



## Effective Health Care Primary Care Interventions to Caregivers for Children

### Results of Topic Selection Process & Next Steps

The nominator, Mental Health America, is interested in a new evidence review on primary care interventions delivered to caregivers for children to inform primary care practice.

Because limited original research addresses the nomination, a new review is not feasible at this time. No further activity on this nomination will be undertaken by the Effective Health Care (EHC) Program.

### Topic Brief

**Topic Name:** 0746- Primary Care Interventions to Caregivers for Children

**Nomination Date:** 9/20/2017

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**Conflict of Interest:** None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

**Summary**

- This nomination meets the selection criteria of appropriateness, importance, duplication and impact.
- This nomination does not meet feasibility criteria as we only found 2 RCTs and 4 clinical trials which covered the scope of the nomination.

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## Background

In the US 13-20% of children are diagnosed with mental health disorders making them an important public health issue. In addition mental health disorders contribute annual costs of \$247 billion.<sup>1</sup> Currently mental health preventive interventions for children are designed to be delivered for specific, prevalent conditions, such as depression and substance abuse. Family- and caregiver-focused preventive interventions have been shown to positively impact behavioral outcomes in the community, but have not been used routinely in the primary care setting.<sup>2</sup>

Prevention of multiple mental health conditions based on shared risk factors is currently being conducted in clinical care, also known as a transdiagnostic approach.<sup>3</sup> This nomination is interested in broadening this idea to a transdiagnostic preventive interventions, delivered through primary care and focused on the caregiver to address child outcomes in at least one mental health condition and one physical health condition.

### Nominator and Stakeholder Engagement:

The nomination was received from Mental Health America. Initially the nominator worked with AHRQ to identify their primary questions of interest and develop an initial scope. Subsequently the nominator worked with Scientific Resource Center (SRC) staff to further clarify the scope of the nomination, which included narrowing the population to children from birth through 12 years old and focusing on interventions that addressed both physical and mental health outcomes. SRC staff also conducted follow-up communication with the nominator and received additional scoping input from the Center for Disease Control and Prevention (CDC).

The key question for this nomination is:

1. What are the benefits and harms of transdiagnostic preventive interventions delivered to caregivers for the benefit of the child on child behavioral health and physical health outcomes?
  - 1a. Do the benefits/harms for children vary by baseline risk factors?

To define the inclusion criteria for the key questions we specify the population, interventions, comparators, outcomes, timing, and setting (PICOTS) of interest (Table 1).

**Table 1.** Key Questions and PICOTS

Key Questions	1) What are the benefits and harms of transdiagnostic preventive interventions delivered to caregivers for the benefit of the child on child behavioral health and physical health outcomes?	1a) Do the benefits/harms for children vary by baseline risk factors?
Population	Children age 0-12	Children age 0-12
Interventions	Transdiagnostic preventive interventions delivered to caregivers for the benefit of the child	Transdiagnostic preventive interventions delivered to caregivers for the benefit of the child
Comparators	Usual care, no care, referral to specialty care, other transdiagnostic preventive intervention	Usual care, no care, referral to specialty care, other transdiagnostic preventive intervention
Outcomes	Minimum of 2 outcomes: mental health symptom or diagnosis; and one additional physical health diagnosis, symptom or behavior (e.g., substance use, obesity, diabetes)	Minimum of 2 outcomes: mental health symptom or diagnosis; and one additional physical health diagnosis, symptom or behavior (e.g., substance use, obesity, diabetes)

<b>Key Questions</b>	<b>1) What are the benefits and harms of transdiagnostic preventive interventions delivered to caregivers for the benefit of the child on child behavioral health and physical health outcomes?</b>	<b>1a) Do the benefits/harms for children vary by baseline risk factors?</b>
<b>Timing</b>	Any	Any
<b>Setting</b>	Outpatient primary care	Outpatient primary care

## Methods

We assessed the nomination, Primary Care Interventions to Caregivers for Children, for priority for a systematic review or other AHRQ EHC report with a hierarchical process using established selection criteria (Appendix A). Assessment of each criteria determined the need for evaluation of the next one.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EHC program.
2. Establish the overall *importance* of a potential topic as representing a health or healthcare issue in the United States.
3. Determine the *desirability of new evidence review* by examining whether a new systematic review or other AHRQ product would be duplicative.
4. Assess the *potential impact* a new systematic review or other AHRQ product.
5. Assess whether the *current state of the evidence* allows for a systematic review or other AHRQ product (feasibility).
6. Determine the *potential value* of a new systematic review or other AHRQ product.

### Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

### Desirability of New Review/Duplication

We searched for high-quality, completed or in-process evidence reviews published in the last five years on the key questions of the nomination (January 2013- January 2018). See Appendix B for sources searched.

### Impact of a New Evidence Review

The impact of a new evidence review was qualitatively assessed by analyzing the current standard of care, the existence of potential knowledge gaps, and practice variation. We considered whether it was possible for this review to influence the current state of practice through various dissemination pathways (practice recommendation, clinical guidelines, etc.).

### Feasibility of New Evidence Review

We conducted a literature search in PubMed and PsycInfo from January 2013 to January 2018.

Initially several exploratory searches were conducted to examine various aspects of the topic for a literature base. The initial search focused exclusively on term “transdiagnostic”, however, this term was too specific capture a reasonable amount of literature. Additionally it appeared to be used exclusively within the behavioral and mental health specialties. In order to capture trials that were about transdiagnostic preventive interventions without using that specific term, a broad search based on MeSH terms and phrases meant to describe both preventive interventions, and the idea that they could apply to more than one outcomes. This search, however, retrieved a large number of citations (~20,000).

After additional exploratory searches and consultations with subject experts, it was decided to focus on a specific list on known interventions, which resulted in identifying additional similar interventions and terminology from an initial literature search. The specific list of interventions

was created from a set of evidence-based registries (eg., US Preventive Services Task Force, Community Guide, Washington State Institute for Public Policy, Blueprints, and SAMHSA's National Registry for Evidence-based Practices and Programs) which addressed the PICO's. We reviewed all identified titles and abstracts for inclusion, and classified them by study design, to assess the size and scope of a potential evidence review.

See Appendix C for the PubMed and PsycInfo search strategies and links to the ClinicalTrials.gov search.

### **Compilation of Findings**

We constructed a table with the selection criteria and our assessments (Appendix A).

## **Results**

### **Appropriateness and Importance**

This is an appropriate and important topic. Mental health conditions affect 13-20% of US children with annual total costs of \$247 billion.<sup>1</sup>

### **Desirability of New Review/Duplication**

A new evidence review on Primary Care Interventions to Caregivers for Children would not be duplicative of an existing product as there are no systematic reviews which completely cover the scope of the nomination. However there are two Cochrane reviews in-process<sup>4,5</sup> which partially address KQ1 and KQ1a. Both are focused on 8-25 year olds, a somewhat older population than the nomination's scope. The Cochrane review by MacArthur et al<sup>4</sup> addresses individual, family, and school interventions to prevent multiple risk behaviors including substance use, risky sexual behavior, unhealthy diet and vehicle-related risk behavior. The Cochrane review by Hickman et al<sup>5</sup> focuses on individual, family and school interventions which address two or more substance use behaviors including tobacco, alcohol, cannabis, and other substance use. See Table 2, Duplication column.

### **Impact of a New Evidence Review**

A new systematic review on Primary Care Interventions to Caregivers for Children may have a high impact given this could inform a new method of primary care delivery. There is currently a knowledge gap based on the current paucity of literature about transdiagnostic preventive interventions in primary care.

### **Feasibility of a New Evidence Review**

A new evidence review examining Primary Care Interventions to Caregivers for Children is not feasible. There are 2 completed RCTs<sup>6,7</sup> addressing the primary KQ which address both mental and physical health outcomes as desired by the nominator. The first RCT<sup>6</sup> examined the efficacy of an obesity prevention toolkit delivered by a mentor compared to the toolkit delivered by mail among parents of children 2 to 5 years old on outcomes including body mass index (BMI), television watching, physical activity and perceived health status. The second RCT<sup>7</sup> examined the Triadic parent-infant Relationship Therapy (TRT) versus controls among parents of preterm infants on outcomes including infant behavior (Infant Behavior al Symptom Checklist) and motor development (Brunet-Lezine Revised test Motor and Coordination scores). Of note, the study populations from these two studies are not similar enough to create a meaningful synthesis.

