

# MAXIMIZING ACCESS AND IMPACT

A Review of Research: Strategies for the  
**DESIGN, RECRUITMENT & IMPLEMENTATION**  
of Parenting and 2Gen Programs

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## EXECUTIVE SUMMARY

Programs that educate parents about child development and behavioral management techniques have been shown to have significant, positive effects on an array of parent and child outcomes. However, these effects are inequitable—program enrollment, attendance, engagement, and impact are often lowest among the most vulnerable or disadvantaged parents. Part of this can be attributed to the fact that low-income families often face more barriers to participation that programs do not address. However, even when such barriers do not preclude parent participation, the perceived costs of participation for many programs still exceed the perceived benefits, especially for disadvantaged parents. Indeed, at present, many parenting programs are failing to meet the needs of the populations they are trying to serve. This review of research offers a comprehensive overview of strategies for program design, recruitment, and implementation that have been recommended by researchers as a means to enhance parent enrollment, attendance, and engagement, and program impact, especially among low-income and marginalized communities. The quantity and strength of evidence in support of each strategy is described herein, and summarized in a series of tables (see Appendix A, pages 28-31). This information can be used by researchers, practitioners, and policy-makers to inform the design and implementation of parenting programs to maximize program access and impact, particularly for low-income and disadvantaged parents.

## I. INTRODUCTION

Given the principal role parents play in shaping children's development, many interventions designed to promote positive youth development target parents as the mediators of this change. Such programs, often delivered in the form of group parenting workshops, provide parents with knowledge, skills, and strategies they can use to better support their children's development, such as information about emotion regulation, consistent discipline, child-directed play, or positive attention. It should be noted that such information is also often provided through individual programs, such as home-visits or self-administered video modules, which may have higher access and impact, especially for certain populations (Haggerty, MacKenzie, Skinner, Harachi, & Catalano, 2006; Lundahl, Risser, & Lovejoy, 2006). However, the scope of this paper is limited to parenting programs that use group-delivery formats. Such programs have been shown to create significant improvements in both parenting knowledge, attitudes, behaviors, and skills, and an array of child behavioral, social, and emotional outcomes (Kaminski, Valle, Filene, & Boyle, 2008; Lundahl et al., 2006; Reyno & McGrath, 2006). The effect sizes for these programs range from small to large (0.1-1.5) (Lundahl et al., 2006; Reyno & McGrath, 2006), but the programs are considered to be cost-effective, even if they produce effects as small as 1.5% reductions in rates of child conduct disorder (Furlong & McGilloway, 2015; Gross et al., 2011; Sanders, 2008). Moreover, though program effects tend to attenuate over time (Lundahl et al., 2006), several longitudinal studies have found sustained effects for parents and children after program completion (Gross et al., 2008; Lees, Fergusson, Frampton, & Merry, 2014).

Unfortunately, one reality of parenting programs that threatens the validity of these findings, increases program costs, and lowers impact at the population level is that most often participation in these programs is very low and attrition is very high. Indeed, across contexts, enrollment rates typically range from 20 to 50% (Baker, Arnold, & Meagher, 2010; Bruzzese, Gallagher, McCann-Doyle, Reiss, & Wijetunga, 2009; Eisner & Meidert, 2011; Hurwich-Reiss, Rindlaub, Wadsworth, & Markman, 2014). Among enrollees, attendance also tends to be very low, with less than 50% completion rates (Baker et al., 2010; Bruzzese et al., 2009; Dumas, Begle, French, & Pearl, 2010; Dumka, Garza, Roosa, & Stoerzinger, 1997; Heinrichs, Bertram, Kuschel, & Hahlweg, 2005). Particularly concerning is the fact that, despite considerable variation across

studies, by and large programs tend to generate lower rates of enrollment, attendance, and engagement among parents who are racial/ethnic minorities or immigrants, have lower levels of education or smaller incomes, are single, are dealing with depression, face higher levels of stress, live in less cohesive neighborhoods, or have children with more behavioral problems/clinical diagnoses (e.g. Baker et al., 2010; Dumas, Nissley-Tsiopinis, & Moreland, 2006; Eisner & Meidert, 2011; Haggerty et al., 2006; Lau, 2006; McCurdy & Daro, 2001; Nix, Bierman, McMahon, & The Conduct Problems Prevention Research Group, 2009; Spoth, Redmond, & Shin, 2000).<sup>1</sup> Meta-analyses also find that, on average across studies, program effects are weakest among lower socioeconomic status families, single parents, and parents with high levels of stress or psychopathology (Coard, Wallace, Jr, & Brotman, 2004; Lundahl et al., 2006; Reyno & McGrath, 2006; Snell-Johns, Mendez, & Smith, 2004).

***Inequality of Access and Impact:*** Parent training programs create positive impacts for an array of child outcomes that are substantial (ES=0.1-1.5), cost-effective, and last beyond the duration of the program.

However, programs tend to be much less successful at enrolling, retaining, and engaging:

- Parents who are racial/ethnic minorities or immigrants
- Parents who are less educated or have lower incomes
- Parents who are experiencing depression or social isolation
- Parents who face high levels of stress or have children with more behavioral problems/clinical diagnoses

Furthermore, meta-analyses have shown that these programs have the **smallest impacts** for parents and children from low-income, high-needs communities.

It is important to recognize that these disparities do not stem from differences in the extent to which parents want to learn skills that will help them support their children's behavior, education, health, and well-being. Rather, it results from a failure of programs to remove the increased barriers that many low-income parents face to participation, or to address parent needs and provide relevant, useful information to an extent that outweighs the often magnified costs of attendance that parents may experience as a result of discrimination and disadvantage.

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<sup>1</sup> In this review, references marked with an "e.g." are such because the statement they support is based on a more extensive review of the literature than is cited. However, the cited references are selected as exemplar papers that support the conclusions drawn.

Indeed, low-income families often face several barriers that can preclude their participation in parenting programs. For instance, insecurity with regard to food, shelter, safety, and healthcare, which strains both physical and cognitive resources, can make any task requiring additional planning, patience, time or effort—such as program attendance—particularly challenging (Gennetian & Shafir, 2015; Gottfredson et al., 2006). Poor physical or mental health of parents, children, or elderly family members can also make attendance at a program especially difficult, if not impossible (e.g. Jago et al., 2013; Velsor & Orozco, 2007). Other barriers include physical exhaustion and scheduling conflicts, common among parents working evening and weekend shifts or multiple jobs, lack of readily available and affordable transportation options, common among low-income parents, and lack of dependable, convenient and affordable childcare, common for single parents, low-income parents, and parents with young children, many children, or children with behavioral problems (e.g. Gennetian & Shafir, 2015; Gottfredson et al., 2006; Lamb-Parker et al., 2001; Ogg et al., 2014). Furthermore, parents for whom English is not their first language often also cannot access programs due to language or literacy barriers (e.g. Eisner & Meidert, 2011; Gross et al., 2008).

