



Are the voices of parents heard? A scoping review of satisfaction in parenting programs

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ARTICLE INFO

Keywords:

Parental satisfaction
Parent intervention
Scoping review
Evidence-based practice
Measures
Parent perspectives

ABSTRACT

Parenting programs are an effective approach to promote positive parenting. In evidence-based practice, client's values and preferences contribute to promoting quality, and are a crucial component of service evaluation. The current scoping review summarizes quantitative research that examines parental satisfaction with parent training for families with child conduct problems. We aimed to know how much research had been undertaken; what measures have been used; and what were the findings related to parental satisfaction. A scoping review was conducted to retrieve peer-reviewed original articles.

Out of 420 papers 5.5 % obtained data on parental satisfaction. Seven different measures were used, mainly Therapy Attitude Inventory and Client Satisfaction Questionnaire. Out of 23 papers, ten studies reported Cronbach's alpha coefficients on the assessment that was used to evaluate parental satisfaction. All of the 23 included studies found that parents are very satisfied with the parenting program they have received.

The findings indicate that only a few studies included parents' values and preferences in quantitative evaluation studies on parental programs. In addition, there is a limited arsenal of assessment tools to measure what matters to parents. There is a need to develop measures with high psychometric quality, which will promote more quality in service evaluation.

1. Introduction

Parent training programs aim to teach positive parenting skills that promote safe, nurturing, and non-violent home environments aimed at improving problem child behavior. Using the theoretical principles of social learning theory, studies show the programs have been effective for decades (Garland, Hawley, Brookman-Fraze, & Hurlburt, 2008; Reyno & McGrath, 2006), and that they work across countries (Gardner, Montgomery, & Knerr, 2016), and in a different cultural settings (Furlong et al., 2012; Gardner et al., 2016; Reyno & McGrath, 2006). However, the programs differ widely in their contextual settings, levels of intensity and duration, in the educational level of the program deliverers, and in the use of either individual or group training. All these differences may have implications for parents, who could prefer or respond better to one format over another. Thus, obtaining data on parental satisfaction is crucial when evaluating parent training interventions.

Like child welfare services in general, parent training programs have

a long tradition of including the client's insight as a way to secure and increase uptake (McMahon, Tiedemann, Forehand, & Griest, 1984; Tilbury, Osmond, & Crawford, 2010). Working in partnerships with families has been shown to contribute to client (parental) satisfaction, which is crucial when providing services that include voluntary and corrective parental interventions (Tilbury et al., 2010). The benefits that clients obtain are just as important as the way the program is delivered, and both are key components of parental (client) satisfaction (McMahon et al., 1984; Tilbury et al., 2010). Parent's perspectives are a component of the international definition of evidence-based practices in social and health services. The American Psychological Association (APA) defines evidence-based practices as: (1) use the best available evidence, (2) consider practitioners' work and clinical experience, and (3) include the clients' characteristics, values, contexts, and preferences (APA, 2006). When data from these different sources are integrated, it will secure the continuous improvement and quality of health and welfare services (APA, 2006).

Parental satisfaction is important for securing continuous

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improvement and quality assurance for these parenting programs, and it may impact the effectiveness of parenting interventions. It is also an element that can provide useful information about the suitability of the parental program. A focus on parental perspectives on participation could give insights for overcoming barriers (hostility and drop-out rate) that hinder participation in parental interventions by placing therapists or program deliverers in a better position to work with families to increase positive parenting. In parenting interventions with ethnic minority families, the parental perspective can be a great value because disadvantaged groups, like ethnic minority families, are difficult to recruit, as well as to retain in treatment, and more sustained support to maintain their treatment gains is needed (Furlong et al., 2012).

Despite the need for information on parental satisfaction, scholarship shows that decision-makers, practitioners, and researchers do not routinely collect or integrate data on parent's values and preferences into programs or research (Furlong et al., 2012; Tilbury & Ramsay, 2018). This highlights a need to invest in measures that will help to assess if parent-training programs deliver what matters most to parents, and under which circumstances they are able to do so. Based on the literature (McMahon et al., 1984; Tilbury et al., 2010), and the definition of evidence-based practice (APA, 2006), we define parental satisfaction in this article as the participants' view on the quality of the services delivered, and/or the benefit experienced by the parent. This is in line with McMahon and Forehand's definition of "consumer satisfaction as satisfaction with treatment outcome. In addition, three additional aspects of consumer satisfaction will be evaluated: satisfaction with the therapist, with various treatment procedures or skills, and with the teaching format employed in the treatment program" (McMahon & Forehand, 1983).

This paper presents the results of a scoping review of published, peer-reviewed studies on parental intervention programs that include a quantitative component on parental satisfaction in the study design. We aimed to know how much research on parent training that includes parental perspectives about satisfaction has been undertaken; what measures have been used; and finally, what are the findings related to parental satisfaction.

2. Methods

We conducted a scoping review using Arksey and O'Malley's approach in order to synthesize scientific knowledge and identify research gaps (Arksey & O'Malley, 2005). Because of their greater visibility in the social and health sciences, our selected databases for this study were Medline, Embase, PsychINFO, and Web of Science. We did not limit the search by year, but limited the selection to papers written in English. Humans were used as the limiting term. Three thematic filters were developed to identify the evidence: a. filter related to parental satisfaction; b. filter related to parenting interventions; and c. filter related to behavioral problems. The Boolean operators "AND" and "OR" were used to recover all the existing literature that concerned the aims of the study. Only keywords were used as natural words in the aforementioned databases. In the first thematic filter, the word satisfaction was used to increase the specificity of the search strategy. Box 1 includes the details of the search strategy.

The main criteria for including articles in the scoping review were: a) parenting interventions that strengthen positive parenting among parents with children with conduct problems, b) interventions that include parents and/or children, c) studies where the target population was between 3 and 12 years, d) group and individual interventions organized voluntary and/or governmental sectors, and e) studies with quantitative designs, such as randomized controlled trials, quasi-experimental. The following criteria for excluding papers were used: a) studies based only on qualitative data was excluded, b) articles where the children were diagnosed with any type of intellectual disability, developmental delay, and/or an autism spectrum disorder, c) non-original papers such as theoretical reviews, book reviews, letters, editorials, summaries of conferences, historical papers, and papers without abstract were excluded. See Box 2 for details.

An iterative approach to the selection of studies was used. First, RB and GOB identified potentially relevant articles by screening the title of the studies. When this proved to be inconclusive for assessing potential relevance, abstracts were read to decide whether a specific study should be included. Differences of opinion regarding eligibility were resolved through consensus adjudication between the two authors. Detected studies describing parental satisfaction outcomes were included, and

Box 1

Summary of the search strategy used in the scoping review.

