

Effectiveness Of Parent Management Training And Cognitive Behavioural Therapy On Parenting Self-Efficacy Among Parents Of Adolescents With Conduct Disorder In Secondary Schools In Akure, Nigeria

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ABSTRACT

This study examines the nexus between corporate governance practices and the deployment of information technology (IT) in the Lagos State Civil Service Commission between 2019 to 2025. The research adopts a qualitative approach, these qualitative techniques provide a comprehensive understanding of how governance structures influence the adoption, management, and effectiveness of IT systems within the public service. Qualitative data were generated from key informant interviews and document analysis of relevant policy reports, circulars, and strategic plans. Thematic analysis was employed to interpret the findings. The results indicate a significant relationship between corporate governance practices such as accountability, transparency, leadership commitment, and regulatory compliance and the level of IT deployment in the Commission. Effective governance frameworks were found to enhance strategic IT planning, improve resource allocation, and strengthen monitoring and evaluation mechanisms, thereby facilitating the successful implementation of digital platforms for personnel management and service delivery. Conversely, weak enforcement of governance principles and bureaucratic bottlenecks were identified as key challenges limiting optimal IT utilisation. The study concludes that robust corporate governance practices are critical to sustaining effective IT deployment in the Lagos State Civil Service Commission. It recommends the strengthening of governance structures, continuous capacity building for public officials, and the alignment of IT initiatives with institutional governance objectives to improve efficiency, transparency, and overall public sector performance in Lagos State.

Keywords: Parent Management Training, Cognitive Behavioural Therapy, School Counselling

INTRODUCTION

Conduct disorder (CD) in adolescence is a common externalizing behaviour problem characterized by aggression, rule violation, and antisocial behaviours that disrupt academic engagement, peer relationships, and family functioning. These behaviours place significant emotional and practical strain on caregivers and educational systems. Research indicates that parenting self-efficacy (PSE)—parents' beliefs in their ability to manage adolescents' behaviour—plays a critical role in shaping parenting practices and adolescent outcomes. Higher levels of PSE are associated with more effective behaviour management strategies, reduced parental stress, and decreases in externalizing behaviours over time, whereas low PSE is linked to inconsistent discipline and poorer psychosocial outcomes [1]. Systematic reviews further show that parenting interventions can significantly enhance parenting self-efficacy and parental well-being, although most existing evidence focuses on early childhood populations [2].

Parent Management Training (PMT) is a structured, evidence-based behavioural intervention that equips

parents with skills such as positive reinforcement, consistent discipline, and effective communication to reduce disruptive behaviours. Meta-analytic evidence demonstrates that PMT produces moderate to large improvements in parental competence and child behaviour across randomized trials [3]. Cognitive Behavioural Therapy (CBT), when adapted for adolescents with conduct problems, targets maladaptive cognitions, emotional regulation, and social problem-solving, with parental involvement enhancing treatment outcomes for externalizing behaviours [4,5]. Despite these benefits, empirical research examining the effects of PMT and CBT on parenting self-efficacy among parents of adolescents with conduct disorder in African school contexts remains limited, particularly in Nigeria. To address this gap, the present study adopted a quasi-experimental pre-test–post-test control group design to examine the effectiveness of Parent Management Training and Cognitive Behavioural Therapy on parenting self-efficacy among parents of adolescents with conduct disorder in secondary schools in Akure, Nigeria.

This study is anchored in Social Cognitive Theory (SCT) and Cognitive Behavioural Theory (CBT) to explain the effectiveness of Parent Management Training (PMT) and Cognitive Behavioural Therapy (CBT) in enhancing parenting self-efficacy among parents of adolescents with conduct disorder in secondary schools in Akure, Nigeria. Social Cognitive Theory posits that self-efficacy is a central determinant of behaviour and is shaped through reciprocal interactions among personal, behavioural, and environmental factors [6,7]. Within this framework, PMT strengthens parents' self-efficacy through structured skill acquisition, modelling, reinforcement, and mastery experiences. As parents learn and consistently apply effective behaviour management strategies, observable improvements in adolescents' conduct further reinforce parents' confidence in their parenting abilities [8,9].

Cognitive Behavioural Theory emphasizes the role of cognitive processes in shaping emotions and behaviour [10]. In the context of parenting adolescents with conduct disorder, maladaptive beliefs, negative thought patterns, and emotional dysregulation may undermine parents' confidence and consistency in discipline. CBT addresses these challenges by enabling parents to identify and restructure dysfunctional cognitions, regulate emotional responses, and adopt adaptive coping strategies, thereby enhancing perceived parenting competence and self-efficacy [11,12]. The integration of SCT and CBT provides a comprehensive framework for understanding how PMT and CBT improve parenting self-efficacy. While PMT primarily targets behavioural skills and environmental contingencies, CBT focuses on cognitive restructuring and emotional regulation. Together, these interventions strengthen parents' confidence and competence in managing adolescent conduct problems, forming the theoretical basis for examining their effectiveness in the present study.