Even when none of the aforementioned barriers prevent participation, parents must still perceive the benefits of participation to be larger than the perceived costs in order to prioritize attendance amongst other competing priorities. Parents' calculations of the perceived program benefits depend on several factors: (1) perceived need—how problematic their children's behavior is, how confident they are in their own skills, and how well supported they are already or how much they desire more social support; (2) perceived potential for change—their own level of despair or learned helplessness, their expectations about the host institution's ability to serve them well, their confidence in the skills of the facilitator, and whether they can actually notice positive changes in their own or their child's behavior; and (3) perceived relevance—whether the facilitator seems relatable and whether the program content matches both their cultural values and attributions of child versus parent-focused solutions (Eisner & Meidert, 2011; Furlong et al., 2012; Gross, Julion, & Fogg, 2001; Ingoldsby, 2010; Kane, Wood, & Barlow, 2007; McCurdy & Daro, 2001; Owens, Richerson, Murphy, Jagelewski, & Rossi, 2007; Perrino, Coatsworth, Briones, Pantin, & Szapocznik, 2001). Aside from lost time that could be spent

elsewhere, possible costs of attendance include invasion of privacy, shame resulting from program stigma, disapproval of partner or relatives resulting in possible family conflict, and the potential to be criticized by other parents or the facilitator for using a particular parenting technique (Bruzzese et al., 2009; Dumas et al., 2006; Dumka et al., 1997; Kane et al., 2007; Lau, 2006; McCurdy & Daro, 2001; Owens et al., 2007; Perrino et al., 2001). Importantly, many of the benefits of participation are disproportionately lower, and many of the costs are disproportionately higher, for parents who are of a lower socioeconomic status, of an ethnic or racial minority, depressed, or otherwise disadvantaged (e.g. Baker et al., 2010; Dumas, Moreland, Gitter, Pearl, & Nordstrom, 2008; Dumka et al., 1997; Furlong & McGilloway, 2012; Gottfredson et al., 2006; Lau, 2006; McCurdy & Daro, 2001; Russell, Harris, & Gockel, 2008; Snell-Johns et al., 2004). Thus, even after accounting for the barriers these parents face, there are still many other reasons to explain why enrollment and attendance rates in parenting programs tend to be so low, particularly among disadvantaged parents.

**Barriers to Access:** Low-income and disadvantaged parents may be unable to enroll/attend/engage in parenting programs because of...

- Inability to find or pay for child care
- Lack or cost of transportation
- Inconsistent work schedules including evening/weekend shifts
- Mental and physical health concerns (e.g., depression, exhaustion, illness)
- Strained resources, competing priorities and other urgent stressors
- Language and literacy barriers (incl. program advertisement materials)

**Barriers to Participation:** Low-income and disadvantaged parents may choose not to enroll/attend/engage in parenting programs because of...

- Low perceived relevancy/need for program
- Program's failure to meet expectations (e.g., no immediate visible benefits)
- Belief that solutions must address child not parent behavior
- Stigma associated with the program
- Concerns about privacy in group settings
- Disapproval from a partner or extended family members
- Belief that their parenting challenges are irresolvable
- Poor past experiences with schools, therapists, community programs, etc.
- Facilitators' inability to build good rapport
- Program's lack of cultural relevancy
- Program is too demanding or inflexible

To address these concerns and disparities, Gottfredson and colleagues (2006) advise that “the prevention field should consider shifting the focus away from “installing” model programs into settings and towards creating a fit between existing knowledge about effective prevention practices and specific environments or markets” (p.72). Doing so, and increasing enrollment rates, will require using a variety of strategies to ensure that programs address parents’ needs and desires so as to minimize barriers and costs while maximizing perceived and actual benefits. The remainder of this review provides a comprehensive overview of possible strategies that can be used to maximize access to and impact of parenting programs. A set of summary tables, describing all of the strategies, the barriers, costs, or benefits they address, and their supporting evidence is available in Appendix A, with corresponding details in Sections II-IV. Section II examines strategies for program design, Section III addresses the who, how, what, and where of program recruitment, and Section IV delineates strategies for maintaining access (i.e., retention) and impact during implementation. Section V summarizes the major findings, including key take-aways, recommendations and next steps. For those interested in the methods used to conduct this review of research, see Appendix B.

## II. STRATEGIES FOR PROGRAM DESIGN

When designing a program, several decisions must be made regarding program time, location, content, potential adaptations, as well as staff hiring and training. These decisions all have a direct influence on whether or not parents will be able and eager to participate in a program. What follows is an overview of the available research that can be used to help inform decisions regarding program design.

### **Community-Based Participatory Research**

Every community in which a parenting program is implemented has its own set of needs, challenges, and cultural dynamics; understanding the unique features of a given context and the families within it is essential to the successful implementation of any program. For this reason, many researchers suggest dedicating significant time, funds and resources to consult and understand a community before implementing parenting programs (Gottfredson et al., 2006; Sanders & Kirby, 2012). Indeed, it is important to recognize that many low-income parents are averse to social programs because they have been repeatedly disappointed by social agencies failing to provide the services they want and need (Russell et al., 2008). Programs targeting parent skills have an especially high risk of “missing the mark,” as other pressing needs in the community can often make parenting programs irrelevant or ineffective (Gottfredson et al., 2006, p. 72). Hence, to maximize social validity, programs should be designed not for but with parents—soliciting parent knowledge and experience about context-specific needs, challenges, and values to use in combination with professional expertise (Dumka et al., 1997; Russell et al., 2008; Sanders, 2008; Sanders & Kirby, 2012). Such efforts may involve participant observation, interviews with key informants, focus groups, or community-based participatory research. Aside from informing program content, needs assessments also serve to inform decisions about program time, duration, location, facilitator, and recruitment methods (Dumka et al., 1997; Sanders & Kirby, 2012). An added benefit is that parent involvement in program development enhances parents’ sense of ownership and interest, and thus the perceived relevance and benefits of participation (Sanders & Kirby, 2012).

## **Scheduling Considerations**

The primary cost of participation in a parenting program is lost time and energy that could be spent elsewhere. Programs must make decisions about the ideal timing and duration of programs that will minimize this cost, while maximizing anticipated and actual benefits. Most parenting programs are run on a weekly basis, but can run from four to twenty-four or more weeks and have sessions that last between one and two-and-a-half hours; the longer the program the less likely parents are to invest (Heinrichs et al., 2005; Sanders, 2008; Spoth & Redmond, 2000). However, this relationship is complicated by the fact that the anticipated benefits of short programs are also lower, particularly for parents seeking group support in a parenting program and who are concerned about being able to continue using the lessons learnt after the program ends (Furlong & McGilloway, 2012; Owens et al., 2007). Thus, longer program duration can either promote or hinder parent participation and program impact, depending on the context.

Scheduling conflicts are frequently cited as one of the top reasons for non-participation (e.g. Bruzzese et al., 2009; Gottfredson et al., 2006; Gross et al., 2001). This finding underscores the importance of knowing what times are most convenient for the greatest number of parents before making scheduling decisions. While this will vary in every community, studies have generally found that parents prefer weekday evening times, particularly if they are during the school year (Furlong & McGilloway, 2015; Gross et al., 2001; Haggerty et al., 2002). Specifically, it has been suggested that, so long as they offer childcare, running parenting programs in the evening hours can promote the attendance of fathers (Fabiano, 2007; Furlong & McGilloway, 2012); in one empirical study, qualitative evidence found that this was in fact the case (Furlong & McGilloway, 2015).

A further recommendation related to program scheduling is minimizing the time between enrollment and program launch (McCurdy & Daro, 2001). Parents are apt to lose interest, become overloaded with other obligations, or forget about a program quickly. Therefore, minimizing turn-around time may help convert enrollment into attendance.

## **Program Location**

Across programs, the convenience of program location has been shown to play an important role in either helping or hindering parents from attending a program, being cited in various studies as an important factor for 69 to 93% of parents (Bruzzese et al., 2009; Evangelou, Coxon, Sylva, Smith, & Chan, 2013; Gross et al., 2001; Hurwich-Reiss et al., 2014; Jago et al., 2013; Spoth & Redmond, 2000). The best way to identify a convenient and comfortable location that will lower barriers or perceived costs of attendance is to have parents make this decision. However, in general, evidence suggests that low-income and minority parents tend to be less likely to attend programs in clinical as opposed to community settings, due to both logistical and psychological barriers (Nock & Ferriter, 2005; Reyno & McGrath, 2006; Snell-Johns et al., 2004). Examples of settings that have been well-received by parents include workplace settings and storefronts in community shopping centers (Evangelou et al., 2013; Sanders, 2008).

### **Program Content, Scope, and Sequence**

Certain program content and activities have been shown to be more effective at creating positive parent and child-level outcomes. Namely, programs that teach parents about parenting consistency, positive parent-child interactions, emotion communication, and time-outs, promote discussion and peer support, and have parents observe strategies being modeled, practice strategies through role-play, and then implement them via homework, tend to have the largest impacts (Furlong et al., 2012; Kaminski et al., 2008; Sanders & Morawska, 2010).

