1990	Method: less than 10 in each group

<b>BOSWORTH2000</b>	No validated outcome measure; insufficient follow-up
<b>BRESTAN1997</b>	Data: not extractable
<b>BROTMAN2007</b>	Outcome: not relevant
<b>BRUNK1987</b>	Aim: focus on child maltreatment
<b>CAMP1977</b>	Data: not extractable
<b>CHUNG1994</b>	No relevant outcomes
<b>CIRILLO1998</b>	Data: not extractable
<b>COATS1979</b>	Method: less than 10 per group
<b>CULLEN1996</b>	Outcomes not relevant
<b>CUNNINGHAM1995</b>	Comparisons: not relevant
<b>DADDS1987</b>	Data: not extractable
<b>DEAN2007</b>	Design: non-RCT
<b>DEROSIER2007</b>	Method: less than 10 participants in one group
<b>DOZIER2006</b>	Insufficient follow-up
<b>DUBOW1987</b>	No extractable data
<b>DUPPER1993</b>	No extractable data
<b>EMSHOFF1983</b>	Data: not extractable
<b>FENNELL1998</b>	Outcome: not relevant
<b>FERGUSON2006</b>	Insufficient follow-up
<b>FESHBACH1979</b>	Data: not extractable
<b>FISHER1999</b>	Outcome: not relevant
<b>FISHER1999A</b>	Design: not an intervention study
<b>FORMAN1980</b>	Method: less than 10 participants per group
<b>FORREST1984</b>	No relevant outcomes
<b>FRANKEL1997</b>	Data: not extractable
<b>FUNG2006</b>	6 participants per group
<b>GANT1981</b>	Data: not extractable
<b>GARDNER2007</b>	No relevant outcomes
<b>GARRISON1983</b>	Data: not extractable
<b>GREENE2004</b>	Data: not extractable
<b>GRIZENKO1994</b>	No control group
<b>GRIZENKO1997</b>	Design: non-RCT
<b>GROSS1995</b>	Method: N<10
<b>HARRINGTON2000</b>	Study compared different treatment setting rather than different interventions
<b>HENGGELER1991</b>	Outcomes
<b>HENGGELER1999A</b>	Population/comparison not relevant
<b>HENRY2004</b>	Method: not an intervention paper
<b>HINSHAW2000</b>	Population: main focus on ADHD
<b>HOATH2002</b>	Method: less than 10 people in each group
<b>HOBBS1984</b>	Outcomes: not validated
<b>HUDLEY1993</b>	Data: not extractable
<b>HUEY1984</b>	Data: not extractable
<b>HUGHES1988</b>	Data not extractable
<b>IALONGO1993</b>	Main focus on ADHD

