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GenerationPMTO Group

Reviews: February 2018; November 2019; January 2021

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

GenerationPMTO (Parenting Through Change) is a parenting programme. It is a targeted-selected and targeted-indicated programme delivered to groups of families of children and young people between the ages of 3 and 18, where there is a risk of developing externalising or internalising behaviour problems. The programme can also be delivered to families where these problems have begun to emerge, and to birth parents of children/youth who are in foster care. It aims to reduce children and young people's behaviour problems, improve their school functioning and social relationships, and prevent involvement in the criminal justice system and substance use. A version of the programme delivered to individual families (rather than to groups of families) is available.

Evidence
rating: 4

Cost rating:
NA

GenerationPMTO refers to a set of parent training interventions developed over fifty years, originating with the theoretical work, basic research, and intervention development of Gerald Patterson and colleagues at Oregon Social Learning Center.

GenerationPMTO can be used in family contexts with children between the ages of 3-18 including two biological parents, single-parent, re-partnered, grandparent-led, and reunification families.

GenerationPMTO is an intervention that aims to help parents strengthen families at all levels by promoting parenting and social skills by preventing, reducing, and reversing the development of moderate to severe conduct problems in children and youth. The intervention has been tailored for specific youth clinical problems, such as externalising and internalising problems, school problems, antisocial behaviour, conduct problems, deviant peer association, theft, delinquency, substance abuse, and child neglect and abuse.

Active teaching approaches are used (e.g., group problem solving, role play, home work assignments, video modeling) to engage parents actively in learning to apply the programme techniques effectively at home.

EIF Programme Assessment

GenerationPMTO Group has **evidence of a long-term positive impact** on child outcomes through multiple rigorous evaluations.

Evidence
rating: **4**

What does the evidence rating mean?

Level 4 indicates **evidence of effectiveness**. This means the programme can be described as evidence-based: it has evidence from at least two rigorously conducted evaluations (RCT/QED) demonstrating positive impacts across populations and environments lasting a year or longer.

Please note that the programme has been culturally adapted for first-generation Spanish speaking Latina/o immigrants in the United States. In particular, Study 3 suggests improvements on child internalising behaviours for a culturally adapted and enhanced version of the programme (with two culture-specific sessions added to the programme).

Cost rating

NA indicates that the information required to generate a cost rating is not available at this time.

Cost rating:
NA

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Supporting children's mental health and wellbeing

Improved child adjustment

Based on study 1a

Improvement on a child adjustment factor (including the Child Depression Inventory, a 16-item scale of loneliness and dissatisfaction with peer relations and the Child Behaviour Checklist)

Immediately after the intervention

Improved social competence

Based on study 2

10.95-point improvement on the Home and Community Social Behaviour Scales (parent report)

Improvement index: **+22**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 72% and worse outcomes than 28% of their peers, if they had received the intervention.

Immediately after the intervention

8.43-point improvement on the Home and Community Social Behaviour Scales (parent report)

Improvement index: **+15**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 65% and worse outcomes than 35% of their peers, if they had received the intervention.

6 months later

2.85-point improvement on the Home and Community Social Behaviour Scales (teacher report)

Improvement index: **+18**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 68% and worse outcomes than 32% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced internalising behaviour problems

Based on study 3

Preventing crime, violence and antisocial behaviour

Reduced police arrests

Based on study 1b

0.14-point reduction in arrests (measured using official court records)

Improvement index: **+11**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 61% and worse outcomes than 39% of their peers, if they had received the intervention.

Long-term 8 and a half years later

Reduced child conduct problems

Based on study 2

8-point improvement on the Eyberg Child Behaviour Inventory (Intensity Scale – parent report)

Improvement index: **+16**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 66% and worse outcomes than 34% of their peers, if they had received the intervention.

Immediately after the intervention

9.19-point improvement on the Eyberg Child Behaviour Inventory (Intensity Scale – parent report)

Improvement index: **+18**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 68% and worse outcomes than 32% of their peers, if they had received the intervention.