In terms of deciding the appropriate scope of a program, Sanders (2008) argues that to maximize perceived and actual benefits, programs must provide parents with enough information so that they can determine whether they want to use a suggested strategy, how to do so, and how to generalize it across situations. This can be difficult. Indeed, in one 8-week program, parents complained that too much content was covered but with insufficient depth (Jago et al., 2013). On the other hand, Evangelou and colleagues (2013) suggest that parents attendance was enhanced because the program was a “one-stop-shop” for all the parenting information they needed. One way to balance breadth and depth when determining the scope of a program is to limit fixed content, but then equip facilitators to make referrals or offer additional information as needed.

How program content is ordered is also an important consideration; creating positive initial perceptions of the program and its benefits are important to ensuring high retention. Based on their research, Dumka and colleagues (1997) make two recommendations. First, ordering content such that the strategies and skills that are most consistent with pre-existing cultural norms are introduced first (for instance, consistent discipline in communities that value obedience). Second, placing content that facilitates noticeable child behavior change early in the program series, so that parents can begin to see benefits of participation as quickly as possible.

### **Cultural Adaptation of Program Content**

While many strategies have differential impact in different contexts, one strategy has been shown to be consistently effective across contexts—adapting programs to reflect the local culture. Indeed, programs that discuss cultural differences and are adapted to be meaningful and relevant to specific parents’ cultural experiences have been shown to be more sustainable, have higher rates of attendance and participation, and result in greater behavior change (Berkel, Mauricio, Schoenfelder, & Sandler, 2010; Coard et al., 2004; Hurwich-Reiss et al., 2014). One way to make this type of adaptation is to ask parents to generate examples for program content that resonate with local experiences (Lau, 2006; Sanders & Kirby, 2012). Other efforts can include depicting ethnically similar individuals in program materials, explicitly acknowledging differences in parents’ cultural values, and addressing concerns that are particularly salient for certain populations, such as acculturative stress (Lau, 2006; Ogg et al., 2014; Sanders, 2008).

One illustration of how this strategy has been used is a program adapted by Hurwich-Reiss and colleagues (2014) for a Latino community. The adapted program used Latino names in program vignettes, incorporated the values of *personalismo* and *simpatía* into participant interactions, and had Mexican food and music at program sessions. In a program designed for an African-American community, Coard and colleagues (2004) included content about racial socialization. In both programs, these researchers reported that parents were highly satisfied with these modifications. Furthermore, as one example of a program adapted for fathers, Fabiano and colleagues (2009) included a section in which fathers coached their children in a soccer game; relative to fathers in the standard program format, fathers in this version had

higher rates of attendance, on-time arrivals, and homework completion (as cited in Jensen & Grimes, 2010).

### **Staff Hiring and Training**

The importance of the personnel leading a program and interacting with parents cannot be understated. Indeed, having people who can establish trust between a program and community is crucial, particularly “given the long history of suspicion toward research among individuals from low-income and minority populations” (Gross et al., 2001, p. 251). For this reason, many researchers suggest that program staff should be hired from the local community and represent language, cultural and/or socio-economic match with the program participants (Dumas et al., 2008; Dumka et al., 1997; Gross et al., 2001). The parents in one program also suggested the value of having a facilitator who is a parent themselves (Owens et al., 2007). If a program is seeking to target recruitment of fathers, it may also be valuable to consider explicitly hiring male facilitators to lead workshops (Furlong & McGilloway, 2012).

Regardless of who is hired, having all staff complete mandatory cultural competence training to increase their awareness of and responsiveness to the diversity of cultures within a given community is highly recommended, and the success of several programs has been in part attributed to such trainings (Dumka et al., 1997; Evangelou et al., 2013; McCurdy & Daro, 2001; Snell-Johns et al., 2004). Indeed, Damashek and colleagues (2012) find evidence of a significant association between parent satisfaction and facilitators’ cultural competence (as cited in Murray et al., 2015), while Lau (2006) cites evidence suggesting that training staff in cultural competence is even more effective than making cultural adaptations to program content (p.303). Other researchers also suggest that providing staff training in interactive teaching or reflective listening can be highly valuable (Berkel et al., 2010; Evangelou et al., 2013).

### **Language and Literacy Concerns**

Several steps can be taken during program design to maximize access to programs for parents whose first language differs from the program’s language of administration. During the initial needs assessment, all programs should determine what languages are spoken in the

community, and what parents' typical levels of fluency and literacy are in various languages. If needed, programs should then hire bilingual recruiters; this approach has been shown to be effective at motivating parents from diverse backgrounds to participate, and leads to significant increases in initial engagement (Eisner & Meidert, 2011; Hurwich-Reiss et al., 2014). As Lau (2006) points out, this may be costly or infeasible due to a poor availability of bilingual staff. In their program, Eisner & Meidert (2011) also found that while such efforts increased initial engagement, they did not result in sustained increases in participation among minority groups, for whom program content may also need to be adapted. Nonetheless, avoiding systematic exclusion of certain parents in initial recruitment may depend upon such initiatives.

Retaining these participants then depends upon aspects of program administration, such as having bilingual facilitators, providing interpreters, offering programs and materials in various languages, and making cultural adaptations. When this was done by Ogg and colleagues (2014), who simultaneously offered a Spanish and English version of a program, adjusting the Spanish version so that it emphasized group cohesion and personal sharing, there were no differences between groups in parent attendance and engagement. Another strategy used by Lamb-Parker and colleagues (2001) was partnering a mother who did not speak English with a bilingual "mentor mother" who spoke both English and the woman's dialect, and acted as an interpreter for her. These researchers were able to identify this need using a pre-program survey, and then address it using a low-cost creative solution that allowed the mother to access the program.

When relevant, programs can also be modified to decrease the likelihood that literacy concerns will impede participation. For instance, using in-person recruitment methods rather than relying on flyers may be particularly important for ensuring that program information reaches its target audience (Peña, 2000). During program administration, using discussion-based rather than written activities can also be helpful for reducing exclusion of less literate parents, as is having the option for questionnaires to be read to parents (Hurwich-Reiss et al., 2014).

### III. STRATEGIES FOR PROGRAM RECRUITMENT

Even the best-designed programs will have low enrollments if they are not well advertised to parents. Indeed, “achieving substantial general population recruitment rates, particularly with representative rates of lower SES subgroups, requires that a substantial portion of the total project resources be devoted to recruitment activities” (Spoth et al., 2000, p. 224). Recommended practices from the literature on how to use those resources are described below.

#### **What to Advertise: Relevance and Need without Stigma**

Advertising materials shape parents’ perceptions of a program’s benefits, thus the content of these materials, and especially how statements are phrased, is very important. One suggested tactic to pique parent interest is highlighting common parenting struggles that resonate with diverse parents as something the program will address (Jago et al., 2013; Jobe-Shields, Moreland, Hanson, & Dumas, 2015). If a community is being targeted by a prevention program due to certain risk factors, then explaining the fact that children are at an increased risk for negative outcomes may also increase parents’ perceived need and motivation to attend (Bruzese et al., 2009). Another recommendation, which comes from parents in a rural community, is to include parent testimonials in promotional materials to dispel fears, especially with regard to hesitations about the researchers or institutions leading the program, and to inspire parents who are feeling hopeless (Owens et al., 2007). Based on research in which parents’ enrollment decisions were predicted by the demonstrated effectiveness of the program, Sanders and Kirby (2012) also recommend advertising program effectiveness. Finally, it is important to advertise the cultural relevancy of a program, especially if it has been adapted, to dismantle expectations of cultural mismatch and ensure adaptation efforts translate into enrollment (Baker et al., 2010).

However, whenever developing promotional materials, it is important to keep concerns about stigma in mind. Indeed, Morawska and colleagues (2014) caution that while advertising about the harmful consequences of ineffective parenting may increase parents’ perceived need for the program, it may also increase stigma surrounding the program. To reduce this risk, Dumka and colleagues (1997) recommend promoting how programs assist “parents [in helping]

their children be successful in life” rather than “rectifying parenting deficits” or “fixing” children’s problematic behavior (p.29).