<b>KAMON2005</b>	Design: not an RCT
<b>KANNAPPAN1993</b>	Method: not sufficient details on participants/intervention
<b>KAZDIN2003</b>	Outcome: used an unvalidated composite measure
<b>KAZDIN2003A</b>	Design: not an intervention paper
<b>KELLNER1999</b>	Less than 10 participants in each arm.
<b>KNAPP1989</b>	Comparisons: not relevant
<b>LANE1999</b>	Outcomes: not relevant
<b>LARKIN1999</b>	Outcomes: not relevant
<b>LEE1979</b>	No validated outcome measures
<b>LEIBER1995</b>	Design: non-RCT
<b>LESURE-LESTER2002</b>	Method: n<10
<b>LEWIS1986</b>	Population not relevant - general adjustment difficulties
<b>LOCHMAN1993</b>	Method: of the children who are aggressive and rejected, there are less than 10 in the treatment and control group.
<b>LOCHMAN2003A</b>	Method: n<10 in each group
<b>LONG1993</b>	Aim: main focus on ADHD
<b>LOVERING2006</b>	Method: not an RCT
<b>LUK1998</b>	Less than 8 people in the family therapy arm
<b>MACDONALD2005</b>	No useable data
<b>MAGER2005</b>	Comparison: not relevant
<b>MARTSCH2005</b>	The study is not looking at individual outcomes but group outcomes
<b>MCTMAHON1981</b>	Outcome: not relevant
<b>MULTISITE2004</b>	Method: not an intervention paper
<b>MUNTZ2004</b>	Control group is less than 10
<b>MURIS2005</b>	Design: non-RCT
<b>MYERS2000</b>	Design: non-RCT
<b>NILES1986</b>	Outcomes: none relevant
<b>NILSEN2007</b>	Method: not randomised
<b>ONIEL2002</b>	Method: n<10 in each group
<b>PAINTER1999</b>	Outcome: not validated
<b>PATTERSON1982</b>	Less than 10 persons per group
<b>PATTERSON1990</b>	Method: not an intervention paper
<b>PEVSNER1992</b>	Method: less than 10 participants in each group; irrelevant outcomes
<b>PIFFNER1990</b>	Method: less than 10 persons in each group
<b>PIFFNER1997</b>	Method: less than 10 people in each arm
<b>PISTERMAN1989</b>	Aim: main focus on ADHD
<b>PISTERMAN1992</b>	Aim: focus on ADHD
<b>POWERS1995</b>	Method: less than 10 persons per group
<b>PRENTICE1972</b>	Outcomes: not relevant
<b>PRINZ1994</b>	Outcomes: not relevant
<b>PRINZ2000</b>	Method: not an intervention paper
<b>RAUE1985</b>	Method: less than 10 in each arm
<b>REARDON1977</b>	Outcomes: none relevant
<b>REID2004</b>	Outcomes: not relevant
<b>REYNOLDS1997</b>	Method: 4 participants in total in the study; no control group

<b>RICKEL1983</b>	Data: not extractable
<b>RIMM1974</b>	Method: less than 10 participants in each arm.
<b>ROBINSON2001</b>	Intervention: not relevant
<b>ROHDE2004A</b>	Aim: focus on depression
<b>SANDERS1985</b>	Method: less than 10 persons per group
<b>SANDERS2001</b>	Method: not an intervention paper
<b>SANDERS2004</b>	Aim: focus on child maltreatment
<b>SCHUHMANN1998</b>	Method: dropout > 50% in waitlist
<b>SCHULTZ1980</b>	Outcomes: not relevant
<b>SCHWITZGEBEL1964</b>	Design: non-RCT
<b>SHAW2006</b>	Insufficient follow-up
<b>SHECHTMAN2006</b>	Outcome: modified validated outcome
<b>SHECHTMAN2006A</b>	Outcome: modified validated outcome
<b>SHORE1977</b>	Method: less than 10 participants in each arm.
<b>SIEGERT1980</b>	Comparisons: not relevant
<b>SMITH2004</b>	Method: non-RCT
<b>SNYDER1999</b>	Population not primarily behaviour problems
<b>SPOTH2007</b>	Research question/outcome: study does not focus on the effectiveness of interventions for behaviour problems
<b>STANTON2004</b>	Insufficient follow-up
<b>STERN1999</b>	Method: less than 10 participants per group
<b>STRAND2002</b>	Outcome: not relevant
<b>SUKHODOLSKY2005</b>	Comparison: not relevant
<b>SUTTON1995</b>	Data not extractable
<b>TANNER1988</b>	Data: not extractable
<b>TEGLASI2001</b>	Method: n<10 per group
<b>TWEMLOW2003</b>	Method: not an intervention paper
<b>VAN DE WIEL2007</b>	Majority did not have conduct problems
<b>WILLIFORD2008</b>	Design: quasi-randomised
<b>WILMSHURST2002</b>	Comparisons: not relevant
<b>WINSBERG1980</b>	Setting's paper
<b>WOLCHIK1993</b>	Data: not extractable
<b>ZANGWILL1983</b>	Method: N<10

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