6 months later

Reduced externalising behaviour problems

Based on study 2

8.44-point improvement on the Home and Community Social Behaviour Scales (parent report)

Improvement index: **+15**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 65% and worse outcomes than 35% of their peers, if they had received the intervention.

6 months later

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the 'About the evidence' section for more detail.

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Preschool
- Primary school
- Preadolescents
- Adolescents

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Group

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Out-patient health setting

The programme may also be delivered in these settings:

- Home
 - Community centre
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How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted selective
 - Targeted indicated
-

Where has it been implemented?

Canada, Chile, Denmark, Iceland, Mexico, Netherlands, Norway, United States

UK provision

This programme has not been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

Spotlight sets

EIF includes this programme in the following Spotlight sets:

- programmes for children with recognised or possible special education needs
-

About the programme

What happens during delivery?

How is it delivered?

- GenerationPMTO Group is delivered in 10-14 sessions of 90-120 minutes each by 2 practitioners, to groups of 12-16 parents.

What happens during the intervention?

- Active teaching approaches are used (e.g., group problem solving, role play, home work assignments, video modeling) to engage parents actively in learning to apply the techniques effectively at home.

What are the implementation requirements?

Who can deliver it?

- *Details to be confirmed by the provider.*

What are the training requirements?

- *Details to be confirmed by the provider.*

How are the practitioners supervised?

- *Details to be confirmed by the provider.*

What are the systems for maintaining fidelity?

- *Details to be confirmed by the provider.*

Is there a licensing requirement?

Not available

How does it work? (Theory of Change)

How does it work?

- The presumed mediators are parenting practices: coercive parenting practices as disrupters and positive parenting practices promote positive child/youth outcomes. As children become adolescents, peers also become mediators of youth outcomes. The core positive parenting practices are: skill encouragement, limit setting, monitoring/supervision, family problem solving, and positive involvement.
- The program aims to teach parents effective parenting strategies, increase effective parenting, and reduce deviant peer association, which then mediate program effects on positive child/youth outcomes.
- In the short term, the programme aims to reduce children and young people's internalising and externalising behaviour problems.
- In the longer term, the programme aims to reduce police arrests, increase school functioning, improve social relationships, and reduce substance use. Parents show improved marital relationships, a rise out of poverty, and increased socio-economic status.

Intended outcomes

Supporting children's mental health and wellbeing
Preventing child maltreatment
Enhancing school achievement & employment
Preventing crime, violence and antisocial behaviour
Preventing substance abuse

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About the evidence

This programme has evidence from two rigorously conducted RCTs, with at least one study demonstrating long-term impact, as well as demonstrating impact on assessment measures independent of study participants (not self-reports). Consequently, the programme receives a 4 rating overall.

Study 1a

Citation: Forgatch et al., 1999

Design: RCT

Country: United States

Sample: 238 divorcing (recently separated) mothers and their sons, aged between 6 and 9 years old.

Timing: Post-test

Child outcomes:

- Improved child adjustment
-

Other outcomes:

- Reduced negative reinforcement Reduced negative reciprocity Improved positive involvement
-

Study rating: 3

Forgatch, M. S., & DeGarmo, D. S. (1999). Parenting through change: An effective prevention program for single mothers. *Journal of consulting and clinical psychology, 67*(5), 711.

Available at <https://psycnet.apa.org/record/1999-11785-010>

Study design and sample

The first study is a rigorously conducted RCT.

This study involved random assignment of children to GenerationPMTO Group or to no treatment.

This study was conducted in the United States, in a medium-sized city in the Pacific Northwest.

The sample included 238 divorcing (recently separated) mothers and their sons, aged between 6 and 9 years old.

Measures

Externalising behaviour was measured using the Teacher Report Form (teacher-report)

Externalising behaviour was measured using the Child Behaviour Checklist (mother-report)

Adaptive functioning was measured using the Teacher Report Form (teacher-report)

Prosocial behaviour was measured using the Chedoke-McMaster Teacher Questionnaire (teacher-report)

Depressive symptoms were measured using the Child Depression Inventory (child self-report)

Depressed mood was measured using the Child Behaviour Checklist (mother-report) and the Chedoke-McMaster Teacher Questionnaire (teacher-report)

Anxiety was measured using the Child Behaviour Checklist (mother-report)

Mother-son problem solving was measured using Structured Interaction Tasks (coded observation).