### **Who to Target: New Parents and Fathers**

In every setting, certain populations will require targeting using specific means; thus, there is no replacement for doing preliminary research to understand the dynamics of the population of interest. However, there are some general recommendations about sub-groups it may be worthwhile to target with advertisements. For instance, parents who enroll prenatally have a lower likelihood of dropping out (McCurdy & Daro, 2001). Hence, one effective technique to maximize impact is to target expecting, new and less experienced parents. Moreover, fathers may also require explicit targeting. Since fathers may be particularly averse to any suggestion that they are “lacking a skill,” materials for fathers should be very positively framed to reduce stigma and explicitly mention the positive effect of paternal involvement on program outcomes; fathers themselves also recommend including testimonials from other fathers (Fabiano, 2007; Lau, 2006; McCurdy & Daro, 2001). In general, for programs seeking to engage fathers, “beginning with initial correspondence/contacts and including the intake, fathers should be explicitly invited to participate in treatment...presume fathers will be involved in the intervention and clearly project this expectation to the family” (Fabiano, 2007, pp. 668–9).

### **Recruitment Channels: Media, School and Home**

Informed by techniques used in social marketing and health promotion, many researchers have suggested that mass media campaigns which take advantage of radio, newspapers, newsletters, mass mailings, and online materials, can be an effective tool for destigmatizing participation while increasing program visibility and parent receptivity (Sanders, 2008; Sanders & Kirby, 2012; Spoth et al., 1996). However, these strategies cannot replace in-person recruitment. In fact, when asked for recommendations about how to improve a parenting program in a rural community, participants suggested tailoring advertising to methods common to rural culture (local radio, magazine), but also using community members to distribute flyers and emphasizing word-of-mouth referrals (Owens et al., 2007). These latter

suggestions apply more broadly, as several researchers have asserted that parent buy-in is best built through face-to-face contact (e.g. Bruzzese et al., 2009; Jago et al., 2013; Sheely-Moore & Bratton, 2010).

A common place to conduct in-person recruitment is at schools, for example, by having recruiters and/or researchers hold talks for parents about the program, make appearances at school events to distribute information, and develop relationships with parents and teachers (e.g. Bruzzese et al., 2009; Gross et al., 2001). Another tactic, with strong evidence supporting its efficacy, is conducting home-visits. Programs that combined mailings or in-school recruitment with home-visits had enrollment rates that ranged from 70 to 76% (Dumka et al., 1997; Haggerty et al., 2002; Spoth et al., 2000). Furthermore, in one randomized trial, parents introduced to a program through an in-home visit had significantly higher attendance rates (Haggerty et al., 2002). Thus, home visits may be a particularly valuable investment for recruitment, despite their cost. As Perrino and colleagues (2001) detail, a particular benefit of these visits is that they allow recruiters to assess family dynamics, sources of potential conflict and support, and levels of family distress and disorder. Recruiters can then use this information to both individualize recruitment and help parents develop strategies for addressing barriers to participation (p.40).

## **Recruitment Staff**

Given that so many parents fear being judged by and distrust specific individuals or institutions (Owens et al., 2007), the interpersonal skills of the person who makes initial contact with parents about program participation, and their ability to build buy-in and trust, is essential to determining how parents will perceive the benefits and costs of enrollment (e.g. Gross et al., 2001; Jago et al., 2013). In a study where 88% of participants indicated that the personality and trustworthiness of the recruiter was an important incentive in their decision to participate, recruiters were ethnic/racially-matched members of the community who were comfortable, enthusiastic, patient, skilled and believed in the “goodness” of the research and researchers (Gross et al., 2001). Notably, however, there is variance in recommendations regarding the criteria that should be used to select recruiters. For instance, Hurwich-Reiss and colleagues (2014) recommend the use of social workers, while Gottfredson and colleagues (2006) espouse

the use of culturally-matched recruiters. Regardless of who is hired, researchers agree that the quality of training, including cultural sensitivity training, provided to recruiters is very important (McCurdy & Daro, 2001; Spoth & Redmond, 2000; Spoth et al., 2000).

### **Who Else to Involve: Key Community Members and Program Facilitators**

Even the best recruiters cannot be as effective at convincing parents to join a program as individuals who those parents already know. Indeed, program recruitment efforts are maximized when they involve endorsements from influential community members, and parents themselves admit that referrals are stronger if they come from teachers, principals, pediatricians, judges, or health department officials (Morawska et al., 2014; Owens et al., 2007; Spoth & Redmond, 2000). Along with being more influential, such endorsements also reduce stigma and help a program earn credibility and trust, as does having the research director talk with parents about the program, and running the program through an established community institution (Bruzzese et al., 2009; Lamb-Parker et al., 2001). Another benefit of involving community leaders is that they can make suggestions regarding effective local recruitment methods (Velsor & Orozco, 2007).

Other key individuals to consider involving in recruitment are program facilitators. Furlong and McGilloway (2015) assert that having facilitators establish relationships with disadvantaged programs before the start of their program contributed to higher initial attendance, while Jago and colleagues (2013) claim that having parents meet facilitators before the first session of their program helped put anxious parents at ease about joining a new group.

### **Soliciting Information on Needs, Motivations, Barriers and Expectations**

*Motivational Interviewing.* Just as it is important to conduct needs assessments during program design, it is also important to collect information from potential program participants during in-person recruitment. Based on their experiences, many researchers recommend asking parents about their needs, the extent to which they are open and able to commit to the required behavior change, their goals for their children, and the barriers they face to achieving these goals (Dumka et al., 1997; Furlong & McGilloway, 2015; Gross et al., 2001). The specific version of this

which has the strongest evidence is using the motivational interviewing technique which includes three components: (1) discussing the value of engaging in the program, (2) eliciting self-motivational statements from parents about participation, and (3) identifying and collaborating with parents to address barriers to participation. This technique is particularly valuable because it helps to both reduce barriers and enhance parents' perceived need, program relevance, and belief in the potential for change. Results from several randomized control trials have found that using motivational interviewing leads to increased program engagement, attendance, and completion, with medium-to-large effect sizes (Ingoldsby, 2010; Jensen & Grimes, 2010; Murray et al., 2015; Nock & Kazdin, 2005).

*Experiences and Expectations.* Although not part of motivational interviewing, research suggests that it is also valuable to have parents explicitly discuss both previous treatment experiences and expectations for the program, giving recruiters the opportunity to clarify any misconceptions about what a program involves (Ingoldsby, 2010; Lau, 2006; McCurdy & Daro, 2001). Substantial evidence from randomized trials supports the value of using this technique to enhance perceived relevance and decrease parent concerns. In the context of mental health, McKay and colleagues (2004) found that using initial contact to identify prior experiences with and attitudes toward similar programs, along with discussing needs and barriers, doubled returns from the first to second session (as cited in Ryan et al., 2009). In studies reviewed by Nock and Ferriter (2005), parents assigned to receive an audiotape description of, or attend an informational meeting about, what to expect in a program were more receptive, expected better results, and attended more sessions, at least initially, and in some cases throughout. An alternate way to use information about expectations is to assign parents to a variation of the program based on their beliefs. Indeed, Miller and Prinz (2003) found higher engagement among parents who attributed behavioral problems to their child and were assigned to a program that included child-focused and family support sessions relative to those assigned to parent-only sessions (as cited in Ingoldsby, 2010). Regardless of how it is done, creating alignment between attributions, expectations, and program content is essential for retention.

## **IV. STRATEGIES FOR PROGRAM IMPLEMENTATION**

Generating interest and enrollment in parenting programs is merely half the challenge, as only parents who do not face other barriers and are satisfied with program implementation will continue to attend and engage in these programs; it is only for these parents that programs have a chance of creating positive impacts. Hence, programs must provide the support, outreach, and services necessary during implementation to minimize barriers to attendance and maximize parent satisfaction. Strategies for doing so are described herein.

