Summary of research informing and evaluating the Parenting in Parenting (PiP) program

This document provides a brief summary of key research that has informed the development of the Partners in Parenting (PiP) program, as well as published studies evaluating the program. Links to the published papers are included. Research on PiP is ongoing. Our most recent trials have not yet been published. We will update this list as new research is published.

For more information, or to request a copy of any of the papers, please contact us at pip-ed@monash.edu.

Research behind Partners in Parenting Plus - Education (PiP-Ed+)

PiP-Ed+ is a new version of PiP+, for parents of teens who are having difficulty attending school because of emotional distress (sometimes called 'school refusal', 'school can't' or 'emotionally based school avoidance'). PiP-Ed+ was developed using research and input from parents, teens, and educators:

1. Research on parenting and school attendance

A systematic review of 8 studies found that several parenting factors are associated with school refusal in children and adolescents.

This review, alongside a Delphi study of international expert consensus, contributed to the development of the Parenting Guidelines to Respond to School Refusal. These guidelines are free to download from the Parenting Strategies website. The content from the guidelines was then incorporated into the new PiP-Ed+ module content.

2. What parents, teens, and educators told us

In our co-design with parents, adolescents, and educators, we explored how PiP could help families and schools work together to support teens with school refusal. They highlighted the importance of empathic understanding and communication between parents and educators. They also agreed that reactive, problem-focused communication can make it harder to build trust. These findings informed the development of new content for PiP-Ed+.

3. Pilot trial of PiP-Ed+

We tested the acceptability and feasibility of PiP-Ed+ with 14 Australian parents of teens (12-18) experiencing school refusal. This was an open-label, uncontrolled trial, which used both qualitative and quantitative methods. Parents completed six to eight PiP-Ed+ modules and coaching sessions. Parents found the program highly acceptable and easy to use. They valued the coaching sessions, which helped improve their confidence as parents and their use of evidence-based parenting strategies. However, school attendance and carer burden did not improve in this early trial.

Research informing the development of PiP

1. Systematic review and meta-analysis. A review of 181 studies found several parenting behaviours that may affect the risk of depression and anxiety in teenagers aged 12 to 18. Warm, supportive parenting, giving teenagers appropriate independence, and monitoring their activities may help protect against mental health difficulties. In contrast, frequent conflict between parents, being overly involved, or using harsh or negative parenting behaviours may increase the risk.

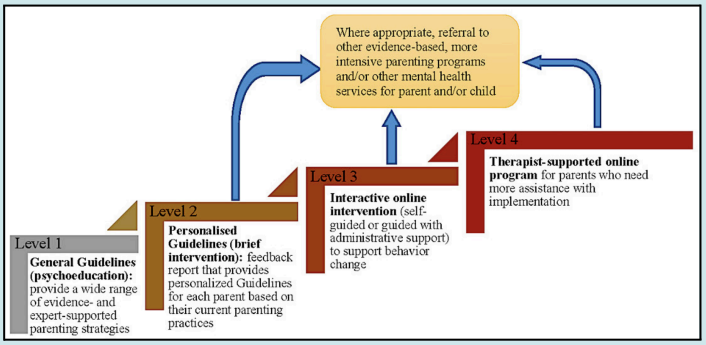
2. Delphi expert consensus study. This study used the Delphi method to obtain expert consensus on parenting strategies important for preventing depression and anxiety disorders in teenagers. 27 international experts rated 402 parenting recommendations identified in a literature search. Strong agreement was reached on 192 strategies, which were incorporated into the parenting guidelines.

3. Original parenting guidelines. These guidelines present the findings of (1) and (2) above as a practical resource for parents. Available for download here, along with our other parenting guidelines.

- We also conducted a study of users who downloaded the guidelines. Most users rated the guidelines as useful, and most parents reported at least a little improvement in their parenting after reading the guidelines.

About PiP: The proposed multi-level model

This paper describes how all components of PiP were developed and how it could be offered as a public health program. PiP would ideally be delivered at varying levels, based on the needs and wants of parents.



Level 1 (the parenting guidelines) provides a brief, educational resource which parents can consider and choose to apply as they wish. This may suit parents who are already feeling confident and whose child is not currently showing signs of depression or anxiety problems.

Level 2 (guidelines, parenting self-assessment + tailored feedback) extends on the parenting guidelines by helping parents reflect on their parenting through an online self-assessment. Parents receive personalised feedback that highlights their strengths

and suggests practical strategies to improve confidence and parenting in other areas. Like Level 1, Level 2 is likely to appeal to parents who are already feeling relatively confident or are not concerned about current depression or anxiety in their teen.