Findings

This study identified statistically significant positive impact on a number of parent and child outcomes.

This includes:

- Improved adjustment (child self-report).

Study 1b

Citation: Forgatch et al., 2009

Design: RCT

Country: United States

Sample: 238 divorcing (recently separated) mothers and their sons, aged between 6 and 9 years old.

Timing: 8.5-year follow-up

Child outcomes:

- Reduced police arrests
-

Other outcomes:

- None measured
-

Study rating: 3

Forgatch, M. S., Patterson, G. R., Degarmo, D. S., & Beldavs, Z. G. (2009). Testing the Oregon delinquency model with 9-year follow-up of the Oregon Divorce Study. *Development and psychopathology*, 21(2), 637-660.

Available at

<https://pdfs.semanticscholar.org/f313/8d84582604d6bbadd18dea296dbd0d64b82e.pdf>

Forgatch et al., 2009 describes additional outcomes from study 1a described above. In this case:

- 8.5 years after completion of the programme, number of police arrests was measured using administrative data.
- This study identified statistically significant positive impact on a number of child outcomes. This includes reduced police arrests.

Study 2

Citation: Kjobli et al., 2013

Design: RCT

Country: Norway

Sample: 137 families, with children between 2 and 12 years old. Families had contacted an agency at an early stage of problem behaviour development.

Timing: Post-test; 6-month follow-up

Child outcomes:

- Improved social competence
 - Reduced child conduct problems
 - Reduced externalising behaviour problems
-

Other outcomes:

- Reduced harsh discipline Improved positive parenting Improved ability to set clear expectations Reduced parental distress
-

Study rating: 3

Kjøbli, J., Hukkelberg, S., & Ogden, T. (2013). A randomized trial of group parent training: Reducing child conduct problems in real-world settings. *Behaviour research and therapy*, 51(3), 113-121.

Available at <https://www.sciencedirect.com/science/article/abs/pii/S0005796712001775>

Study design and sample

The second study is a rigorously conducted RCT.

This study involved random assignment of children to GenerationPMTO Group or to regular services.

This study was conducted in Norway, including a sample of 137 families, with children between 2 and 12 years old. Families had contacted an agency at an early stage of problem behaviour development.

Measures

Child conduct problems were measured using the Eyberg Child Behaviour Inventory (parent-report)

Social competence was measured using the Home and Community Social Behaviour Scales (parent-report and teacher-report)

Anxiety and depression was measured using the Child Behaviour Checklist (parent-report).

Parenting practices were measured using the Parenting Practices Interview (parent-report).

Parental mental distress was measured using the Symptom Checklist (parent-report).

Findings

This study identified statistically significant positive impact on a number of parent and child outcomes.

This includes, between the beginning of the intervention and 6-months after the intervention was delivered:

- Reduced child conduct problems (parent-report)
- Improved social competence (parent-report)
- Improved social competence (teacher-report)

At 6-month follow-up:

- Reduced child conduct problems (parent-report)
- Reduced externalising behaviour problems (parent-report)
- Improved social competence (parent-report)

Study 3

Citation: Parra-Cardona et al., 2017

Design: RCT

Country: United States

Sample: 103 families where parents are first-generation, Spanish speaking Latina/o immigrants, with children between 4 and 12 years old, experiencing financial adversity.

Timing: Post-test; 6-month follow-up

Child outcomes:

- Reduced internalising behaviour problems

Other outcomes:

- Improved encouragement Improved discipline and limit setting Improved supervision Improved family problem solving Improved positive involvement

Study rating: 2+

Parra-Cardona, J. R., Bybee, D., Sullivan, C. M., Rodríguez, M. M. D., Tams, L., & Bernal, G. (2017). Examining the impact of differential cultural adaptation with Latina/o immigrants exposed to adapted parent training interventions. *Journal of Consulting and Clinical Psychology, 85*(1), 58.