### **Investing in Facilitators**

Program facilitators are the key change agents in parenting programs. Therefore, one of the most valuable investments a program can make is supporting facilitators during program implementation. The strategies researchers have cited as being beneficial to enhancing program impact include establishing support networks among facilitators, providing additional training for facilitators regarding issues they encounter (e.g. domestic violence), offering facilitators strong organizational support, and ensuring adequate compensation (Evangelou et al., 2013; McCurdy & Daro, 2001; Sanders, 2008). When these types of supports are not offered, particularly for facilitators who work with highly disadvantaged populations, facilitators are apt to experience frustration and burnout, resulting in high turnover (Gottfredson et al., 2006). This is especially concerning because having inconsistent facilitators is associated with higher program dropout (McCurdy & Daro, 2001).

### **Creating Parent Community**

For communities in which concerns about privacy are low, a perceived benefit of group participation is likely to be social support. Indeed, across several programs, between 28% and 69% of parents have cited the opportunity to meet and share experiences with other parents as an important reason to enroll in a program (Gross et al., 2001; Haggerty et al., 2002; Jago et al., 2013). Specifically, when summarizing interviews with economically disadvantaged parents, Russell and colleagues (2008) concluded that many were “virtually housebound with small children with no place to go and no one to talk to” and seeking opportunities to socialize (p.91).

For these parents, meeting this need or desire may be essential for program retention. Indeed, in post-program surveys, parents often identify the group support offered in a program as one of the most important strengths of or benefits they got from the program, contributing to reduced isolation and greater confidence, including among typically marginalized populations (Evangelou et al., 2013; Furlong & McGilloway, 2012; Jago et al., 2013; Owens et al., 2007). Evidence also suggests that helping parents to develop connections, group cohesion and social support can all enhance program impact (e.g. Berkel et al., 2010; Sanders & Morawska, 2010).

While much of group community and cohesion depends on facilitator skill, several strategies can be used to enhance the likelihood that parents will connect with one another. One example is building in explicit time for socialization during pre-sessions meals (Dumka et al., 1997). Another is incorporating pair- or group-share activities, either using the first session for parents to get to know each other, having sharing warm-up activities at each session, or incorporating such activities throughout the program curriculum (Dumka et al., 1997). Evidence suggests that using sharing as a part of interactive teaching can enhance learning and better equip parents to use program skills (Berkel et al., 2010). Furlong & McGilloway (2012) also recommend that parents share about their family and cultural traditions, and their parents' practices, to promote facilitator respect and awareness, behavior change, and buy-in.

### **Material Provisions and Incentives**

To reduce barriers to attendance, most parenting programs offer provisions such as childcare, transportation, food, refreshments, and/or financial incentives. As Gross and colleagues (2001) note, while "incentives serve an important function of piquing interest, no enticement will gain committed participants if the participant also does not see the intervention as important" (p.252). Thus, albeit provisions may be necessary to remove certain access barriers, they may not be sufficient to substantially raise participation rates. Indeed, even when these services are offered, participation and completion rates often remain below 50% (Baker et al., 2010; Gottfredson et al., 2006; Owens et al., 2007; Reid, Webster-Stratton, & Hammond, 2007). Moreover, there is very limited evidence confirming whether each of these potentially costly provisions bolsters attendance, as most programs provide all these provisions and never

test their individual impact on parent decisions. Nonetheless, the available evidence is considered below.

*Childcare.* Across programs, 60% to 100% of parents have cited childcare as an important factor in their decision to attend, and in some cases this factor was second only to the program content or facilitator quality (Dumka et al., 1997; Gross et al., 2001; Haggerty et al., 2002; Hurwich-Reiss et al., 2014; Jago et al., 2013; Jensen & Grimes, 2010; Owens et al., 2007; Sheely-Moore & Bratton, 2010). Notably, variations in childcare programs may detract or enhance their value. For instance, programs that reimburse parents for babysitting costs do not necessarily remove access barriers, as arranging childcare may still be burdensome for parents with strained time and resources. On the other hand, providing concurrent social or homework skills training for children may increase attendance, as was found in one randomized trial (Jensen & Grimes, 2010). These researchers speculate that this could be because: (1) the treatment matched parents' attribution of problem with their child, (2) children enjoyed the groups and encouraged parents to return, or (3) skills workshops positively impacted child behavior, increasing visible behavior change and thus visible benefits of participation for parents. However, meta-analyses have found that programs which include child treatment are less effective, on average, than standalone parent programs (Kaminski et al., 2008; Lundahl et al., 2006). Thus, it is unclear to what extent such programs are valuable at increasing overall program impact, though certain aspects may be valuable for increasing program attendance.

*Refreshments and Meals.* While many programs offer refreshments as a nice courtesy, some programs invest in providing hot meals to parents, and qualitative research has highlighted parents' appreciation for these meals. For instance, one mother interviewed by Russell and colleagues (2008) commented that "knowing my son is going to eat something good is a benefit. I don't always have good food because I cannot buy it" (p.92). This appreciation has also been echoed by parents in other studies, including one in which 92% of participants indicated that having food available helped them attend (Dumka et al., 1997; Hurwich-Reiss et al., 2014; Jago et al., 2013). Some of the recommended strategies for providing food include getting prepared meals donated from local businesses and using pre-session meal times as an incentive for timely arrival and opportunity for socialization (Dumka et al., 1997; Sheely-Moore & Bratton, 2010).

*Transportation.* To address transportation needs, some programs provide taxi vouchers, others arrange taxis for parents, and still others simply offer compensation for travel. There is limited evidence to support any of these methods. However, in a few programs where taxis rarely went to parents' neighborhoods or were not reliable, parents complained about this service (Dumka et al., 1997; Gross et al., 2001). This highlights the extent to which transportation arrangements must be seamlessly implemented to facilitate and motivate attendance.

*Financial Incentives.* Many programs offer financial incentives to compensate parents for their time completing forms, for repeated attendance, for on-time arrivals, or for homework completion (e.g. Bruzzese et al., 2009; Gottfredson et al., 2006). A study by Fleischman (1979) found that this was an effective way to increase program attendance and adherence (as cited in Nock & Ferriter, 2005). However, more recent work has suggested otherwise. In randomized-control trials, modest compounding incentives for repeated attendance and discounts on childcare bills were found to have positive effects on enrollment, but not attendance (Dumas et al., 2010; Gross et al., 2011). Qualitative evidence confirms the limited role of monetary compensation, as financial rewards were raised as an important incentive by less than half of parents in two different programs (Gross et al., 2011, 2001). That being said, receiving tangible goods such as toys and clothing has been highly appreciated by low-income parents in certain programs (McCurdy & Daro, 2001; Russell et al., 2008; Sheely-Moore & Bratton, 2010).

## **Ancillary Services**

Several researchers have argued that providing ancillary services or referrals, or partnering with other agencies to address other individual and community needs—including food, housing, healthcare, parent mental health needs, and community disorganization—is vital to opening up personal resources for improving parenting skills and facilitating participation in disadvantaged communities (Dumka et al., 1997; Ingoldsby, 2010; LaForett & Mendez, 2010; McCurdy & Daro, 2001). Others argue that referrals may be insufficient, and that high-quality wrap-around support and personalized home-visits are needed to achieve the desired impact for vulnerable families (Furlong & McGilloway, 2012, 2015; Lees et al., 2014).

That being said, the evidence supporting the use of auxiliary services is mixed. In several

randomized control trials, parents who received help addressing personal, marital, health, or employment-related concerns had significantly higher completion rates, larger gains in parent-level outcomes, or saw more persistent impacts for their children (Nixon, 2002; Nix et al., 2009; Nock & Ferriter, 2005; Ryan et al., 2009). In their review, Reyno and McGrath (2006) also found that most programs had larger effects for child outcomes when they addressed parents' other concerns. However, in a meta-analysis of parent training programs, providing ancillary services was negatively associated with parent behavioral and skill outcomes (Kaminski et al., 2008). Thus, the effect of ancillary services is likely to be highly variable and context-dependent.