Three thematic filters were developed:

a) *Filter related to parental satisfaction:* "Parent* satisfaction" OR "Maternal satisfaction" OR "Mother* satisfaction" OR "father*satisfaction" OR "Famil* satisfaction" OR "consumer satisfaction" OR "Client satisfaction"

b) *Filter related to parenting interventions:* "Parent* program*" OR "Parent* intervention*" OR "Parent* train*" OR "Parent* educat*" OR "Parent/family intervention*" OR "famil* program*" OR "famil* intervention*" OR "famil* train*" OR "famil* educat*" OR "Behavio* train*" OR "Behavio* intervention*" OR "Behavio* program*" OR "Behavio* parenting intervention" OR "Behavio* family intervention" OR "Parent-Child Interaction Therapy" OR "BFI program" OR "Triple P-Positive Parenting Program" OR "Positive parenting program*" OR "Parent Management Training - Oregon Model" OR "The Incredible Years" OR "Oregon Model" OR "Chicago Parent Program" OR "Common Sense Parenting" OR "Strong African American Families Program" OR "Universal prevention" OR "The Family Check-Up" OR "The Oregon Model of Behavior Family Therapy" OR "positive parenting" OR "parenting early intervention pathfinder" OR "Triple P" OR "cognitive behavior therapy" OR "evidence-based Program*" OR "Parent management train*" OR "parent-based intervention*" OR "Parent* Plus Adolescent Program*" OR "Effective parenting" OR "evidence-based parenting program*" OR "family-based intervention*" OR "Parent* Plus" OR "based parenting Program*" OR "PACE program" OR "parent management training" OR "Enhance Positive Parenting (STEPP) program" OR "behavior* parent training"

c) *Filter related to behavioural problems:* "conduct disorder*" OR "conduct problem*" OR "conduct difficult*" OR "behavior* disorder*" OR "behavior* problem*" OR "behavior* difficult*" OR "aggressive behavior*" OR "emotional behavior* problem*" OR "emotional behavior* disorder*" OR "emotional behavior* problem*" OR "child* behavior* problem*" OR "child* problem* behavior*" OR "child* behavior* disorder*" OR "antisocial behavior*" OR "antisocial problem*" OR "antisocial difficult*" OR "externalizing disorder*" OR "externalizing problem*" OR "disruptive behavior*" OR "Child behavior* problem*" OR "Child behavior* disorder*" OR "Attention Deficit Disorder with Hyperactivity" OR "Aggression" OR "Impulsive Behavior*" OR Stress OR "disruptive behavior* disorder*" OR "Attention Deficit and Disruptive Behavior Disorders" OR "Attention Deficit Disorder with Hyperactivity" OR "Disruptive behavior* problem*" OR "Oppositional Defiant Disorder" OR Anxiety OR "Obsessive-compulsive disorder*" OR "Attention-Deficit/Hyperactivity Disorder (ADHD)" OR ADHD.

Box 2

Inclusion and Exclusion Criteria for the included articles in the analysis.

	Inclusion	Exclusion
Databases	Web of Science, Psych INFO, Medline, Embase	All other databases
Time frame	No time restriction	
Publication types	Peer-reviewed original articles that were available online in full text.	Articles not available online in full text. Reviews, conference proceedings, short papers, editorials, book chapters
Types of studies	Studies with quantitative designs, such as randomized controlled trials, quasi-experimental, etc.	Qualitative studies
Focus	Studies focused on parenting interventions that strengthen positive parenting among parents with children with behavioural problems. Only interventions that include parents and/or children. Group and Individual interventions organized voluntary and/or governmental sectors.	Interventions that did not address the measures of parental satisfaction regarding intervention. Parenting training that is used together with medical treatment among children with behavioural problems Interventions that are applied to children with conduct problems, which are the results of drug use. Parenting training that only applied to children. Parenting training that uses, online, self-administered intervention, among others. Children with disabilities (any type & severity), autism, Asperger, etc.
Language	English	Languages other than English.
Target population	Studies where the target population was between 3 and 12 years.	Target population with different age range.

subsequent full-article data extraction finalized the application of the inclusion criteria. For data extraction, a questionnaire was developed with the following variables: (a) general characteristics: authors, title, year of publication, and journal; (b) Methodological information: aim, materials and methods (design used, period of the study, sample size, type of population, information related to the parenting intervention, as well as, information about parental satisfaction, scale used, principal results and limitations). Both the authors reviewed all the papers. Regarding to the scale that measures parental satisfaction, the authors collected the Cronbach's alpha score to estimate the reliability of a psychometric test. This score is a function of the number of items in the assessment, the average covariance between item-pairs, and the variance of the total score (Cronbach, 1951). For the scales, a score between 0.70 to 0.99 means that the instrument has acceptable to excellent internal consistency. Ethical approval was not required for this study, as all sources included were in the public domain.

3. Results

In total, 420 articles were identified from searches of electronic databases. After screening for title and abstract, 61 studies were selected, and their full text was obtained. Twenty-three were included in the final review due they met the inclusion criteria and included the measures of parental satisfaction regarding the intervention. The flow diagram illustrates the selection process (see Fig. 1).

3.1. Studies of parental satisfaction

The general characteristics of the studies are summarized in Table 1. Most of the articles were published after the year 2000 ($n = 20$), of which ten were published between 2006 and 2010. Only three papers were published before the year 1995. Of the 23 articles, 12 came from North America, mainly from the United States of America ($n = 10$), Canada ($n = 1$) and Puerto Rico ($n = 1$). Only five studies were published in Europe, primarily in Norway ($n = 2$), Sweden ($n = 2$), and the

United Kingdom ($n = 1$). The studies were mainly designed as randomized controlled trials ($n = 17$), and 2 studies were described as quasi-experimental. The majority of the articles were referring to parenting interventions such as The Incredible Years ($n = 6$), Triple P ($n = 5$), and PMTO ($n = 2$) (see Table 1).

Regarding the participation of parents, the included studies show that most of the studies recruited both parents ($n = 18$), while some of them focused exclusively on mothers ($n = 4$). Only one study was conducted among fathers (Fabiano et al., 2009). Of the 23 studies, only four were aimed at interventions adapted to ethnic minority parents with children with behavioral problems (Bjørknes & Manger, 2013; Martinez & Eddy, 2005), or indigenous parents such as Maori (Fergusson, Stanley, & Horwood, 2009; Keown, Sanders, Franke, & Shepherd, 2018).

3.2. Assessment of parental satisfaction

The majority of the studies used two of the 7 scales identified, the Therapy Attitude Inventory (TAI) ($n = 6$) and the Client Satisfaction Questionnaire ($n = 6$). The first scale is used to measure consumer satisfaction in the process and outcome of parent training. The second is a tool adapted from TAI that includes 13 items that mainly address the quality of the service provided, as well as how the program managed to meet the need of the parents involved in the interventions. Three studies used the Consumer Satisfaction Questionnaire, a scale composed of 30 items that assess both the general satisfaction of the treatment and the participants' perceptions regarding the difficulty and usefulness of the individual sessions. Other scales such as The Parent Satisfaction Questionnaires (PSQ) ($N = 2$) and The Incredible Years Parent Program Satisfaction Questionnaire ($N = 2$) were used to measure the parents' level of satisfaction regarding the overall program, the techniques, and their usefulness, as well as their satisfaction with the facilitator. As Table 2 is showing, for some scales the original reference was not provided by the authors. However, it should be mentioned that the scales identified have an original reference, but not reported by the authors. The table was made based on the information provided by the authors in

