

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

This document includes a brief summary of the key papers informing the development of PiP, as well as the studies evaluating the program. Links to the published papers are included.

PiP research is ongoing. Our latest trials are not included here as the outcomes have not yet been published in scientific journals. We will update this list as new papers are published.

Feel free to contact us at med-pip-plus@monash.edu for further information, or if you'd like pdf copies of any of the below papers.

Research informing the development of PiP

1. [Systematic review and meta-analysis](#). A systematic review of 181 research studies of modifiable parental factors associated with depression and anxiety disorders in adolescents aged 12 to 18. Several parenting factors had strong evidence supporting an association with risk of adolescent depression and/or anxiety, including: parental warmth (protective factor); inter-parental conflict (risk factor); over-involvement (risk factor); aversiveness (risk factor); autonomy granting (protective factor); and monitoring (protective factor).

2. [Delphi expert consensus study](#). This study used the Delphi method to obtain expert consensus on parenting strategies that are important for preventing depression and anxiety disorders in teenagers. 27 international experts rated a total of 402 parenting recommendations identified in a literature search. Over three survey rounds, 192 strategies were endorsed as important or essential by $\geq 90\%$ of the expert panel. These strategies were incorporated into the parenting guidelines.

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

We also conducted a [study of users who downloaded the guidelines](#). This study found that most people rated the guidelines as useful, and most parents reported at least a little improvement in their parenting after reading the guidelines.

[Paper describing the proposed PiP multi-level model](#)

This paper describes the development of all components of PiP and presents the proposed delivery model if PiP was rolled out as a public health intervention. PiP would ideally be delivered at varying levels, based on the needs and wants of parents.

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

Level 2 (guidelines, parenting self-assessment + tailored feedback) extends on the guidelines by asking parents to reflect on their current parenting by completing an online parenting self-assessment scale. Based on the self-assessment, parents receive tailored feedback, outlining



areas of parenting strength, with suggested practical strategies to improve their confidence and parenting in other areas. Level 2 is likely to appeal to a similar group of parents as Level 1.

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

Level 4 (therapist-assisted program; TOPS) provides all the above, with the addition of weekly coaching sessions with a trained therapist. This program is designed for parents of adolescents who are experiencing clinical level depression and anxiety disorders.

Please note that the TOPS program is not currently available for parents. Work is underway to make the program available again soon.

Research evaluating PiP

1. [A randomised controlled trial of a brief, single-session version of PiP \(level 2 of the model\)](#). This trial involved 349 parents and 327 teenagers aged 12 to 15. Half of the parents received level 2 of PiP (guidelines, self-assessment + feedback), and half waited for 3-months. Results showed that parents who received the tailored feedback reported significantly greater improvements in their parenting compared to the waitlist group, 3-months later. Adolescent symptoms did not differ between groups—both groups showed a decrease on most symptom measures.

2. **A randomised controlled trial of the full PiP program (level 3 of the model)**. This trial included 359 parents and 343 teenagers aged 12 to 15. Half of the parents received the full PiP Level 3 program, and the other half received a series of educational factsheets. Both groups received a 5-minute weekly check-in phone call.

[Findings from post-intervention \(3-month follow-up\)](#) showed that parents who received PiP reported significantly greater improvements in their parenting compared to the factsheet group. Parents in both groups reported lower depressive symptoms in their teens.

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

The Therapist-assisted Online Parenting Strategies (TOPS) program – Level 4 of the multilevel model.

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You can read more about the TOPS program in the following papers.

1. [Development of the TOPS program.](#)
2. [Post-intervention findings from an open-label double-baseline trial.](#)