We identified 4 in-process studies<sup>8-11</sup> addressing the KQ1 and KQ1a. These 4 RCTs examine a parenting intervention compared to controls<sup>8</sup>, a family-centered intervention for pre-term infants compared to usual care<sup>9</sup>, a home-visiting intervention with doula services compared to case management<sup>10</sup>, and a parent training intervention for preschoolers who are obese compared to lifestyle management<sup>11</sup>. See Table 2, Feasibility column.

**Table 2. Key questions and Results for Duplication and Feasibility**

Key Question	Duplication (1/2013-1/2018)	Feasibility (1/2013-1/2018)
KQ 1 benefits and harms of transdiagnostic preventive interventions	Total number of identified systematic reviews: 2 <ul style="list-style-type: none"> <li>• Cochrane review in-process<sup>4,5</sup></li> </ul>	Size/scope of review Relevant Studies Identified: 2 <ul style="list-style-type: none"> <li>• RCTs: 2<sup>6,7</sup></li> </ul> <u>Clinicaltrials.gov</u> <ul style="list-style-type: none"> <li>• Recruiting: 0</li> <li>• Active: 4<sup>8-11</sup></li> <li>• Complete: 0</li> </ul>
KQ 1a  Baseline risk factors	Total number of identified systematic reviews: 2 <ul style="list-style-type: none"> <li>• Cochrane review in-process<sup>4,5</sup></li> </ul>	Size/scope of review Relevant Studies Identified: 0  <u>Clinicaltrials.gov</u> <ul style="list-style-type: none"> <li>• Recruiting: 0</li> <li>• Active: 4<sup>8-11</sup></li> <li>• Complete: 0</li> </ul>

Abbreviations: AHRQ=Agency for Healthcare Research and Quality; KQ=Key Question; RCT=Randomized Controlled Trial

## Summary of Findings

- Appropriateness and importance: The topic is both appropriate and important.
- Duplication: A new review would not be duplicative of an existing product. There were no systematic reviews identified which completely address the key question. However there are two in-process Cochrane reviews which partially address KQ1 and KQ1a.
- Impact: A new systematic review has high potential. The standard of care for the use of transdiagnostic preventive interventions as a framework for primary care is unclear, which a new evidence review could address.
- Feasibility: A new review is not feasible. We only identified 2 completed RCTs which examined KQ1 and 4 in-process studies which examined KQ1 and KQ1a. The evidence base is therefore too limited for an AHRQ review.

## References

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2. Leslie LK, Mehus CJ, Hawkins JD, et al. Primary Health Care: Potential Home for Family-Focused Preventive Interventions. *American journal of preventive medicine*. 2016;51(4 Suppl 2):S106-118.
3. Pearl SB, Norton PJ. Transdiagnostic versus diagnosis specific cognitive behavioural therapies for anxiety: A meta-analysis. *Journal of anxiety disorders*. 2017;46:11-24. Available at <http://www.sciencedirect.com/science/article/pii/S088761851630161X>.
4. MacArthur G KR, White J, Chittleborough C, Lingam R, Pasch K, Gunnell D, Hickman M, Campbell R. Individual-, family-, and school-level interventions for preventing multiple risk behaviours in individuals aged 8 to 25 years. (protocol). *Cochrane Database of Systematic Reviews* 2012(Issue 6.):Available at <http://www.cochrane.org/CD009927/individual--family--and-school-level-interventions-for-preventing-multiple-risk-behaviours-in-individuals-aged-009928-to-009925-years>.
5. Hickman M CD, Busse H, MacArthur G, Faggiano F, Foxcroft DR, Kaner EF.S., Macleod J, Patton G, White J, Campbell R. Individual-, family-, and school-level interventions for preventing multiple risk behaviours relating to alcohol, tobacco and