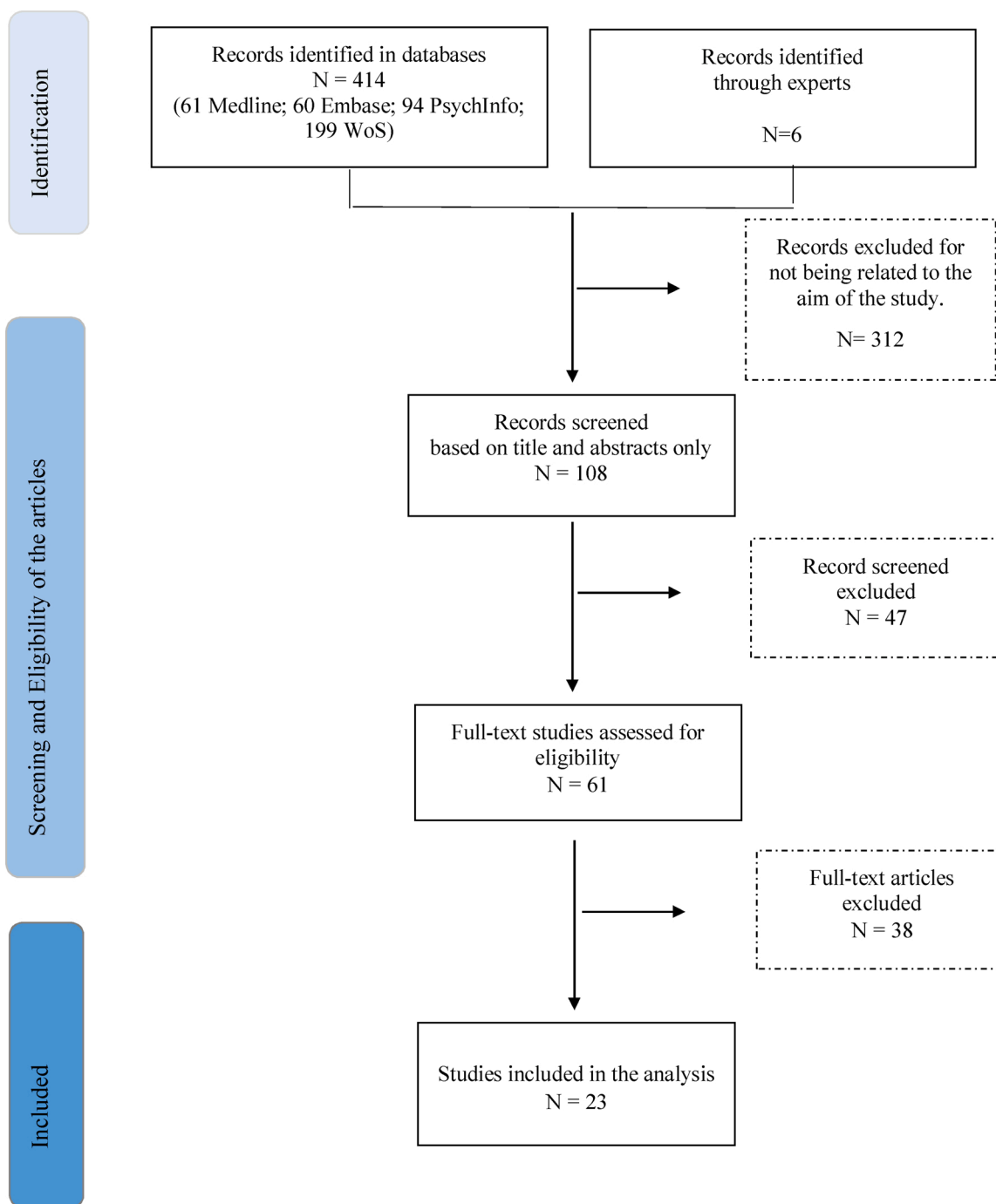


Fig. 1. Flow diagram of the study selection.

the articles. It should also be noted that the studies that have used the Client Satisfaction Questionnaire use Sanders et al., 2000 as the reference. For the Parent Satisfaction Questionnaire Letarte and college (2000) use the references of Reid, Webster-Stratton and Beauchaine (2001). Both of these references are evaluation studies.

Ten out of 23 studies reported the Cronbach's alpha coefficients to report reliability. The Client Satisfaction Questionnaire (Bor, Sanders, & Markie-Dadds, 2002; Boyle et al., 2010; Keown et al., 2018; Kolko et al., 2014; Sanders, Markie-Dadds, Tully, & Bor, 2000) and Family Satisfaction survey (Bjørknes & Manger, 2013; Ogden & Hagen, 2008) had all a high Cronbach's alpha score, range between 0.94 to 0.96 and 79–89 scores, respectively. In Table 2, there is a description of the measures used for measuring parental satisfaction and their respective Cronbach's

alpha coefficients.

3.3. Reported results on parental satisfaction

The studies used diverse scales for measuring parental satisfaction, and most had presented their results by highlighting some of its components. Overall, the studies show a high level of parental satisfaction with the quality of the intervention, content, delivery, and results of the parenting interventions. Studies that used the Therapy Attitude Inventory reported greater consumer satisfaction with the treatment process when compared to the control condition (Bernal, Klinnert, & Schultz, 1980; Fabiano et al., 2009; Matos, Bauermeister, & Bernal, 2009). Regarding the outcome component of TAI, fathers and mothers

Table 1
General characteristics of the included studies (N = 23).

Characteristics	Frequency	%
Year of publication		
Before 1995	3	13.04
1995–1999	0	0.00
2000–2005	5	21.74
2006–2010	10	43.48
2011–2015	4	17.39
2016–2018	1	4.35
Origin of publications		
North America		
EE. UU	10	43.48
Canada	1	4.35
Puerto Rico ^a	1	4.35
Europe		
Norway	2	8.70
Sweden	2	8.70
United Kingdom	1	4.35
Oceania		
Australia	3	13.04
New Zeland	3	13.04
Study design		
RCT	17	73.92
Quasi-experimental	2	8.70
Single group intervention	4	17.39
Sample of parents		
Both parents	18	78.26
Only mothers	4	17.39
Only fathers	1	4.35
Name of the parenting intervention		
The Incredible Years	6	26.09
Triple P- Positive Parenting Program	5	21.74
PMTO	2	8.70
BTP Program	1	4.35
Parent Management Training	1	4.35
STEPP program	1	4.35
Parent-Child Interaction Therapy (PCIT)	1	4.35
Parent Stress Mangement Program (PSM)	1	4.35
ADVANCE program	1	4.35
NUESTRAS Familias	1	4.35
FAMILY Intervention Project	1	4.35
Doctor Office Collaborative Care (DOCC)	1	4.35
Community-Clinic-Based Parent Intervention	1	4.35

^a Puerto Rico is considered a free-associated state – an unincorporated territory of the United States.

showed higher levels of satisfaction when compared to parents involved in control interventions (Bernal et al., 1980). A study among single mothers reported satisfaction with the process as well as the outcomes, both components of TAI (Chacko et al., 2008). Therapists were found to be more helpful for parents that were either involved in a behavioral parent-training program than those involved in a client-centered parent counseling for children with conduct disorders (Bernal et al., 1980). In the study conducted by Gardner (Gardner, Burton, & Klimes, 2006), 75 % of the parents reported an improvement of the children's behavioral problems and 97 % found the acquired skills useful after their participation in the parenting program. Only one study showed no significant association between the completion of the parenting programs and the post-intervention process satisfaction (Lavigne et al., 2010).