### **Engaging Other Family Members**

If a partner supports program participation, this predicts higher attendance; in contrast, when partners are disinterested or unsupportive, parents cite this as a barrier to attendance and it is predictive of lower participation, engagement, and use of new skills (Hurwich-Reiss et al., 2014; Kane et al., 2007; Perrino et al., 2001; Thornton & Calam, 2011). Given this, several researchers have endorsed strategies that build buy-in and support from family members as a way to promote attendance, especially for low-income and minority families (Lau, 2006; Perrino et al., 2001; Snell-Johns et al., 2004). One way for programs to do this is explicitly assigning tasks to non-attending family members, such as taking care of the children during program time, tracking skill-use, or practicing joint goal-setting and problem-solving (Perrino et al., 2001; Snell-Johns et al., 2004). Lau (2006) also endorses "calling fathers or grandparents directly, sending materials designed to address common concerns about the program, or providing them with videotapes of treatment sessions" (p. 303). Randomized control trials have found that programs like these which include explicit efforts to train and involve family members have higher enrollment, attendance, and impact on child outcomes (Ingoldsby, 2010; Nixon, 2002).

### **Encouraging Repeated Attendance**

Once parents enroll in a program and attend at least one session, there are several recommended strategies for promoting continued attendance. One suggestion is to offer flexible scheduling, allowing parents to come as often as they are willing and able, even if they arrive late

(Baker et al., 2010; Jago et al., 2013; Spoth & Redmond, 2000). However, Jago and colleagues (2013) found that irregular attendance detracted from the group experience, so they recommend having parents agree amongst themselves about attendance expectations at the first session. These researchers also suggest advertising the content of future sessions so that parents will not want to miss out; this tactic appeared to be successful for them, as parents who returned after an absence reported doing so “because they wanted to learn new information” (p.5). Similarly, continuously reminding parents about the value of their attendance—for promoting their children’s success, preventing potential negative outcomes and helping others in the future through their contribution to research—has also been suggested as a way to keep parents coming back (Bruzzese et al., 2009; Dumka et al., 1997). Finally, a specific strategy to motivate program completion is to give parents certificates and a graduation ceremony at the final session, though the impact of this incentive on actual completion has not been examined (Dumka et al., 1997).

Many programs also conduct specific outreach to encourage repeat attendance of parents who miss one session, as these parents are apt to mistakenly believe that they are too far behind in the materials to return after an absence (Baker et al., 2010). In one program, parents were phoned after missed sessions to inquire about barriers and let them know they were missed (Bruzzese et al., 2009). In another, parents were offered make-up sessions over the phone, though only two parents took advantage of this option (Hurwich-Reiss et al., 2014). The most intensive effort was made in a program in which staff delivered session handouts to parents’ homes and briefly discussed session content with parents to get them up to speed (Dumka et al., 1997). While these programs do not report evidence of the impact of these efforts, in the program run by Jago and colleagues (2013), which also offered support to parents who missed a session, parents explicitly raised this as something that supported their continued attendance.

Even when parents don’t miss sessions, making contact with parents between and immediately before sessions can reinforce attendance. According to some researchers, this approach helps to make parents feel valued, build or maintain rapport, and communicate to parents that they will be missed if they do not attend (Bruzzese et al., 2009; Dumka et al., 1997;

Velsor & Orozco, 2007). In a randomized control trial by Watt and colleagues (2007), offering telephone reminders before sessions increased engagement and retention, though effects were limited to parents whose children had high conduct problems (as cited in Ingoldsby, 2010). Importantly, if implementing this method, it should be noted that reaching certain parents can be difficult, either because they do not have access to telephones due to unpaid bills, they have inconsistent contact information, or erratic schedules (Bruzzese et al., 2009; Russell et al., 2008).

A more cost-effective strategy in an age where cell phones are nearly universal is sending parents text-message reminders. According to Gennetian and Shafir (2015), well-timed text messages are an excellent strategy for reinforcing behaviors such as attending sessions and using parenting skills that may otherwise “fall to the wayside,” particularly for busy and stressed parents (p.922). Indeed, qualitative work has found that parents list text-message reminders as a factor that supports their attendance (Jago et al., 2013). Moreover, in a randomized control trial conducted by Murray and colleagues (2015), text messages were found to increase program completion, though only after controlling for parenting stress. According to a Cochrane review, text message reminders lead to increased attendance relative to no reminders, and are just as effective as phone calls (as cited in Murray et al., 2015). A potentially valuable recommendation for increasing the effectiveness of these reminders is having parents determine the content of messages and suggest phrases that will be more relevant and persuasive (Murray et al., 2015).

### **Personalizing Programs and Empowering Parents**

To enhance relevancy for individual parents, especially in diverse populations, group parenting programs should provide as many opportunities as possible to personalize and adapt content. For parents, this may involve the opportunity to design and implement personalized strategies for implementing the techniques they learn (Dumka et al., 1997). For program facilitators, seeking continuous feedback and making adjustments as necessary has been suggested by several researchers as something which helps sustain parent attendance and engagement by creating better alignment between program goals and parent needs (Berkel et al., 2010; Jago et al., 2013; McCurdy & Daro, 2001; Sanders & Kirby, 2012).

Furthermore, across contexts it has been shown that incorporating opportunities for

empowerment also enhances program impact. For example, Furlong and McGilloway (2012) assert that acknowledging parents to be the experts on their own children and families, and not program facilitators, contributed to low attrition and positive outcomes in their program. Moreover, in a review of parenting programs across Europe, the programs most effective at improving parent and child outcomes were strengths-based participatory programs that focused on parent empowerment (Eurochild, 2012). Therefore, to the extent that programs provide opportunities for parents to design and lead content throughout implementation, they are likely to be more engaging and have greater perceived and actual benefits for parents.

## V. CONCLUSION

Parenting and 2Gen programs have the potential to be an effective means of supporting families and promoting positive child development. However, this potential is often not realized due to low participation rates, particularly for low-income and disadvantaged families for whom barriers and costs to attendance tend to be higher, and perceived benefits tend to be lower. If we are to capitalize on the potential of parent training programs, moving forward, the onus is on these programs to use strategies in program design, recruitment, and implementation that make them accessible, attractive, and effective for all parents.

This review provides an overview of the literature regarding strategies recommended by researchers for promoting enrollment, attendance, and engagement. Some strategies are based on evidence from randomized control trials, while others are supported by parent endorsements, or case studies in which they appeared to promote positive outcomes. Notably, while some strategies are likely to be universally relevant as a way to increase a program's fit to a given community, others may only be valuable in certain contexts. Indeed, in using the evidence presented here to inform decision-making, program developers should always consider the role of context and acknowledge that what worked in one setting for certain parents may not always work when transferred elsewhere. Indeed, as Gross and colleagues (2001) advise,

“When we enact certain, often expensive, recruitment and retention strategies, we need to ask participants whether those strategies are, in fact, meaningful to them. Moreover, participants' reactions may be specific to certain developmental periods, neighborhoods, or cultures necessitating that such questions be regularly built into prevention studies.” (p.252)

Expanding our ability to discriminate strategies that build buy-in and enhance outcomes from those that are costly but have little impact on parents' participation decisions is an important step for further research. This will require reporting not only on what works, but also publishing negative findings about ineffective strategies. It will also require active efforts to collect feedback from parents who do not enroll in or who drop out from programs regarding reasons for their refusal to participate or withdrawal, and suggestions for how programs can improve to better meet their needs in future iterations.