Level 3 (interactive online program) includes all the components of Levels 1 and 2, along with tailored interactive online modules, recommended based on the self-assessment. The modules extend on the content of Levels 1 and 2 and support parents to make changes to their parenting. Modules include interactive activities, reflection exercises, audio and videos, quizzes, and weekly goal setting. This level is likely to be of interest to parents who want a more intensive program, including those with lower levels of confidence, and/or those who are concerned about their teen's risk of depression or anxiety.

Level 4 (coach-supported program) provides all the above, with the addition of weekly coaching sessions with a trained PiP Coach. This program is designed for parents of teens who are experiencing clinical level depression and anxiety disorders.

Research evaluating PiP

1. A randomised controlled trial of a brief, single-session version of PiP (level 2 of the model).
This trial involved 349 parents and 327 teenagers aged 12 to 15. Half of the parents received Level 2 of PiP and the other half waited for 3-months. Parents who received the tailored feedback reported significantly greater improvements in their parenting compared to the waitlist group, 3-months later. Both groups showed a decrease in most teenager symptom measures.

2. A randomised controlled trial of the full PiP program (Level 3 of the model).
This trial included 359 parents and 343 teenagers aged 12 to 15. Half of the parents received the full PiP Level 3 program, and the other half received a series of educational factsheets.

- Findings from post-intervention (3-month follow-up) showed that parents who received PiP reported significantly greater improvements in their parenting compared to the factsheet group. Parents in both groups reported lower depressive symptoms in their teens.
- Findings from 12-month follow-up showed that the improvements in parenting were maintained one year later. There was also some evidence of reduced depressive symptoms in the teens of parents who completed PiP compared to those who received the factsheets, as reported by parents. This change appeared to be mediated by changes in parenting. However, this result needs to be interpreted with caution. Adolescents did not report the same benefits.

3. A single-arm double-baseline trial of the Therapist-Assisted Online Parenting Strategies (TOPS) intervention (now called PiP+). This trial involved 71 parents and their adolescents aged 12-18 years being treated for anxiety and/or depression. Parents received PiP+ (up to nine PiP modules and coaching sessions). Parenting behaviours improved post-intervention. Parent-reported parental self-efficacy and parent-adolescent attachment increased, while impairments to family functioning and parent distress decreased.

The PiP+ Program: Level 4 of the multilevel model

The PiP+ program

You can read more about the PiP+ program (formerly called TOPS) in the following papers.

1. Development of the TOPS (PiP+) program involved three studies, including analysis from feedback from previous participants from PiP, consultations with parents and mental health professionals, and finally a pilot trial with parents and professionals. These studies indicated the PiP+ program may be a feasible and acceptable program for parents.

2. Post-intervention findings from an open-label double-baseline trial. As summarised above, this trial involved 71 parents and their adolescents aged 12-18 years being treated for anxiety and/or depression. Parents received PiP+ (up to nine PiP modules and coaching sessions). Parenting behaviours improved post-intervention. Parent-reported parental self-efficacy and parent-adolescent attachment increased, while impairments to family functioning and parent distress decreased.

The PiP+ program – Suicide prevention

One version of the PiP+ program is the Partners in Parenting Plus - Suicide Prevention program (PiP-SP+). You can read more about the PiP-SP+ program in the following papers. Please note that the PiP-SP+ program is *not* currently available to parents.

1. Pilot trial of acceptability, feasibility, validity and short-term effects. This study involved 15 parents of adolescents aged 12-18 years concerned about their adolescent's suicidality. Following PiP-SP+, parents reported significant improvements in self-efficacy to respond to adolescent suicidality, protective parenting behaviours, carer burden and distress, while adolescents reported increased perceived parental support and reduced anxiety symptoms. PiP-SP+ was found to be an acceptable, feasible and valid program for parents.

2. Co-design with parents, young people, and experts. 4 parents of adolescents, 4 young people with lived experience of adolescent suicidality, and 4 youth mental health/suicide prevention experts participated in workshops to co-design PiP+ to empower parents of suicidal adolescents. Their insights were used to extrapolate digital features, which parents rated as important and usable.

3. Interviews with parents, young people, and experts. Semi-structured interviews were done with 9 parents of suicidal adolescents, 5 young people with lived experience of adolescent suicidality, and 5 youth mental health/suicide prevention experts. They shared insights which captured parents' lived experience of parenting a suicidal adolescent, and their support needs.

If you have any questions about this research, please contact us at pip-ed@monash.edu.