In parenting interventions, the use of client satisfaction questionnaires has shown moderate to high levels of parental satisfaction regarding the quality, ease of use, and appropriateness of the program (Bor et al., 2002; Boyle et al., 2010; Keown et al., 2018; Sanders et al., 2004). In studies where the parent intervention was compared with a control condition, parents reported greater satisfaction (Bor et al., 2002; Keown et al., 2018; Kolko et al., 2014; Sanders et al., 2000). A study showed that 90 % of parents were satisfied with the program, and almost 85 % reported that it helped them manage their children's behavior problems more effectively (Keown et al., 2018).

Regarding the Consumer Satisfaction Questionnaire, significant effects were found for the mother's satisfaction after 1-year follow-up in a

training program for families with children with behavioral problems (Webster-Stratton, Hollinsworth, & Kolpacoff, 1989). In other studies this scale has shown that not only mothers but also fathers report high levels of satisfaction in relation to the usefulness and ease of implementation of the parenting skills learned (Treacy, Tripp, & Baird, 2005; Webster-Stratton, 1994).

The Parental Satisfaction Questionnaire has shown higher satisfaction among those who participated in implemented interventions when compared to those receiving standard interventions. More than 90 % of the parents were positive about the intervention (Fergusson et al., 2009; Letarte, Normandeau, & Allard, 2010). These levels of satisfaction are held also among parents with an ethnic minority background (Fergusson et al., 2009). In addition, 88.5 % of parents described the benefits they obtained from the program as good/very good, and reported great confidence in their parental abilities to solve problems related to child's conduct problems (Letarte et al., 2010).

The Parental Satisfaction Questionnaire is an adapted tool for the parenting program "Incredible years". These measures not only obtain data parents' level of satisfaction regarding the overall program, but also techniques, usefulness, as well as satisfaction with the facilitator were measured (Axberg & Broberg, 2012; Axberg, Hansson, & Broberg, 2007). Two studies reported 97 % and 31 % of the parents reported having either positive or very positive satisfaction levels regarding the intervention. Most of the parents in both studies (Axberg & Broberg, 2012; Axberg et al., 2007) felt the programs were appropriate (33 %; 26 %) or very appropriate (55 %, 68 %) when it came to changing their child's behavior problem. Parents also found most of the techniques either useful (36 %) or extremely useful (49 %) (Axberg et al., 2007). However, different results were found among mothers regarding the techniques, which were found easy to use (29 % somewhat easy, 12 % slightly difficult or difficult 3 %) (Axberg et al., 2007).

Studies that used the Family Satisfaction Survey (Bjørknes & Manger, 2013; Ogden & Hagen, 2008) and the Parent Satisfaction Index (Canu & Bearman, 2011) also found high levels of parental satisfaction among both fathers and mothers post-intervention, and the parents regarded the program as one of high quality (Bjørknes & Manger, 2013; Canu & Bearman, 2011). They also felt strongly that they would recommend the intervention to other members or family (Bjørknes & Manger, 2013). A significant difference was found regarding the satisfaction with the treatment of those who were involved in PMTO intervention versus usual treatment (Ogden & Hagen, 2008). In PMTO families, this satisfaction was associated with higher treatment fidelity, which correlated positively with parental involvement and effective discipline.

Finally, only one study had no explicit mention of the scale that was utilized, and parental satisfaction was measured through perceived satisfaction (Martinez & Eddy, 2005) (Table 3).

4. Discussion

This review was conducted with the purpose of identifying how much research on parental satisfaction with parent training for families with child conduct problems had been undertaken; what measures have been used; and what were the findings related to parental satisfaction. Our findings revealed that there was a scarcity of studies that evaluated parent satisfaction in parenting interventions; and out of 420 papers, only 5.5 % obtained quantitative data on parental satisfaction. Further, we found that seven different measures that were used, mainly Therapy Attitude Inventory (Brestan, Jacobs, Rayfield, & Eyberg, 1999) and Client Satisfaction Questionnaire. Out of 23 papers, only ten studies reported Cronbach's alpha coefficients on the assessment that was used to evaluate parental satisfaction. All of the 23 included studies concluded that parents were very satisfied with the parenting program they had received.

Parent's perspectives (including characteristics, values, contexts and preferences) are an important component in evidence-based practice for securing quality in health and welfare services (APA, 2006). Despite

Table 2
Measurement used to measure parental satisfaction in parent training.

Measure	Reference	Description	Article	Cronbach alfa coefficient
Therapy Attitude Inventory (TAI)	Brestan et al. (1999) . A consumer satisfaction measure for parent-child treatments and its relation to measures of child behavior change. <i>Behavior Therapy</i> , 30, 17–30.	The TAI is a consumer satisfaction measure of parent training, parent-child treatments, and family therapy. The scale addresses topics confidence in discipline skills, quality of the parent-child interaction, child behavior, and overall family adjustment. The scale has 10 items and ratings on 5-point scales.	Bernal et al., 1980 Chacko et al., 2008 Fabiano et al., 2009 Gardner et al., 2006 Lavigne et al., 2010 Matos et al., 2009*	NR NR .76–.93 NR NR NR
Client Satisfaction Questionnaire	Reference for the scale is not provided by the authors.	The Client Satisfaction Questionnaire is a scale to measure consumer satisfaction with health and human services. It addresses the quality of service provided; how well the program met the parents' needs, increased the parent's skills, and decreased the child's problem behaviors; and whether the parent would recommend the program to others. The scale has 13-items and ratings on 7-point scales.	Boyle et al., 2010 Keown et al., 2018 Kolko et al., 2014 Sanders et al., 2004 Sanders et al., 2000 Bor et al., 2002	.96 .94 NR .96 .96 .96
Consumer Satisfaction Questionnaire	Treacy et al. (2005) refers to Larsen Attkisson, Hargreaves & Nguyen (1979). Reference for the scale is not provided by the authors.	The Consumer Satisfaction Questionnaire is an assessment of client/patient satisfaction. The question assesses general satisfaction with the program and participants' perceptions of the difficulty and usefulness of the individual sessions, practical components, homework assignments, and handouts. The scale has 30 items and ratings on 7-point scales	Treacy et al., 2005 Webster-Stratton et al., 1989 Webster-Stratton, 1994	NR NR NR
Parent satisfaction Questionnaire (PSQ)	Reference for the scale is not provided by the authors.	The PSQ is a questionnaire that measures the parents' level of satisfaction. Parents indicated their satisfaction on their overall satisfaction, program usefulness, satisfaction with facilitator, and techniques usefulness. The scale has 24 items on a 7 point likert scale.	Fergusson et al., 2009 Letarte et al., 2010	NR .57-.95
Family Satisfaction Survey (FSS)	Lubrecht (1992) . Family satisfaction survey. In K. Kutash & T. R. Rivera (Eds.). <i>Measures of satisfaction with child mental health services</i> . Florida Mental Health Institute, University of South Florida (pp. 21–23).	The FSS is a scale that measure caregivers' perception of treatment effectiveness, the quality of their interaction with the therapists, and whether they would recommend the treatment to others. The scale as 12 items on 4-point Likert scales.	Bjørknes & Manger, 2013 Ogden & Hagen, 2008	.79 .85-.87
Incredible Years Parent Program Satisfaction Questionnaire BASIC Parent Program	Webster-Stratton (2001) . The parent and children series: A comprehensive course divided into 4 programs- Leaders' guide. Seattle: The Incredible Years.	The questionnaire evaluates the participants' experience of the overall program as well as the perceived difficulties and usefulness of the teaching format and specific parenting techniques. The scale is rated on a 7-point Likert scale.	Axberg et al., 2007 Axberg & Broberg, 2012	NR NR
Parent satisfaction index (PSI)	Reference for the scale is not provided by the authors.	PSI assesses parent satisfaction with the treatment group on issues as useful techniques, competence of the leaders, usefulness. The scale as 5 items on a 5-point Likert scale.	Canu & Bearman, 2011	.81
Others	Reference for the scale is not provided by the authors.	Questionnaire was used, no description of the scale was reported.	Martinez & Eddy, 2005	NR

Note: NR = not reported.