Purposes of the Study

The broad purpose of the study is to examine the effectiveness of Parent Management Training and Cognitive Behavioural Therapy on Parenting Self-Efficacy among Parents of Adolescents with Conduct Disorder in Secondary Schools in Akure, Nigeria,

Hypotheses

The following three hypotheses were generated and tested at 0.05 level of significance

1. There will be a significant difference in post-test parenting self-efficacy scores between parents of adolescents with conduct disorder who receive Parent Management Training and Cognitive Behavioural Therapy and those in the control group, with parents in the intervention groups recording higher parenting self-efficacy.

2. There will be a significant difference in parenting self-efficacy between male and female parents who receive Parent Management Training (PMT) and Cognitive Behavioural Therapy (CBT) among parents of adolescents with conduct disorder in secondary schools in Akure, Nigeria.

MATERIALS AND METHODS

Research Design

The study adopted a quasi-experimental pre-test–post-test control group design and was conducted in purposively selected public secondary schools in Akure, Ondo State, Nigeria. Schools were chosen based on the presence of adolescents meeting conduct disorder criteria and parents' willingness to participate. Adolescents were identified through referrals from school counsellors and teachers using standardized behavioural screening tools to ensure objectivity. Eligible parents were contacted through school authorities and recruited into intervention or control groups. Parenting self-efficacy was assessed at baseline and post-intervention, allowing comparison of changes across groups and evaluation of PMT and CBT effectiveness [13].

Participants

Participants were 76 parents of adolescents with conduct disorder, comprising 55 females (72.4%) and 21 males (27.6%). Most participants were aged 33–35 years (76.3%), followed by those aged 28–32 years (19.7%). Christianity was the predominant religion (86.8%), and over half of the participants were married (56.6%), while others were single parents, widows, or widowers. These characteristics reflect typical caregiving demographics within the study context. Participant distribution is presented in Table 1.

Table 1: *Demographic Characteristics of Respondents (N = 76)*

Variable	Category	Frequency (f)	Percentage (%)
Gender	Female	55	72.4
	Male	21	27.6
Age (years)	18–22	1	1.3
	23–27	2	2.6
	28–32	15	19.7
	33–35	58	76.3
Religion	Christianity	66	86.8
	Islam	8	10.5
	Traditional	1	1.3
	Other	1	1.3
Marital Status	Married	43	56.6
	Single Parent	23	30.3
	Widow	6	7.9
	Widower	4	5.3

Measures

The Parenting Sense of Competence Scale (PSOC), developed by Charlotte and Mash in 1989, was used to screen parents with low parenting self-efficacy.

The PSOC comprises two subscales: Efficacy (7 items; score range = 7–42) and Satisfaction (9 items; score range = 9–54). The Efficacy subscale assesses parents' perceived competence and problem-solving ability in managing their children's behaviour, with typical items such as “*I meet my own personal expectations for expertise in caring for my child*” and “*I know how to solve most of the problems between my child and me.*” The Satisfaction subscale measures parents' emotional responses and gratification derived from the parenting role, with items such as “*A difficult problem in being a parent is not knowing whether you are doing a good job or a bad one*” and “*Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.*” Items are rated on a Likert-type scale, with higher scores indicating greater perceived parenting competence. Previous studies have reported strong internal consistency and construct validity for the instrument. The PSOC has also been applied in Nigerian research contexts, demonstrating cultural relevance and applicability. In the present study, pilot testing yielded a reliability coefficient of $r = 0.85$, indicating good internal consistency and supporting its suitability for the study population. Participants were screened using the PSOC, and only parents who obtained scores below 50 on the total scale were recruited for the study. This cut-off score reflects low perceived parenting competence and reduced parenting self-efficacy based on the recommended scoring framework of the instrument.

Parenting self-efficacy, the outcome variable, was measured using a standardized Parenting Self-Efficacy Scale (PSES) grounded in Albert Bandura's Social Cognitive Theory (1986). The scale assesses parents' perceived confidence in managing adolescent behavioural challenges across domains such as discipline, communication, and emotional support. Typical items include “*I feel confident in handling my adolescent's challenging behaviours*” and “*I can effectively guide my adolescent to make responsible decisions.*” Responses are rated on a Likert-type format, with higher scores reflecting stronger self-efficacy beliefs. Previous research has reported acceptable reliability and validity indices for the PSES, with Cronbach's alpha coefficients exceeding .70 and significant associations with effective parenting practices and positive adolescent outcomes. Pilot testing in the present study confirmed clarity of the items, cultural appropriateness, and adequate internal consistency for the study sample.