Available at <https://psycnet.apa.org/doiLanding?doi=10.1037%2Fccp0000160>

Study design and sample

The third study is an RCT.

This study involved random assignment of children to one of three groups: 1) a culturally adapted version of GenerationPMTO, 2) a culturally adapted and enhanced version of GenerationPMTO, with two additional culture-specific sessions, and 3) a wait-list control group.

This study was conducted in the United States, with a sample of 103 families where parents are first-generation, Spanish speaking Latina/o immigrants, with children between 4 and 12 years old, experiencing financial adversity.

Measures

Parenting skills were measured using the the Alabama Parenting Questionnaire (parent self-report).

Child internalising behaviours were measured using the Child Behaviour Checklist (parent-report).

Child externalising behaviours were measured using the Child Behaviour Checklist (parent-report).

Findings

This study identified statistically significant positive impact on a number of parent and child outcomes.

This includes:

- Improved child internalising behaviours, for the culturally adapted and enhanced version of GenerationPMTO, with two additional culture-specific sessions

The conclusions that can be drawn from this study are limited by methodological issues pertaining to a lack of clarity around whether the treatment and control group have continued to be equivalent on baseline characteristics after attrition, hence why a higher rating is not achieved.

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Amador Buenabad, N. G., Sánchez Ramos, R., Díaz Juárez, A. D., Gutiérrez López, M. d. L., Ortiz Gallegos, A. B., González Ortega, T. G., . . . Villatoro Velázquez, J. A. (2019). Cluster randomized trial of a multicomponent school-based program in Mexico to prevent behavioral problems and develop social skills in children. *Frontiers*, Online first 3 December. doi:10.1007/s10566-019-09535-3 - **This reference refers to a randomised control trial, conducted in Mexico.**

Bjørknes, R., Kjøbli, J., Manger, T., & Jakobsen, R. (2012). Parent training among ethnic minorities: Parenting practices as mediators of change in child conduct problems. *Family Relations*, 61(1), 101-114 - **This reference refers to a randomised control trial, conducted in Norway.**

Bjørknes, R., & Manger, T. (2013). Can parent training alter parent practice and reduce conduct problems in ethnic minority children? A randomized controlled trial. *Prevention Science*, 14(1), 52-63 - **This reference refers to a randomised control trial, conducted in Norway.**

Chamberlain, P., Feldman, S. W., Wulczyn, F., Saldana, L., & Forgatch, M. S. (2016). Implementation and evaluation of linked parenting models in a large urban child welfare system. *Child Abuse and Neglect*, 53, 27-39 - **This reference refers to a quasi-experimental design, conducted in the USA.**

Gewirtz, A., & Davis, L. (2014). Parenting practices and emotion regulation in National Guard and Reserve families: Early findings from the After Deployment Adaptive Parenting Tools/ADAPT study. In *Military deployment and its consequences for families* (pp. 111-131). Springer, New York, NY - **This reference refers to a pre-post study, conducted in the USA.**

Gewirtz, A. H., DeGarmo, D. S., Lee, S., Morrell, N., & August, G. (2015). Two-year outcomes of the Early Risers prevention trial with formerly homeless families residing in supportive housing. *Journal of family psychology : JFP : journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, 29(2), 242–252 - **This reference refers to a randomised control trial, conducted in the USA.**

Gewirtz, A. H., DeGarmo, D. S., & Zamir, O. (2018). After Deployment, Adaptive Parenting Tools: One year outcomes of an evidence-based parenting program for military families. *Prevention Science*, 19, 589-599 - **This reference refers to a randomised control trial, conducted in the USA.**

Gewirtz, A. H., DeGarmo, D. S., & Zamir, O. (2016). Effects of military parenting program on parental distress and suicidal ideation: After Deployment Adaptive Parenting Tools. *Suicide and Life Threatening Behaviors*, 46(S1), S23-S31 - **This reference refers to a randomised control trial, conducted in the USA.**

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

[How to read the Guidebook](#)

[EIF evidence standards](#)

[About the EIF Guidebook](#)

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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