This table was made based on the information provided by the authors in the articles.

* [Matos et al. \(2009\)](#) also report the use of Treatment Evaluation Scale (TES), however it was not included because the nature of the items that does not permit an analysis of psychometric properties.

this, only 5.5 % of the studies obtained quantitative data on parental satisfaction. This is paradoxical, given that parental (clients) voices are an essential component of evaluating service quality in child protective services ([Tilbury et al., 2010](#)), and in parenting interventions ([McMahon & Forehand, 1983](#)). Eighty-six percent of the studies that were identified in this review were published between 2006 and 2018, placing them in the ten-year span after the publication of the APA definition of evidence-based practices. This definition clearly state that client preferences are one of the three pillars of evidence-based practice ([APA, 2006](#)). We can only speculate, but this might explain the increase in measuring this component in our sample. Regardless, it seems that only a few studies obtained quantitative data on parental perspective. This

could occur because, as [McMahon and Forehand \(1983\)](#) found, there were difficulties in the measures being utilized. It may be that parental satisfaction is routinely recorded by the services, but not published in scholarship. Reasons for this are multifaceted, but since 17 of the studies were RCTs, and 2 were quasi-experimental studies, it is of interest to look at how consumer (parental) perspective is attributed in the Consolidated Standards of Reporting Trials (CONSORT statement). The CONSORT statement gives evidence-based recommendations for reporting randomized trials ([Moher et al., 2010](#)). This statement has great and important impact on the quality of research used in decision-making in healthcare services since it was published in 1996, and revisited in 2001 and 2010. However, CONSORT and its checklist do

Table 3
Main characteristics of the articles selected.

Author- year	Country	Title	Aim	Method /Design	Sample	Findings related to Parental Satisfaction
Axberg et al. (2007)	Sweden	Evaluation of the Incredible Years Series – An open study of its effects when first introduced in Sweden.	To evaluate the IYS Basic parenting groups regarding the effects on children's behaviour management problems (BMP) and on parents, using an open trial approach.	Quasi-experimental	Parents of 113 children aged 3–9	97% of the parents had "positive" (31%) or "very positive" (66%) overall ratings of the treatment program for their child and family. 98% would "recommend" (18%) or "strongly recommend" (80%) the program to a friend or relative. The parents experienced that "the major problems that had prompted them to begin the treatment for their child" had "improved" (40%) or "greatly improved" (44%) and felt that the approach used to change their child's behaviour problems in the program was "appropriate" (33%) or "very appropriate" (55%). The parents found the overall techniques "somewhat easy" (36%), "easy" (40%) or "extremely easy" (12%) to use, but nevertheless some parents found them "difficult" (1%) or "slightly difficult" (6%). The parents found the techniques "somewhat useful" (10%), "useful" (36%) or "extremely useful" (49%), despite them not always being so easy to use.
Axberg and Broberg (2012)	Sweden	Evaluation of The Incredible Years in Sweden: The transferability of an American parent-training program to Sweden.	To evaluate the transferability of the IYP Basic Parent-training program from an American to a Swedish clinical context.	RCT Incredible Years parent-training program intervention vs waiting list control	Parents of 62 children aged 4-8	The mothers did not find the techniques taught in the intervention so easy to use. 44% found them "easy" (38%) or "very easy" (6%) to use; 29% found the techniques "somewhat easy", and a minority found them "slightly difficult" (12%) or "difficult" (3%) to use. The "overall feeling" about the program was "positive" (21%) or "very positive" (79%). A large majority of the mothers felt that the approach used to change their child's behavior problems was either "very appropriate" (68%) or "appropriate" (26%), and all of the mothers declared that they would either "recommend" (6%) or "strongly recommend" (94%) the program.
Bernal et al. (1980)	USA	Outcome evaluation of behavioral parent training and client-centered parent counseling for children with conduct problems.	To address the effectiveness of parent training in reducing conduct problems in children in comparison to client-centered parent counseling.	RCT Behavioral parent training vs client-centered parent counseling vs wait control group	36 parents and their children aged 5–12	Parent satisfaction was higher in the behavioral group, but this was not maintained at follow-up. A summary rating of overall feelings toward the treatment program revealed higher ratings by both fathers and mothers from the behavioral group: fathers, $t(9) = 3.33$, $p < 0.01$; mothers, $t(11) = 3.02$, $p < 0.01$. Behavioral group parents rated their treatment model more highly than did the other groups: mothers, $t(11) = 2.28$, $p < 0.05$; fathers, $t(9) = 2.84$, $p < 0.05$. Furthermore, they felt that their therapists were of more help than did the client-centered group parents: mothers, $t(11) = 3.41$, $p < 0.01$; fathers, $t(9) = 3.75$, $p < 0.01$. Fathers, but not mothers, from the behavioral group rated

(continued on next page)

Table 3 (continued)