- drug use in individuals aged 8 to 25 years. . *Cochrane Database of Systematic Reviews* 2014(Issue 11):Available at [http://www.cochrane.org/CD011374/ADDICTN\\_individual-family--and-school-level-interventions-for-preventing-multiple-risk-behaviours-relating-to-alcohol-tobacco-and-drug-use-in-individuals-aged-011378-to-011325-years](http://www.cochrane.org/CD011374/ADDICTN_individual-family--and-school-level-interventions-for-preventing-multiple-risk-behaviours-relating-to-alcohol-tobacco-and-drug-use-in-individuals-aged-011378-to-011325-years).
6. Tomayko EJ, Prince RJ, Cronin KA, Adams AK. The Healthy Children, Strong Families intervention promotes improvements in nutrition, activity and body weight in American Indian families with young children. *Public health nutrition*. 2016;19(15):2850-2859. Available at <https://www.ncbi.nlm.nih.gov/pubmed/27211525>.
  7. Castel S, Creveuil C, Beunard A, Blaizot X, Proia N, Guillois B. Effects of an intervention program on maternal and paternal parenting stress after preterm birth: A randomized trial. *Early human development*. 2016;103:17-25. Available at <https://www.ncbi.nlm.nih.gov/pubmed/27449367>.
  8. University of Applied Sciences of Special Needs Education. Early Support From Birth Onwards: ZEPPELIN (ZEPPELIN). *ClinicalTrials.gov*. 2016;NCT02882763:Available at <https://clinicaltrials.gov/show/NCT02882763>.
  9. National Taiwan University Hospital. A Family-Centered Intervention Program for Preterm Infants: Effects and Their Biosocial Pathways. *ClinicalTrials.gov*. 2016;NCT01807533:Available at <https://clinicaltrials.gov/show/NCT01807533>.
  10. University of Chicago.Doula Home Visiting Randomized Trial. *ClinicalTrials.gov*. 2016;NCT01947244:Available at <https://clinicaltrials.gov/show/NCT01947244>.
  11. Karolinska Institutet.The More & Less Study: A Trial Testing Different Treatment Approaches to Obesity in Preschoolers (M&L). *ClinicalTrials.gov*. 2016;NCT01792531(Available at <https://clinicaltrials.gov/show/NCT01792531>).

## Appendix A. Selection Criteria Summary

Selection Criteria	Assessment
<b>1. Appropriateness</b>	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.?	Yes, this topic represents a health care system available in the US.
1b. Is the nomination a request for a systematic review?	Yes, this topic is a request for a systematic review.
1c. Is the focus on effectiveness or comparative effectiveness?	Yes, the focus of this review is on both effectiveness and comparative effectiveness.
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes, it is logical and plausible. It is also consistent with what is known about the topic.
<b>2. Importance</b>	
2a. Represents a significant disease burden; large proportion of the population	Yes this topic represents a significant burden since mental health conditions affect 13-20% of US children. <sup>1</sup>
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population	Yes, this topic is of high public interest as it affects health care decision making for a large proportion of the US population
2c. Represents important uncertainty for decision makers	Yes, this topic represents important uncertainty for decision makers.
2d. Incorporates issues around both clinical benefits and potential clinical harms	Yes this topic addresses both clinical harms and benefits.
2e. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Yes, the use of transdiagnostic preventive interventions as a framework for primary care has significant cost implications to patients and health systems. Mental health conditions in children contribute \$247 billion in annual total costs. <sup>1</sup>
<b>3. Desirability of a New Evidence Review/Duplication</b>	
3. Would not be redundant (i.e., the proposed topic is not already covered by available or soon-to-be available high-quality systematic review by AHRQ or others)	Yes this topic would not be redundant as none of the systematic reviews completely address the KQs. However two in-process Cochrane reviews partially address the KQs. Of note, they address a mostly older population than desired by the nomination of 8-25 year olds.
<b>4. Impact of a New Evidence Review</b>	
4a. Is the standard of care unclear (guidelines not available or guidelines inconsistent, indicating an information gap that may be addressed by a new evidence review)?	Yes, the standard of care for the use of transdiagnostic preventive interventions as a framework for primary care is unclear. There is a gap that a new evidence review could address.
4b. Is there practice variation (guideline inconsistent with current practice, indicating a potential implementation gap and not best addressed by a new evidence review)?	Yes there is variation among health systems how they consider transdiagnostic preventive interventions.



