

Appendix: Methodology

Overview of the evidence

This review adopted a rapid evidence assessment methodology¹ which assesses what is already known about a policy or practice issue. This methodology uses a more structured and rigorous search of available evidence than a simple literature review but is not as exhaustive and resource intensive as a systematic review. Rapid reviews draw on systematic approaches and are transparent in detailing the search, appraisal, synthesis, and analysis methods of the review, but are pragmatic for applied policy research by constraining the process (such as the types of literature, search terms and quality appraisal) and not conducting exhaustive searches. In this case, priority was given to identifying existing reviews or meta-analyses to provide a rapid overview of relevant literature.

Scoping and search strategy

In consultation with the Department for Work and Pensions and local areas, EIF identified parents of children with behaviours that challenge as a particular group of interest to explore how negative parental relationships in this population can impact child outcomes, and the role of risk factors. Thus, the review focused on five areas of interest:

1. The prevalence of parental conflict among parents of children with behaviours that challenge.
2. Additional factors impacting the parental relationship.
3. The prevalence and impact of financial pressure among parents of children with behaviours that challenge.
4. Transition points critical to the parental relationship.
5. The impact of parental conflict on children with behaviours that challenge.

Academic literature was searched using Google Scholar as the primary database (up to page 15, so as to reach theoretical saturation). Five separate searches were conducted for each of the topic areas noted above. Search terms utilised, including truncated words and * for wildcard searches, were as follows:

1. child* AND SEND OR challenging behav* OR disability OR disabled OR problem* behav* OR adjust* AND Father* OR Mother* OR Carer* AND "Parental conflict" OR "Marital conflict" AND UK OR "United Kingdom"
2. child* AND SEND OR challenging behav* OR disability OR disabled OR problem* behav* OR adjust* AND Father* OR Mother* OR Carer* AND "Parental conflict" OR "Marital conflict" AND "risk factors" OR social isolat* OR stress OR pressure OR blame OR stigma
3. child* AND SEND OR challenging behav* OR disability OR disabled OR "problem* behav*" OR adjust* AND "Parental conflict" OR "Marital conflict" AND financial OR income OR unemploy-

¹ Grant, M. & Booth, A. (2009) A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal*(26) 2, 91–108

ment OR poverty OR “economic pressure” OR debt AND UK OR “United Kingdom”

4. child* AND SEND OR challenging behav* OR disability OR disabled OR problem* behav* OR adjust* AND Father* OR Mother* OR Carer* AND “Parental conflict” OR “Marital conflict” AND diagnosis OR transition OR timing
5. child* AND SEND OR challenging behav* OR disability OR disabled OR problem* behav* OR adjust* AND Father* OR Mother* OR Carer* AND “Parental conflict” OR “Marital conflict” AND UK OR United Kingdom AND outcomes OR impact OR child* wellbeing

Grey literature was also sourced from a range of websites relevant to the topic area, including national and local government, the voluntary sector, and research organisations. A list of references from the above sources/searches was retrieved. Duplicates were removed and the titles, abstracts and tags were screened first. Where it was unclear from abstracts/titles if they should be included in the review, full texts were screened. The inclusion and exclusion criteria were as follows:

- **Types of literature:** Priority was given to systematic reviews, literature reviews and meta-analyses that provide an overview of synthesis of the evidence. Primary studies were included if relevant. Grey literature documents (e.g., policy papers, and government/VCS reports from reliable sources) were included.
- **Date:** only papers published since 1 January 2011 were included.
- **Full-text:** only papers with full text available were included.
- **Country of publication:** international papers were included, although UK (or UK comparison) studies were considered a priority.
- **Language:** only papers written in English were included.

In total, 22 articles of relevance were identified across the review categories and included in this rapid review.

Evidence assessment and extraction

The 22 identified articles included in this review were quality appraised (QA) by one research officer to provide an indication of the methodological quality of the study. The Mixed Methods Appraisal Tool² (MMAT, 2018) was utilised for primary studies, systematic reviews. Meta-analysis articles were appraised through the Quality Assessment Tool for Review Articles³; narrative review articles were appraised through the SANRA tool.⁴ Evidence from each study was extracted and grouped according to the outcome domains measured, and in-line with the outcomes of interest discussed in the introduction.

2 Hong, Q. N., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P. & Pluye, P. (2018). The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers. *Education for information*, 34(4), 285–291.

3 Health Evidence TM (2005). Quality Assessment Tool – Review Articles: <https://www.healthevidence.org/documents/our-appraisal-tools/quality-assessment-tool-dictionary-en.pdf>

4 Baethge, C., Goldbeck-Wood, S., & Mertens, S. (2019). SANRA—a scale for the quality assessment of narrative review articles. *Research integrity and peer review*, 4(1), 1–7.

Light-touch programme assessment

Four interventions have been assessed for this guide: Nonviolent Resistance (NVR) for ADHD; Stop Now and Plan (SNAP) Boys; the Early Pathways Program; and Parent-Child Interaction Therapy. These interventions have been selected because they are currently delivered in the UK to support parents of children with distressed behaviours, and preliminary evaluation studies underpinning their evidence were identified. To conduct the light-touch assessment, we used the following approach:

1. We searched for impact evaluations of the selected interventions using the following search string on Google Scholar: impact OR evaluate OR evaluation OR intervention OR result OR affect OR effective OR efficacy OR efficacious OR trial OR study “intervention name”.
2. At least the first five result pages were screened for relevance of title and abstract, and where applicable full text level. Where there were relevant hits on pages four or five, three further pages were searched. Only papers with a full text available in English were included. We did not include time restrictions, and both peer-reviewed articles and grey literature were included.
3. We only assessed the most robust study. To select the most robust study, priority was given to impact evaluations which:
 - » reported parent/interparental outcomes and measured child outcomes, or reported only child outcomes.
 - » were conducted in the most robust way. For instance, we prioritised randomised controlled trials (RCTs) over quasi-experimental designs (QEDs), or selected studies with the larger sample or those reporting information on attrition or baseline equivalence.