Author- year	Country	Title	Aim	Method /Design	Sample	Findings related to Parental Satisfaction
Bjørknes and Manger (2013)	Norway	Can Parent Training Alter Parent Practice and Reduce Conduct Problems in Ethnic Minority Children? A Randomized Controlled Trial.	To evaluate the effectiveness of Parent Management Training-Oregon Model (PMTO) for a sample of Somali and Pakistani ethnic minority mothers and their children in Norway and to study retention rate and overall program satisfaction within the intervention.	RCT PMTO intervention vs wait-list control	96 mothers and their children aged 3–9	their therapists as more skillful than did the fathers from the client-centered group, $t(9) = 2.84, p < .05$. Beside these differences, parents from the two treatment groups did not differ in their personal feelings toward the therapists. Mother's satisfaction with the program was high at post-intervention. The mean score for overall satisfaction was $M=3.69$ ($SD=0.35$), this showed strong positive support for the intervention. They reported that the quality of the intervention was high (83 % excellent, 17 % good) and they also strongly supported recommending this intervention to other families or using it again in their own family (88% yes definitely, 12% yes probably). The mean CSQ score was 71.4 ($SD = 9.99$) (ranging from 13 to 91) indicating moderate to high satisfaction with the program. The mothers' mean program score ($M = 72.22, SD = 10.2$).
Boyle et al. (2010)	USA	An Analysis of Training, Generalization, and Maintenance Effects of Primary Care Triple P for Parents of Preschool-Aged Children with Disruptive Behavior.	To explore the across setting generalization effects of the Primary Care Triple P (PCTP) intervention on parents of preschool-aged children with moderate severity conduct problems. To explore parental acceptability of PCTP and associated outcomes.	Single group intervention	10 children, aged 3-7, from 9 two parent-families. Children and parents participated in the study	No significant difference between conditions was evident on consumer satisfaction, $t(29) = 0.61, ns$, with all mothers reporting high levels of satisfaction with the program they received (EBFI: $M = 72.33, SD = 13.05$; SBFI: $M = 74.89, SD = 10.41$).
Bor et al. (2002)	Australia	The effects of the Triple P-Positive Parenting Program on preschool children with co-occurring disruptive behavior and attentional/hyperactive difficulties.	To compare the effectiveness of an adjunctive intervention (enhanced behavioral family intervention [EBFI] with a standard individual intervention program (SBFI) and WL control group.	RCT Randomized group comparison design with three conditions (EBFI, SBFI, and WL)	87 families (Subgroup of children from Sanders, Markie-Dadds, Tully, et al. (2000))	Parents indicated very high levels of satisfaction with the content, delivery, and results of the training program (satisfaction index $M = 4.58$, corresponding to the point between "quite satisfied" and "very satisfied", $SD = 0.40$).
Canu and Bearman (2011)	USA	Community-Clinic-Based Parent Intervention Addressing Noncompliance in Children with Attention-Deficit/Hyperactivity Disorder.	To test the effectiveness of an abbreviated version of Defiant Children parent training intervention for decreasing disruptive behaviour disorders symptoms and related impairment in the context of a community child-guidance center. To establish consumer satisfaction with the intervention in a real-world practice setting.	Single group intervention Intervention was abbreviated version of Russell Barkley's Defiant Children treatment	28 parents of 16 children aged 4–12	To determine the feasibility and preliminary efficacy of the STEPP program with single mothers of children diagnosed with ADHD.
Chacko et al. (2008)	USA	A Pilot Study of the Feasibility and Efficacy of the Strategies to Enhance Positive Parenting (STEPP) Program for Single Mothers of Children With ADHD.	To determine whether a novel format of behavioral parent training (BPT) that included sports activities and parent-child interactions in a father-friendly context resulted in improved child outcomes relative to a standard BPT program.	Single group intervention	12 single-mothers of children aged 5–12	Treatment satisfaction ratings were very positive. Data from the Therapy Attitude Inventory (TAI) indicated that single mothers were very satisfied with the process ($M = 16.59, SD = 1.98$), and the outcomes ($M = 24.10, SD = 2.30$).
Fabiano et al. (2009)	USA	A Comparison of Behavioral Parent Training Programs for Fathers of Children with Attention-Deficit/Hyperactivity Disorder.	To examine the efficacy of the Incredible Years Basic Parent Program (IYBPP), the parent satisfaction with the program, and the extent to which similar outcomes were evident for Maori and non-Maori parents.	RCT Two groups: Standard BTP program vs COACHES program (BTP plus sports)	75 fathers of children aged 6–12	COACHES program resulted in greater consumer satisfaction with the treatment process compared to the standard intervention, $t(65) = 1.84, p < 0.04$. No significant effect on satisfaction with outcome between the two groups.
Fergusson et al. (2009)	New Zealand	Preliminary data on the efficacy of the Incredible Years Basic Parent Program in New Zealand.		Single group intervention Intervention was Incredible Years Basic Parent Program	214 parents of children aged 2–8	Parent satisfaction with the program was high. Nearly 90% of the assessments were positive, 11.4% were neutral and <2% of comments were negative. Scores were similar for Maori, non-Maori and those of unknown ethnicity. No significance between these groups' differences were observed.

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Table 3 (continued)

Author- year	Country	Title	Aim	Method /Design	Sample	Findings related to Parental Satisfaction
Gardner et al. (2006)	United Kingdom	Randomized control trial of a parenting intervention in the voluntary sector for reducing child conduct problems: outcomes and mechanisms of change.	To test effectiveness of a parenting intervention, delivered in a community-based voluntary-sector organization, for reducing conduct problems in clinically referred children.	RCT Two groups: 'Incredible Years' parenting program vs. waiting-list control	76 parents of children aged 2–9	91% of intervention parents liked the group, 75% felt behavior problems had improved, 97% felt they had learned useful skills, 88% felt the group helped with other family problems.
Keown et al. (2018)	New Zealand	Te Whānau Pou Toru: A Randomized Controlled Trial (RCT) of a Culturally Adapted Low-Intensity Variant of the Triple P-Positive Parenting Program for Indigenous Māori Families in New Zealand.	To evaluate the efficacy of Te Whānau Pou Toru, for Māori parents of young children experiencing concerns with conduct-related problems.	RCT Two groups: Te Whānau Pou Toru intervention vs waiting-list control	70 parents of children aged 3–7	Intervention program associated with high level of parental satisfaction (M=72.59, SD=11.98). 90.9% of parents in the intervention group were at least "satisfied" with the program, 87.9% rated quality of services as at least "good", and 84.8% reported that program helped them manage their child's behavior more effectively.
Kolko et al. (2014)	USA	Collaborative Care Outcomes for Pediatric Behavioral Health Problems: A Cluster Randomized Trial.	To assess the efficacy of Doctor Office Collaborative Care (DOCC) for behavior problems, attention-deficit/hyperactivity disorder (ADHD), and anxiety in pediatric primary care.	RCT Two groups: DOCC intervention vs enhanced usual care (EUC) control	321 parents of children aged 5–12	Parents reported greater service satisfaction with DOCC (M=28.9, SD=4.2) than EUC (M=25.5, SD=6.5), ES=0.66, p<0.001.
Lavigne et al. (2010)	USA	Predictors and Correlates of Completing Behavioral Parent Training for the Treatment of Oppositional Defiant Disorder in Pediatric Primary Care.	To examine the role of pretreatment demographic and clinical predictors of attendance as well as barriers to treatment and consumer satisfaction on attendance at therapist-led parent training (nurse-led and psychologist-led).	RCT	86 parents and their children aged 3–6	Treatment completion was not significantly associated to posttreatment process satisfaction, $r(58) = 0.02$ (ns), or outcome satisfaction, $r(58) = 0.20$ (ns).
Letarte et al. (2010)	Canada	Effectiveness of a parent training program "Incredible Years" in a child protection service.	To evaluate the effectiveness of "Incredible Years" group program in improving parenting practices, parents' feeling of self-efficacy and parents' perception of their child's behaviour, implemented in a child protection service for child neglecting behaviors, with trained professionals from the agency acting as facilitators.	Quasi-experimental Two groups: "Incredible Years" program intervention (PTP) vs waiting-list control	45 parents of children aged 5–10	96.1% of parents' reactions to the PTP program were positive or very positive. 88.5% of parents described as good or very good the benefits they obtained from their participation in the PTP and all parents would surely or strongly recommend the program to other parents. Parents also reported having great confidence (38.5%) or very great confidence (34.6%) in their ability to solve future problems with their child at home using the tools discussed during the PTP meetings. With regards to the group, 11.5% of parents reported that they felt the group provided little support, 42.3% felt that the group was quite supportive and according to 46.2% of parents, the group was very supportive. Furthermore, 84.6% of parents would like group meetings to continue.
Martinez and Eddy (2005)	USA	Effects of Culturally Adapted Parent Management Training on Latino Youth Behavioral Health Outcomes.	To test the implementation feasibility and the efficacy of a culturally adapted Parent Management Training (PMT) intervention.	RCT Two groups: Culturally adapted PMT intervention vs control condition (no project-related treatment)	73 families (mother, father, and middle-school-aged youth)	Weekly ratings of parents' satisfaction with the intervention showed very strong indications of satisfaction for mothers and fathers. Overall, the ratings showed that 100% of parents found parenting intervention information somewhat or very helpful. Postintervention program evaluations indicated strong overall satisfaction with the PMT program (mothers' M=4.52, SD=0.65, and fathers' M=4.32, SD=0.69).