In the meantime, it is likely that using as many of the identified promising strategies as possible, to the extent that resources allow, will maximize access and impact. However, when this is not possible, this synthesis of the available evidence should serve as a guide to selecting the strategies that might be the most valuable investment for a given context. At present, the strategies with the strongest evidence for their effectiveness are those that address the greatest number of barriers, reduce the greatest number of costs, and/or enhance the greatest number of benefits. These include: (1) acknowledging the cultural context and diversity of communities (e.g. cultural competence training for all staff, cultural adaptations of program content); (2) asking parents about their needs, desires, and barriers (e.g. preliminary focus groups, motivational interviewing); or (3) focusing on interpersonal relationships (e.g. in-person recruitment, interpersonal skills of recruiters and facilitators, home-visits and family engagement). That being said, many strategies—especially those focused on addressing barriers—lack rigorous evaluation. Thus, it is still not possible to assert with confidence which strategies are most meaningful to parents or have the highest return-on-investment. Given this, what is ultimately most important is for parenting programs to continuously seek to understand local cultural contexts, meet parents’ needs and desires, respond to feedback, and conduct rigorous evaluations that build our evidence base. By doing so, these programs will move in the direction of maximizing access and impact, both now and in the future.

## APPENDIX A: SUMMARY TABLES

### Strategies Categorized by Type, Intended Benefits, and Level of Evidence

Below we include a summary of strategies to improve access and impact of parenting and 2Gen programs, primarily among low-income and at-risk families.

Strategies in Table 1 (Program Design) are most important to consider during planning and pre-program phases (i.e., collecting information before program period begins, in order to increase likelihood that content, facilitation, logistics, etc. of the program will meet the needs of target parents/families). Strategies in Table 2 (Program Recruitment) are most important for the recruitment phase (i.e., maximizing outreach/communications and initial content and interactions with parents/families). Strategies in Table 3 (Program Implementation) are important to consider throughout the program period (i.e., maximizing continued attendance, engagement, buy-in, use of services/materials, etc.)

The strategies have been categorized according to their intended benefit (i.e., designed to minimize/eliminate/prevent a type of barrier, to minimize a perceived or actual cost, or to increase a perceived or actual benefit – including the *need* for program/services, the *relevance* of program/services, and participant’s *belief* in the potential for change/improvement as a result of program participation).

Some strategies are likely to be applicable universally (across all populations) while others are more likely to be relevant only in specific contexts or to certain individuals/families. Some strategies may be particularly valuable for increasing the participation of fathers.

The strategies presented here have varying levels of evidence to support their use: some are supported by evidence from a randomized control trial (the most rigorous criteria available), some are supported by quantitative evidence in the form of documented positive associations between strategy use and higher enrollment/attendance/engagement/completion (but typically without a control group comparison), and some are supported by qualitative evidence in the form of positive feedback from parents endorsing the value of the strategy. Some strategies have no direct evidence of their efficacy, but were suggested as promising strategies based on researchers’ or program staff/facilitators’ observations and experience implementing or evaluating programs. Citations are provided for all strategies.

**TABLE 1: STRATEGIES FOR PROGRAM DESIGN (P.29)**

**TABLE 2: STRATEGIES FOR PROGRAM RECRUITMENT (P.30)**

**TABLE 3: STRATEGIES FOR PROGRAM IMPLEMENTATION (P.31)**

### **LEGEND FOR SUMMARY TABLES**

- U/L:** Strategy likely to be valuable universally (U) or only in specific local contexts or among certain parents/families (L)
- RC:** Strategy is supported by evidence from a Randomized Control Trial
- QT:** Strategy is supported by quantitative evidence (positive associations, no control)
- QL:** Strategy is supported by qualitative evidence (participant feedback)
- (F):** Strategies marked by an (F) may be particularly valuable for increasing the participation of fathers
- √\*:** The check with a star indicates that studies found either mixed or no association between strategy use and enrollment/attendance/engagement/completion

STRATEGIES FOR PROGRAM DESIGN	BENEFIT(S) <sup>1</sup> , BARRIER(S), OR COST(S) ADDRESSED	U/L	RC	QT	QL	SOURCES
Conduct focus groups to ask about parent needs	Relevance (cultural match); Belief in potential for change (expectations of host institution)	U	-	-	-	Dumka et al. (1997); Sanders & Kirby (2012), Gottfredson et al. (2006)
Hire bilingual staff	Barrier (language)	L	√	√	√	Eisner & Meidert (2011); Hurwich-Reiss et al. (2014); Ogg et al. (2014)
Require cultural competence training for all staff	Relevance (cultural match); Belief in potential for change (confidence in facilitator)	U	-	√	-	Dumka et al. (1997); Evangelou et al. (2013); McCurdy & Daro (2001); Snell-Johns et al. (2004); Murray et al. (2015); Lau (2006)
Hire facilitator with cultural, socioeconomic, or gender match and parenting experience	Relevance (cultural match); Belief in potential for change (confidence in facilitator); (F)	L	-	√	√	Dumas et al. (2008); Dumka et al. (1997); Gross et al. (2001); Furlong & McGilloway (2012); Owens et al. (2007)
Adapt content to fit cultural context	Relevance (cultural match); (F)	U	√	√	√	Berkel et al. (2010); Coard et al. (2004); Hurwich-Reiss et al. (2014); Ogg et al. (2014); Jensen & Grimes (2010); Lau (2006); Sanders (2008)
Introduce material most consistent with pre-existing cultural norms first	Relevance (cultural match)	U	-	-	-	Dumka et al. (1997)
Introduce strategies that result in rapid behavior change first	Relevance (visible benefits)	U	-	-	-	Dumka et al. (1997)
Avoid written materials and activities	Barrier (literacy)	L	-	-	-	Hurwich-Reiss et al. (2014)
Minimize time between recruitment and launch	Barrier (strained cognitive resources)	U	-	-	-	McCurdy & Daro (2001)
Run program in the evenings	Barrier (scheduling)	L	-	-	√	Furlong & McGilloway (2012;2015); Haggerty et al. (2002); Fabiano (2007)
Select a comfortable & convenient location (community not clinical setting; mall, workplace)	Belief in potential for change (expectations of host institution); Barriers (transportation and strained resources);	U	-	√	√	Nock & Ferriter (2005); Reyno & McGrath (2006); Snell-Johns et al. (2004); Sanders (2008); Evangelou (2013)

	Cost (stigma/shame)					
STRATEGIES FOR PROGRAM RECRUITMENT	BENEFIT(S), BARRIER(S), OR COST(S) ADDRESSED	U/L	RC	QT	QL	SOURCES
Advertise common parenting struggles as target of program	Need (level of problematic behavior); Relevance (attribution match)	L	-	-	✓	Jago et al. (2013); Jobe-Shields et al. (2015)
Advertise “problem” prevalence/risk	Need (level of problematic behavior)	L	-	-	-	Bruzzese et al. (2009)
Advertise parent testimonials	Cost (stigma/shame); (F)	U	-	-	✓	Lau (2006); Owens et al. (2007)
Advertise program’s proven effectiveness	Need (confidence); Belief in potential for change (despair)	U	-	✓	✓	Sanders & Kirby (2012)
Advertise cultural relevancy	Relevance (cultural match)	U	-	-	-	Baker et al. (2010)
Advertise skill promotion rather than “deficit-fixing”	Need (level of problematic behavior); Cost (stigma/shame); (F)	U	-	-	-	Dumka et al. (1997); Fabiano (2007); Morawska et al. (2014)
Target parents prenatally	Need (confidence)	L	-	✓	-	McCurdy & Daro (2001)
Target fathers directly	Need (confidence); Cost (stigma/shame, partner disapproval); (F)	U	-	-	-	Fabiano (2007); Lau (2006); McCurdy & Daro (2001)
Use mass media	Cost (stigma/shame); (F)	L	-	-	✓	Sanders (2008); Sanders & Kirby (2012); Spoth et al. (1996); Owens et al. (2007)
Use in-person recruitment	Belief in potential for change (confidence in facilitator, low expectations of host institution); Barriers (strained resources, literacy)	U	-	✓	✓	Bruzzese et al. (2009); Gross et al. (2001); Haggerty et al. (2002); Jago et al. (2013); Owens et al. (2007); Sheely-Moore & Bratton (2010)
Hire a highly skilled and interpersonal recruiter	Belief in potential for change (low expectations of host institution, despair)	U	-	✓	✓	Gross et al. (2001); Jago et al. (2013); McCurdy & Daro (2001); Owens et al. (2007); Spoth & Redmond (2000); Spoth et al. (2000)
Hire a culturally matched recruiter	Relevance (cultural match); Belief in potential for change (low expectations of host institution)	L	-	-	✓	Gottfredson et al. (2006); Gross et al. (2001)
Involve influential community members	Belief in potential for change (low expectations of host institution); Cost (stigma/shame)	L	-	-	✓	Bruzzese et al. (2009); Morawska et al. (2014); Owens et al. (2007); Spoth & Redmond (2000); Velsor & Orosco (2007)
Involve facilitators	Belief in potential for change (confidence in facilitator)	U	-	✓	✓	Furlong & McGilloway (2015); Jago et al. (2013)
Use motivational interviewing (discuss value, self-motivation, barriers)	Need (confidence); Belief in potential for change (attribution match, despair, visible benefits); Barriers (several); Costs (partner disapproval)	U	✓	✓	✓	Ingoldsby (2010); Jensen & Grimes (2010); Murray et al. (2015); Nock & Kazdin (2005)
Discuss past experiences and expectations	Belief in potential for change (low expectations of host institution, attribution mismatch)	U	✓	✓	-	Ingoldsby (2010); Lau (2006); Nock & Ferriter (2005); McCurdy & Daro (2001); Ryan et al. (2009); Snell-Johns et al. (2004);
Conduct home visits	Relevance (cultural match); Barriers (several);	L	✓	✓	-	Dumka et al. (1997); Haggerty et al. (2002); Perrino et al. (2001); Spoth et al. (2000)