After having selected the most robust study underpinning each intervention, we conducted a preliminary assessment, examining the quality of the study design, sample, measurement, analysis and impact. The results of our assessment are described in the ‘Evidence’ column in the table below.

Please note that the other intervention included in the intervention table presented in the ‘BUILD’ section of the guide has been assessed as part of the [EIF Guidebook](#). You can find out more about the evidence underpinning such interventions on the corresponding Guidebook page, in the ‘About the evidence’ section.

| Intervention | Description | Evidence | References |
|--|---|---|--|
| <p>Nonviolent resistance (NVR) for ADHD</p> | <p>This is a targeted indicated intervention for parents of children with ADHD. It focuses on the parents' ability to stabilise the child through presence, self-control, support and structure. The intervention is delivered through 12 sessions with parents and two weekly telephone conversations with a supporter.</p> | <p>The intervention has evidence on child and parent outcomes from one RCT conducted in Israel. The conclusions drawn from this study are limited by the lack of information about equivalence of the study groups post-attrition.</p> | <ul style="list-style-type: none"> Schorr-Sapir, I., Gershy, N., Apter, A., & Omer, H. (2021). Parent-Training in Non-Violent Resistance for Children with Attention Deficit Hyperactivity Disorder: A Controlled Outcome Study. <i>European Journal of Child and Adolescent Psychiatry</i>.1007/s00787-021-01723-8. |
| <p>Stop Now And Plan (SNAP) boys</p> | <p>This is a targeted indicated intervention for boys aged 6 to 11 years old at risk of antisocial or aggressive behaviour and their parents/carers. Parents/caregivers are taught strategies to help them cope with their emotions and self-regulation as well as effective parent management strategies. Boys learn effective emotion regulation, self-control and problem-solving skills. The intervention is delivered via 12 weekly 90-minute group sessions, with 60-minute weekly top up sessions as required.</p> | <p>The intervention has evidence on child and parent outcomes from one RCT conducted in Israel. The conclusions drawn from this study are limited by the lack of information about equivalence of the study groups post-attrition. Additionally, as this trial evaluated the boy's model of the SNAP programme, the findings cannot be generalised to the general population.</p> | <ul style="list-style-type: none"> Burke, J. D., & Loeber, R. (2015). The effectiveness of the Stop Now and Plan (SNAP) Program for boys at risk for violence and delinquency. <i>Prevention Science</i>, 16(2), 242-253. Burke, J. D., & Loeber, R. (2016). Mechanisms of behavioral and affective treatment outcomes in a cognitive behavioral intervention for boys. <i>Journal of abnormal child psychology</i>, 44(1), 179-189. Derella, O. J., Johnston, O. G., Loeber, R., & Burke, J. D. (2019). CBT-enhanced emotion regulation as a mechanism of improvement for childhood irritability. <i>Journal of Clinical Child & Adolescent Psychology</i>, 48(sup1), S146-S154. |

| Intervention | Description | Evidence | References |
|--|--|--|--|
| <p>Early Pathways Program</p> | <p>This is a targeted indicated intervention for parents of children under the age of 6 with significant behaviour and/or emotional problems and who live in poverty. The intervention focuses on the parent-child relationship and reducing challenging child behaviours. The intervention is delivered over eight to 10 sessions, once a week for one–two hours per session. Additional sessions can be conducted and therapy is terminated when the therapist and parent agree treatment goals have been met.</p> | <p>The intervention has evidence on child and parent outcomes from one RCT conducted in the US. The conclusions that can be drawn from this study are limited by high attrition and the lack of information about equivalence of the study groups post-attrition. Additionally, the sample of this trial are predominantly male and of African American or Latino ethnicity which limits the generalisability of the findings.</p> | <ul style="list-style-type: none"> Harris, S. E., Fox, R. A., & Love, J. R. (2015). Early pathways therapy for young children in poverty: A randomized controlled trial. <i>Counseling Outcome Research and Evaluation, 6</i>(1), 3–17. |
| <p>Parent-child interaction therapy</p> | <p>This is a targeted indicated intervention for children aged 2 to 7 years, with behaviour and parental relationship problems, and their parents/caregivers that focuses on decreasing child behaviour problems and improving the parent-child relationship. The intervention is conducted in a one-to-one format with the therapist covertly observing and providing immediate feedback to the parent. Treatment continues until pre-defined criteria goals are met.</p> | <p>The intervention has evidence on child and parent outcomes from one RCT conducted in Norway. The conclusions that can be drawn from this study are limited by the lack of information about equivalence of the study groups post-attrition. Additionally, the sample of this trial is relatively small which may limit the generalisability of findings.</p> | <ul style="list-style-type: none"> Bjørseth, Å., & Wichstrøm, L. (2016). Effectiveness of parent-child interaction therapy (PCIT) in the treatment of young children's behavior problems. A randomized controlled study. <i>PLoS one, 11</i>(9), e0159845 |