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Table 3 (continued)

Author- year	Country	Title	Aim	Method /Design	Sample	Findings related to Parental Satisfaction
Matos et al. (2009)	Puerto Rico	Parent-Child Interaction Therapy for Puerto Rican Preschool Children with ADHD and Behavior Problems: A Pilot Efficacy Study.	To test the efficacy of a culturally adapted version of parent-child interaction therapy (PCIT) in decreasing ADHD symptoms and associated behavior problems in a sample of Puerto Rican preschool children.	RCT Two groups: culturally adapted version PCIT vs waiting-list control	32 families with children, aged 4–6	Mothers expressed high satisfaction with the content and process of PCIT. Therapy attitude inventory (TAI) scores ranged from 41 to 50 (maximum score), with a mean of 47.80 (SD=2.93). Treatment Evaluation Scale (TES) indicated they felt comfortable and understood by their therapists (M=4.82, SD=0.39; maximum score in each category=5), as well as confident and supported (M=4.94, SD=0.24).
Ogden and Hagen (2008)	Norway	Treatment Effectiveness of Parent Management Training in Norway. A Randomized Controlled Trial of Children with Conduct Problems.	To evaluate the effectiveness of PMTO in a nationwide sample of Norwegian families treated in children's services agencies.	RCT PMTO intervention vs regular services (RS) control	112 parents with children aged 4–12	PMTO parents were significantly more satisfied with the treatment they received (M=3.49, SD=0.34) than were parents in the RS group (M=3.17, SD=0.44), $F(1, 75) = 7.54, p < 0.01$. There was no significant difference in therapists' scores between the two conditions on their reported satisfaction with treatment. For PMTO families, greater treatment satisfaction reported by the first parent informants was associated with higher treatment fidelity scores which were correlated positively with parental positive involvement and effective discipline.
Sanders et al. (2004)	Australia	Does Parental Attributional Retraining and Anger Management Enhance the Effects of the Triple P-Positive Parenting Program with Parents at Risk of Child Maltreatment?	To evaluate the effects of an enhanced group-administered behavioral family intervention program based on the Triple P-Positive Parenting Program (EBFI) on parents at risk of child maltreatment.	RCT Two groups: EBFI vs standard behavioral family intervention program (SBFI)	98 families (parents and their children aged 2–7)	Both SBFI and EBFI participants reported comparably high levels of consumer satisfaction with their respective interventions, SBFI (M=86.87, SD= 17.08) and EBFI (M=89.44, SD=15.74), $F(1, 77) = 0.48$
Sanders et al. (2000)	Australia	The Triple P-Positive Parenting Program: A comparison of enhanced, standard, and self-directed behavioral family intervention for parents of children with early onset conduct problems.	To examine the effects of targeting marital conflict and parental depression in family-based early intervention programs for children at high risk of developing conduct problems.	RCT Four groups: enhanced BFI (EBFI), standard BFI (SBFI), self-directed BFI (SDBFI), or wait list (WL).	305 families (with children aged 3)	Mothers reported that they were satisfied with the program they received: for the EBFI condition, $M = 77.48, SD = 11.67$; for the SBFI condition, $M = 74.58, SD = 10.16$; and for the SDBFI condition, $M = 57.65, SD = 12.68$. Fathers also reported similar levels of consumer satisfaction: for the EBFI condition, $M = 77.09, SD = 10.01$; for the SBFI condition, $M = 74.18, SD = 9.37$; and for the SDBFI condition, $M = 53.87, SD = 12.13$. There were significant differences in satisfaction ratings among conditions for mothers, $F(2, 154) = 43.19, p < .000$, and for fathers, $F(2, 99) = 46.12, p < .000$. Parents in the EBFI and SBFI conditions were significantly more satisfied with the program they received than parents in the SDBFI condition.
Treacy et al. (2005)	New Zealand	Parent Stress Management Training for Attention-Deficit/Hyperactivity Disorder.	To assess the effectiveness of a targeted 9-week parent stress management (PSM) program on the parenting stress, mood, family functioning, parenting style, locus of control, and perceived social support of parents of children diagnosed with DSM-IV ADHD.	RCT Two groups: PSM intervention vs waiting-list control	63 parents from 42 families of children aged 6–15	79% of parents anonymously completed consumer satisfaction questionnaires and demonstrated a high degree of satisfaction with the PSM program. Mean ratings on the general satisfaction questions ranged from 5.38 (SD = 0.90), "If a friend were in need of similar help, would you recommend them to the program?" to 6.60 (SD = 0.67), "How

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Table 3 (continued)

Author- year	Country	Title	Aim	Method /Design	Sample	Findings related to Parental Satisfaction
Webster-Stratton et al. (1989)	USA	The Long-Term Effectiveness and Clinical Significance of Three Cost-Effective Training Programs for Families with Conduct-Problem Children.	To determine (a) whether the three treatment groups maintained their initial effectiveness or resulted in significant differences at 1-year follow-up assessments and (b) the extent to which each treatment program produced clinically important changes, that is, improvements within the nonclinical range of functioning.	RCT Four groups: Individually self-administered videotape modeling treatment (IVM) vs group discussion videotape modeling treatment (GDVM) vs group discussion treatment (GD) vs waiting-list control group	114 mothers and 80 fathers of children aged 3–8	satisfied are you with the amount of help you received? At 1-year follow-up, significant effects for mother's consumer satisfaction scores were found, $F(6, 166) = 3.90, p < 0.001$. GDVM mother perceived their children as significantly more improved ($t(87) = 4.45, p < 0.001$) and perceived their treatment program as significantly easier to implement ($t(87) = 3.60, p < 0.001$) than did IVM mothers Follow-up satisfaction questionnaire showed that 57.8% of mothers and 45.5% of fathers were still concerned about at least one behavior problem with their children. ADVANCE mothers and fathers reported higher consumer satisfaction, in terms of usefulness and ease of implementation of the parenting skills, than the GDVM alone group. ADVANCE mothers' ratings of the usefulness of the strategies that they learned in GDVM (e.g., playing, rewarding, ignoring, etc.) were significantly higher than GDVM-only mothers' ratings. ADVANCE fathers rated the strategies that they learned in the basic program as significantly ($p < 0.05$) easier to implement than GDVM-only fathers did.
Webster-Stratton (1994)	USA	Advancing videotape parent training: A comparison study.	To evaluate whether a broader-based treatment component (ADVANCE)—using videotape modeling plus therapist-led discussion to improve family communication, problem solving, and coping skills—would add to the effectiveness of the basic videotape parent skills training program (GDVM) for parents of conduct-disordered children.	RCT Two groups: GDVM plus ADVANCE vs GDVM alone	85 families and their children aged 3–8	

not explicitly guide researchers in obtaining parental experiences within the intervention. In the Explanation and Elaboration of CONSORT 2010, it stated that “Finally, after deriving patient-centered estimates for the potential benefit and harm from an intervention, the clinician must integrate them with the patient’s values and preferences for therapy. Similar considerations apply when assessing the generalisability of results to different settings and interventions.” (Moher et al., 2010, pp 21). This is of importance because the parental perspective of an intervention will be closely related to the relevance of the evidence from the trail as part of the external validation. In addition, it is worth considering that if we are supposed to implement evidence-based programmers that matter to parents, then they need to be involved in determining which programmers that are relevant for them.