	Cost (partner disapproval)					
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STRATEGIES FOR PROGRAM IMPLEMENTATION	BENEFIT(S), BARRIER(S), OR COST(S) ADDRESSED	U/L	RC	QT	QL	SOURCES
Give facilitators strong support and compensation	Relevance (cultural match); Belief in potential for change (confidence in facilitator)	U	-	✓	✓	Evangelou et al. (2013); Gottfredson et al. (2006); McCurdy & Daro (2001); Sanders (2008)
Build in time for socialization	Need (social support)	L	-	-	✓	Dumka et al. (1997);
Use group-share about personal experiences	Need (social support); Relevance (cultural match)	L	-	✓	✓	Berkel et al. (2010); Baker et al. (2010); Dumka et al. (1997); Furlong & McGilloway (2012)
Provide free child care	Barrier (childcare); (F)	U	-	-	✓	Gross et al. (2001); Haggerty et al. (2002); Hurwich-Reiss et al. (2014); Jensen & Grimes (2010); Owens et al. (2007); Sheely-Moore & Bratton (2010); and others
Provide concurrent child skills training	Barrier (childcare); Relevance (attribution match)	L	✓*	✓*	-	Jensen & Grimes (2010)
Provide refreshments or meals	Barrier (strained resources)	U	-	-	✓	Dumka et al. (1997); Hurwich-Reiss et al. (2014); Jago et al. (2013); Russell et al. (2008); Sheely-Moore & Bratton (2010); and others
Provide free transportation	Barrier (transportation)	L	-	-	✓*	Dumka et al. (1997); Gottfredson et al. (2006); Gross et al. (2001); and others
Provide financial incentives	Barrier (strained resources); Need (financial)	L	✓*	✓*	✓*	Bruzzese et al. (2009); Dumas et al. (2010); Gottfredson et al. (2006); Gross et al. (2001, 2011); Nock & Ferriter (2005); and others
Give parents toys and clothing	Barrier (strained resources); Need (financial)	L	-	-	✓	McCurdy & Daro (2001); Russell et al. (2008); Sheely-Moore & Bratton (2010)
Provide auxiliary services	Need (confidence, social support); Barriers (strained resources, physical/mental health); Cost (partner disapproval)	L	✓*	✓*	-	Dumka et al. (1997); LaForett & Mendez (2010); Lees et al. (2014); Furlong & McGilloway (2012, 2015); McCurdy & Daro (2010); Nixon (2002); Nock & Ferriter (2005); Reyno & McGrath (2006)
Engage partners and other family members	Cost (partner disapproval); (F)	U	✓	✓	-	Ingoldsby (2010); Lau (2006); Nixon (2002); Perrino et al. (2001); Sanders et al. (2002); Snell-Johns et al. (2004)
Allow variability in dosage/attendance	Barrier (scheduling); Cost (time); (F)	L	-	-	✓	Baker et al. (2010); Jago et al. (2013); Spoth & Redmond (2000)
Advertise content of future sessions and program purpose often	Need (level of problematic behavior); Belief in potential for change (visible benefits)	U	-	-	✓	Bruzzese et al. (2009); Dumka et al. (1997); Jago et al. (2013)
Celebrate graduation/program completion	Relevance (visible benefits)	U	-	-	-	Dumka et al. (1997)
Contact parents after an absence; provide make-up sessions	Barriers (scheduling, strained cognitive resources); Cost (time)	U	-	-	✓	Baker et al. (2010); Bruzzese et al. (2009); Dumka et al. (1997); Hurwich-Reiss et al. (2014); Jago et al. (2013)
Call parents between and/or before sessions	Barrier (strained cognitive resources)	U	✓	✓	-	Bruzzese et al. (2009); Dumka et al. (1997); Ingoldsby (2010)
Send SMS reminders	Barrier (strained cognitive resources)	U	✓	✓	✓	Gennetian & Shafir (2015); Jago et al. (2013); Murray et al. (2015)
Promote parent empowerment	Relevance (cultural match); Belief in potential for change (visible benefits)	U	-	✓	-	Dumka et al. (1997); Furlong & McGilloway (2012); Sanders & Kirby (2012)
Ask parents for constant feedback	Relevance (cultural match); Belief in potential for change (low expectations of host institution)	U	-	-	-	Berkel et al. (2010); Jago et al. (2013); McCurdy & Daro (2001); Sanders & Kirby (2012)

## APPENDIX B: METHODOLOGY

This review was designed to address the following questions about parenting programs:

- (a) What barriers to access do low-income and disadvantaged populations face?
- (b) When there are no barriers to access, what are the reasons parents choose not to attend parenting programs, and are some of these reasons disproportionately prevalent among low-income and high-needs families?
- (c) How can parenting programs be better designed and implemented to maximize access and impact for all, especially for those who might benefit the most?

In order to explore these questions, a literature review was conducted to identify studies that describe and evaluate the implementation of parenting programs, primarily among low-income communities. Several academic databases (3-in-1 Education Database, PsycINFO and Google Scholar) were used to search for articles published since 1995, using the following search terms: parent(ing), workshop/training/intervention/program, attendance/enrollment/participation, high-needs/at-risk/disadvantaged, barriers, decision. Relevant articles were selected based on article titles and abstracts; also a scan of references was used to identify additional sources. Ultimately, 67 articles were identified as relevant to the research questions.

Information was extracted from each article into NVIVO, a qualitative analysis software program. Using NVIVO software, articles were coded using a set of codes determined through a combination of inductive and deductive methods. These codes included: barriers (childcare, health, language/literacy, culture, location, stress, time, transportation), cultural adaptation (content and values, facilitator, language), costs/benefits (dosage/ease, expectations/beliefs, facilitator relationship, group community, partner/family beliefs, privacy, relevance, stigma), fathers, impact, provisions (childcare, food, payment, transportations), strategies (community, childcare, home visits, motivation, phone/text, referrals, self-administration), parent voices, predictors (enrollment, attendance, engagement—within each: attribution, child number, child problem, education, employment, income, mental health, neighborhood, race/ethnicity, SES, support, single parent), rates, and recruitment (content, people, how/where).

The coded information was then used to generate a set of themes and to synthesize findings, focusing on identifying key barriers to access or participation, and promising strategies for three phases of programmatic work with parents and families: design, recruitment, and implementation. Finally, a set of summary tables (Appendix A) were created to describe the intended benefits, the applicability, and the rigor/strength of evidence behind each strategy.

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