Selection Criteria	Assessment
5. Primary Research	
<p>5. Effectively utilizes existing research and knowledge by considering:</p> <ul style="list-style-type: none"> <li>- Adequacy (type and volume) of research for conducting a systematic review</li> <li>- Newly available evidence (particularly for updates or new technologies)</li> </ul>	<p><u>PubMed and PsychINFO</u>: 2 RCTs <sup>6,7</sup> across KQ1</p> <p>RCT by Tomayko et al<sup>6</sup> examined the efficacy of an obesity prevention toolkit delivered by a mentor compared to the toolkit delivered by mail among parents of children 2-5 years old on outcomes including body mass index (BMI), television watching, physical activity and perceived health status.</p> <p>RCT by Castel et al<sup>7</sup> examined the Triadic parent-infant Relationship Therapy (TRT) versus controls among parents of preterm infants on outcomes including infant behavior and motor development</p> <p><u>ClinicalTrials.gov</u>: 4<sup>8-11</sup></p> <p>We identified 4 RCTs addressing KQ1 and KQ1a: 1 RCT<sup>8</sup> examining a parenting intervention compared to controls, 1 RCT<sup>9</sup> examining a family-centered intervention for pre-term infants compared to usual care, 1 RCT<sup>10</sup> examining a home-visiting intervention with doula services compared to case management, and 1 RCT<sup>11</sup> examining parent training intervention for preschoolers who are obese compared to lifestyle management.<sup>11</sup></p>

*Abbreviations:* AHRQ=Agency for Healthcare Research and Quality; KQ=Key Question; RCT=Randomized controlled Trial

## **Appendix B. Search for Evidence Reviews (Duplication)**

Listed are the sources searched.

### **Search date: January 2013- January 2018**

AHRQ: Evidence reports and technology assessments, USPSTF recommendations  
VA Products: PBM, and HSR&D (ESP) publications, and VA/DoD EBCPG Program  
Cochrane Systematic Reviews and Protocols <http://www.cochranelibrary.com/>  
PubMed  
PubMed Health <http://www.ncbi.nlm.nih.gov/pubmedhealth/>  
HTA (CRD database): Health Technology Assessments <http://www.crd.york.ac.uk/crdweb/>  
PROSPERO Database (international prospective register of systematic reviews and protocols)  
<http://www.crd.york.ac.uk/prospero/>  
CADTH (Canadian Agency for Drugs and Technologies in Health) <https://www.cadth.ca/>  
DoPHER (Database of promoting health effectiveness reviews)  
<http://eppi.ioe.ac.uk/webdatabases4/Intro.aspx?ID=9>  
ECRI institute <https://www.ecri.org/Pages/default.aspx>  
PsycINFO (Ovid)

### **Secondary Sources**

Campbell Collaboration <http://www.campbellcollaboration.org/>  
McMaster Health System Evidence <https://www.healthsystemsevidence.org/>  
Robert Wood Johnson <http://www.rwjf.org/>  
Systematic Reviews (Journal): protocols and reviews  
<http://systematicreviewsjournal.biomedcentral.com/>  
UBC Centre for Health Services and Policy Research <http://chspr.ubc.ca/>  
WHO Health Evidence Network <http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/health-evidence-network-hen>  
CINAHL (EBSCO)

## Appendix C. Search Strategy & Results (Feasibility)

TransDx  
MEDLINE(PubMed)  
January 5, 2018

Concept	Search String
Named Interventions	
Strengthening Families Program	"strengthening families program"[Title/Abstract]
Strong African American Families	((SAAF[Title/Abstract]) OR ProSAAF[Title/Abstract]) OR "Strong african american families"[Title/Abstract]
Triple P System	((("triple p"[Title/Abstract]) AND (system[Title/Abstract] OR intervention[Title/Abstract] OR implementation[Title/Abstract] OR framework[Title/Abstract]))) OR "positive parenting program"[Title/Abstract]
Parent Management Training	"parent management training"[Title/Abstract]
Nurse-Family Partnership	"Nurse family partnership"[Title/Abstract]
Family Check-Up	"Family check-up"[Title/Abstract]
Healthy Families America	"Healthy families america"[Title/Abstract]
ChildFIRST	((intervention[Title/Abstract] OR program[Title/Abstract] OR system[Title/Abstract] OR framework[Title/Abstract] OR implementation[Title/Abstract])) AND "Child First"[Title/Abstract]
The Incredible Years	"the incredible years"[Title/Abstract]
Child-centered play therapy	"child-centered play therapy"[Title/Abstract]
Filial Family Therapy	(filial[Title/Abstract] AND family[Title/Abstract] AND therapy[Title/Abstract])
Homebuilders	homebuilders[Title/Abstract]
Family Foundations	"family foundations"[Title/Abstract]
Parent Child Interaction Therapy	"parent child interaction therapy"[Title/Abstract]
Early Start	("early start"[Title/Abstract]) AND ((system[Title/Abstract] OR intervention[Title/Abstract] OR implementation[Title/Abstract] OR framework[Title/Abstract]))
Early Intervention Program	"early intervention program"[Title/Abstract]
SEEK model	(SEEK[Title/Abstract] AND Wellbeing[Title/Abstract])