In total, seven different measures (see Table 2 for details) were used in the included studies. In general, the measures describe satisfaction with the therapists, with various treatment procedures, and with the teaching format. This is in line with how McMahon and Forehand defined parental satisfaction in the early years of research on parental training (McMahon & Forehand, 1983). Since some of the instruments had not provided a reference, it may be that the questions on these are about the same and/or that they have the same origin. Ten studies reported Cronbach’s alpha coefficients on the reliability of the assessment. These 10 studies reported a Cronbach’s alpha coefficients between 0.70–0.96, meaning the scales have an acceptable internal consistency. In addition, 13 out of 23 studies did not report the Cronbach’s alpha coefficient for the instrument that was used to evaluate parental satisfaction. We found little or no information that referred to psychometric analysis, with the exception of TAI (Brestan et al., 1999), of adequate testing or theoretical/contextual frameworks for tool assessment. Thus, the tools may not measure what matters to parents. Methodological weaknesses in obtaining the parental perspective of parental programs may be partly to blame for the absence of well-established, sound, reliable, and valid measures to assess parental feedback (Ayala-Nunes, Jimenez, Hidalgo, & Jesus, 2014; McMahon & Forehand, 1983). This is in line with the systematic review of family feedback in child welfare services that found that validation and psychometric testing of feedback measures were insufficiently reported (Ayala-Nunes et al., 2014). The scarcity of validated quantitative measures indicates there is still much to be done in strengthening evidence-based parenting programs. Based on this, and in line with McMahon and Forehand (1983), and Brestan et al. (1999), we express the need for research that examines the quality of the measures on parental satisfaction with parental programs psychometrically.

What do these twenty-three studies reveal about parental satisfaction? All of the included studies conclude that parents are very satisfied with the parenting program they have received. Factors highlighted as important were the quality of the intervention, content, usefulness, and satisfaction with the facilitator. Regardless, by focusing only on descriptive views instead of a conceptual framework based on core constructs of parental satisfaction, comparing across interventions and target populations proved difficult. It is challenging to use the results to understand what practical or core component in the programs led to their success, and what was an important part of the positive outcome reported in the studies. Because of this, the data does not give practitioners a clear picture of how to adapt the intervention to their community. Another point is that all of the twenty-three studies reported a very positive score of parental satisfaction for the parental program that was tested. This calls attention to the need to feel concerned about the ceiling effect as a constraint on data-gathering on a particular instrument. The ceiling effect occurs in data when most of the scores are at the upper level of the scale, which could be a sign that the measure is not program sensitive. This may happen because the instrument has not been tested psychometrically. This potential validation problem may not support the measure’s program utility. It is important to note that this does not indicate that the

participant was not satisfied with the interventions, but rather points towards the need for future effort to develop and psychometrically test quantitative feedback measurement.

There is strong evidence across countries that parent training programs based on social learning theory have positive outcomes to reduce child conduct problems (Furlong et al., 2012; Gardner et al., 2016; Garland et al., 2008; Reyno & McGrath, 2006). However, these programs differ in the way they are delivered, which may have implications for parents who may prefer or respond better to one format over another. For example, research has shown that families living in poverty are at risk of dropping out of parent training programs (Chacko et al., 2016; Lundahl, Risser, & Lovejoy, 2006). Using data on parental satisfaction, programs could be adapted to fit the lives of these family groups in a better way, without losing fidelity to the program.

We propose that the voices of parents could have been heard through other data collection mechanisms, such as by feedback through process evaluation, where qualitative methods are used. For example, Chacko et al. (2008), used both TAI and focus groups to provide data on parental satisfaction. However, qualitative data can only offer valuable insight if it is guided by reflexive theoretical frameworks, instead of ad-hoc analysis (Kapp & Vela, 1999), and these studies may yield data that cannot be compared to those carried out in different contexts. This may diminish the impact that parental satisfaction could have on programs and policies (Baker & Damall, 2007). When it comes to quantitative data collection, measures need to emphasize issues such as communication information, involvement in decisions, emotional support, and care transitions. Measure need to identify and clearly define the core constructs that should be included (Pascoe, 1983). For future scholarship, more research on client feedback should be carried out for us to further our understanding and the development of theory in this area (Baker & Damall, 2007).

4.1. Limitations of this scoping review

This review is perhaps one of the few approximations that seek to know to what extent the parent training intervention reports measures parental satisfaction. In this study, a scoping review approach was chosen, as it is a systematic, transparent method that provides an overview of the type, extent, and quantity of research available, and that identifies potential research gaps and future research needs. The studies were carefully chosen based on a set of predefined criteria, and yielded potentially useful information about the measurement of parental satisfaction when delivering a parent training intervention. Nevertheless, certain limitations that could affect the data have been identified. The list of search terms related to parental satisfaction, parent training, and behavioral problems could always be enriched with additional ones. In addition, a systematic review and widening the search into more databases and additional languages may have given us an even larger and more detailed picture of the field. It is also possible that articles report references for validation on the seven parental satisfaction measures in other studies. Finally, co-production of interventions is an important topic and would involve in this case, the involvement of parents and clinicians at every stage of intervention development. This involvement would not only include ratings of satisfaction but more nuanced ratings of social validity, feasibility, and fidelity of implementation. However, the data in the present paper do not inform this aspect of satisfaction or effective intervention development in such a nuanced way.

4.2. Conclusion and recommendation

There is a clear and consistent evidence-based for the positive effect of parent programs on child behaviour and parental practices (Gardner et al., 2016; Garland et al., 2008; Reyno & McGrath, 2006). However, lessons learned from our study is that very little are known about how parents see participation in these programs. Although the existing

scholarship points to high levels of satisfaction, the methodological limitations of the available measures remain great and hardly go beyond descriptive measurements. A high level of satisfaction could be a ceiling effect and thereby a methodological problem more than empirical success for the program. Similar methodological shortcomings have been identified already in 1983 (McMahon & Forehand, 1983). More than thirty-five years later, our study finds some of the same trends. These conclusions are maybe not particularly surprising, but even so they are important. It could be that within the field of evidence-based parenting programs it is not clear guidance on how to include the voices of the parent. Parent's voices are a key component in practice for securing quality of program delivery. Unclear guidance and the lack of available measurement with psychometric properties, make it difficult for researchers and practitioners to investigate what matters to parents in these programs. Thus, upcoming research should focus on developing and testing measurements that allows for better capturing of parental satisfaction, because hearing the voices of the parents will, in the long run, lead to higher quality and more sustainable evidence-based parenting programs for the future.

Funding

No funding.

Ethics approval

Not applicable.

Informed consent

Not applicable.

CRediT authorship contribution statement

Ragnhild Bjørknes: conceptualization, writing-original draft preparation, reviewed all the papers., reviewing and Editing the manuscript.
Gaby Margarita Ortiz Barreda: methodology, literature search, reviewed all the papers, writing results.

Declaration of Competing Interest

The authors report no declarations of interest.

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