Procedure for Data Collection

Data were collected over nine months (April 2025–January 2026). Eligible parents completed baseline assessments before being randomly assigned to PMT, CBT, or control groups. PMT and CBT groups received 10 structured 90-minute sessions using participatory methods, while the control group were

not treated however, data was collected from the group at baseline and post intervention. They were compensated with one week counselling services. Post-test assessments were conducted after intervention completion using the same instrument to ensure measurement consistency. Intervention details are summarized in Table 2 [20].

Table 2: Summary of Intervention Sessions: PMT and CBT

Session	Parent Management Training (PMT)	Cognitive Behavioural Therapy (CBT)
1	Orientation & Psychoeducation	Orientation & Psychoeducation
2	Understanding Adolescent Behaviour (ABC Model)	Identifying Parenting-Related Thoughts
3	Positive Parent-Adolescent Communication	Cognitive Restructuring
4	Reinforcement Strategies	Core Beliefs and Parenting Schemas
5	Rules, Expectations, and Monitoring	Behavioural Activation & Mastery
6	Managing Misbehaviour	Emotion Regulation Skills
7	Problem-Solving & Conflict Resolution	CBT-Based Problem-Solving
8	Parental Stress Management	Assertiveness & Communication Skills
9	Generalization & Maintenance	Relapse Prevention
10	Review & Termination	Review & Termination

Ethical Considerations

Ethical approval was obtained from the University of Ibadan Social Science and Human Research Ethics Committee (UI/SSHREC/2025/044; 16 April 2025) and the Ministry of Women Affairs and Social Welfare, in accordance with protocols for research involving parents and adolescents with conduct disorder [21].

DATA ANALYSIS

Data were analyzed using IBM SPSS Statistics version 28. Descriptive statistics were first used to summarize participants' demographic characteristics. To examine the effects of the interventions on post-test parenting self-efficacy while controlling for baseline (pre-test) scores, a one-way analysis of covariance (ANCOVA) was conducted. Significant main effects were followed up with Scheffé post hoc tests to identify pairwise differences between groups. Effect sizes for the ANCOVA were reported using partial eta squared (η^2). Additionally, independent samples t-tests were conducted to examine gender differences in post-test parenting self-efficacy, with Cohen's d and 95% confidence intervals reported to indicate the magnitude and precision of observed differences. Statistical significance was set at $p < .05$ [22].

RESULTS

Hypothesis One: Hypothesis one stated that there would be a significant difference in post-test

parenting self-efficacy scores between parents of adolescents with conduct disorder who received Parent Management Training (PMT) and Cognitive Behavioural Therapy (CBT) and those in the control group. Analysis of Covariance (ANCOVA) was used

to test this hypothesis while controlling for baseline (pre-test) parenting self-efficacy. The result is presented in Table 3

Table 3: ANCOVA for Post-Test Parenting Self-Efficacy (Controlling for Pre-Test)

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	2424.549	2	1212.275	19.59	.000	.403
Intercept	1878.626	1	1878.626	30.39	.000	.352
Pretest	91.924	1	91.924	1.49	.228	.026
Treatments	2332.625	2	1166.313	18.87	.000	.403
Error	3461.887	56	61.819			
Total	48100.000	76				
Corrected Total	6970.737	75				

$R^2 = .403$ (Adjusted $R^2 = .335$)

The results presented in table 3 revealed a statistically significant main effect of treatment on post-test parenting self-efficacy, $F(2, 56) = 18.87, p < .001$, partial $\eta^2 = .403$, indicating that participation in the interventions significantly improved parenting self-efficacy compared with the control group. The pre-test covariate was not significant, $F(1, 56) = 1.49, p = .228$, suggesting that baseline scores did not independently predict post-test outcomes after controlling for treatment. Overall, the model was significant, $F(3, 56) = 18.87, p < .001$, explaining approximately 40.3% of the variance in post-test parenting self-efficacy (partial $\eta^2 = .403$). Thus, the null hypothesis was rejected in favour of the alternative. Based on your ANCOVA results. A Scheffé post hoc analysis was conducted to examine pairwise differences in post-test parenting self-efficacy among the three groups while controlling for baseline self-efficacy. The result is presented in table 4.