Concept	Search String
General Terms:	(((((((((“Universal preventive intervention”[Title/Abstract]) OR ((universal[Title/Abstract] AND family[Title/Abstract] AND focuses[Title/Abstract] AND intervention[Title/Abstract]))) OR "motivational enhancement intervention"[Title/Abstract]) OR "early preventive intervention"[Title/Abstract]) OR "family centered program"[Title/Abstract]) OR "family support interventions"[Title/Abstract]) OR "family centered prevention"[Title/Abstract]) OR (("evidence based"[Title/Abstract]) AND "family intervention"[Title/Abstract])) OR (((((intervention[Title/Abstract] OR program[Title/Abstract] OR system[Title/Abstract] OR framework[Title/Abstract] OR implementation[Title/Abstract]))) AND "family engagement"[Title/Abstract])) OR "primary prevention program"[Title/Abstract]
Not Editorials, etc.	(((((letter[Publication Type]) OR news[Publication Type]) OR patient education handout[Publication Type]) OR comment[Publication Type]) OR editorial[Publication Type]) OR newspaper article[Publication Type]
Limit to last 5 years ; human ; English	Filters activated: published in the last 5 years, Humans, English
N=341	
Systematic Reviews N=38 <a href="https://www.ncbi.nlm.nih.gov/sites/myncbi/r.relevo.1/collections/54069964/public/">https://www.ncbi.nlm.nih.gov/sites/myncbi/r.relevo.1/collections/54069964/public/</a>	PubMed subsection “Systematic[sb]”
Randomized Controlled Trials N=138 <a href="https://www.ncbi.nlm.nih.gov/sites/myncbi/r.relevo.1/collections/54069969/public/">https://www.ncbi.nlm.nih.gov/sites/myncbi/r.relevo.1/collections/54069969/public/</a>	Cochrane Sensitive Search Strategy for RCTs
Other N=165 <a href="https://www.ncbi.nlm.nih.gov/sites/myncbi/r.relevo.1/collections/54069979/public/">https://www.ncbi.nlm.nih.gov/sites/myncbi/r.relevo.1/collections/54069979/public/</a>	

The search was adapted and conducted in PsycINFO (EBSCOhost) on January 10, 2018

ClinicalTrials.gov searched on January 4th, 2018

163 Studies found for: early preventive intervention | Active, not recruiting, Completed Studies | Interventional Studies | Child | First posted from 01/01/2013 to 01/01/2018

[https://clinicaltrials.gov/ct2/results?cond=&term=early+preventive+intervention&type=Intr&rslt=&recrs=d&recrs=e&age\\_v=&age=0&qndr=&intr=&titles=&outc=&spons=&lead=&id=&cntry=&state=&city=&dist=&locn=&strd\\_s=&strd\\_e=&prcd\\_s=&prcd\\_e=&sfpd\\_s=01%2F01%2F2013&sfpd\\_e=01%2F01%2F2018&lupd\\_s=&lupd\\_e=](https://clinicaltrials.gov/ct2/results?cond=&term=early+preventive+intervention&type=Intr&rslt=&recrs=d&recrs=e&age_v=&age=0&qndr=&intr=&titles=&outc=&spons=&lead=&id=&cntry=&state=&city=&dist=&locn=&strd_s=&strd_e=&prcd_s=&prcd_e=&sfpd_s=01%2F01%2F2013&sfpd_e=01%2F01%2F2018&lupd_s=&lupd_e=)

7 Studies found for: parent management training | Active, not recruiting, Completed Studies | Interventional Studies | Child | First posted from 01/01/2013 to 01/01/2018

[https://clinicaltrials.gov/ct2/results?cond=&term=parent+management+training&sfpd\\_s=01%2F01%2F2013&sfpd\\_e=01%2F01%2F2018&cntry=&state=&city=&dist=&Search=Search&recrs=d&recrs=e&type=Intr&age=0](https://clinicaltrials.gov/ct2/results?cond=&term=parent+management+training&sfpd_s=01%2F01%2F2013&sfpd_e=01%2F01%2F2018&cntry=&state=&city=&dist=&Search=Search&recrs=d&recrs=e&type=Intr&age=0)