Table 4: Scheffé Post Hoc Comparisons of Adjusted Post-Test Parenting Self-Efficacy Scores

Comparison	Mean Difference (Adj.)	Std. Error	Sig.	95% Confidence Interval
PMT vs CBT	4.12	1.23	.041	0.10 – 8.14
PMT vs Control	12.85	1.17	.000	8.90 – 16.80
CBT vs Control	8.73	1.18	.000	4.77 – 12.69

The results indicated significant differences between the groups. Parents in the Parent Management Training (PMT) group ($M_{adj} = \bar{X}, SE = Y$) scored

significantly higher on post-test parenting self-efficacy than those in the Cognitive Behavioural Therapy (CBT) group ($M_{adj} = \bar{X}, SE = Y, p = .041, 95\% CI [0.10, 8.14]$). Both intervention groups demonstrated significantly higher scores compared with the control group. Specifically, the PMT group outperformed the control group (M_{adj} difference = 12.85, $SE = 1.17, p < .001, 95\% CI [8.90, 16.80]$), and the CBT group also scored higher than the control group (M_{adj} difference = 8.73, $SE = 1.18, p < .001, 95\% CI [4.77, 12.69]$).

These findings indicate that participation in either intervention enhanced parenting self-efficacy, with PMT being more effective than CBT. The results support the hypothesis that structured parenting interventions can significantly improve parents' perceived competence in managing adolescent conduct problems. The use of adjusted means ensures that the differences observed are not confounded by baseline variations in parenting self-efficacy.

Hypothesis Two: The hypothesis stated that there would be a significant difference in parenting self-efficacy between male and female parents who received Parent Management Training (PMT) and Cognitive Behavioural Therapy (CBT) among parents of adolescents with conduct disorder in secondary schools in Akure, Nigeria. An independent samples *t*-test was conducted to examine gender differences in parenting self-efficacy among parents who received Parent Management Training (PMT) and Cognitive Behavioural Therapy (CBT). The result is presented in Table 5.

Table 5: Post-Test Gender Differences in Parenting Self-Efficacy among PMT and CBT Participants

Gender	N	Mean	SD	Std. Error Mean	t	df	p	MD	95% CI of Difference	Cohen's d
Male	21	20.67	3.95	0.86	-3.03	74	.003	-3.17	-5.21 to -1.13	0.78
Female	55	23.84	4.12	0.56						

An independent samples *t*-test for independent samples was conducted to examine gender differences in post-test parenting self-efficacy among parents who received Parent Management Training

(PMT) and Cognitive Behavioural Therapy (CBT). Female parents ($M = 23.84, SD = 4.12$) reported significantly higher parenting self-efficacy than male parents ($M = 20.67, SD = 3.95$), $t(74) = -3.03, p = .003, 95\% CI [1.13, 5.21]$. The mean difference of

3.17 and a Cohen's d of 0.78 indicate that the observed difference is both statistically and practically meaningful, suggesting that gender may influence how parents respond to PMT and CBT interventions.

DISCUSSION

The findings indicate that, after controlling for baseline self-efficacy, the intervention accounted for approximately 12% of the variance in post-test parenting self-efficacy. Parents in the intervention groups recorded higher adjusted mean scores than those in the control group, supporting the first hypothesis. This result is consistent with contemporary evidence demonstrating that structured parenting interventions significantly enhance parental self-efficacy and reduce psychological distress across diverse populations [23]. Evidence from umbrella reviews further suggests that parental education, skills training, and structured support are key mechanisms through which interventions strengthen parents' beliefs in their caregiving capabilities [24]. Context-specific studies also show that targeted parenting programmes can improve self-efficacy among caregivers facing heightened stress and adversity, including those in vulnerable settings [25]. Additionally, emerging evidence indicates that both traditional and digitally delivered parenting interventions produce substantial gains in parental self-efficacy, highlighting the adaptability of such programmes across delivery formats [26].

The second major finding revealed that parents who received Parent Management Training (PMT) demonstrated higher parenting self-efficacy than those who participated in Cognitive Behavioural Therapy (CBT). This outcome supports the study hypothesis and aligns with growing evidence that behaviourally oriented parent interventions are particularly effective in enhancing parental confidence [27]. PMT emphasizes practical, observable skills such as consistent discipline, positive reinforcement, and behaviour monitoring, providing parents with direct mastery experiences that are central to the development of self-efficacy [28]. In contrast, CBT primarily targets cognitive restructuring and emotional regulation. While these components are effective for reducing parental distress, they may offer fewer immediate opportunities for skill mastery when delivered without intensive behavioural practice, resulting in comparatively smaller gains in self-efficacy [29]. However, recent evidence indicates that integrative or hybrid models combining cognitive and behavioural components can yield stronger outcomes, suggesting that intervention effectiveness may depend on content balance and delivery structure.

The third finding demonstrated that gender significantly influenced parenting self-efficacy

outcomes, with female parents reporting higher perceived competence than male parents following the interventions. The magnitude of this difference suggests that gender is a meaningful moderator rather than a marginal factor. This pattern is consistent with literature showing that parenting interventions often yield greater self-efficacy gains among female caregivers, who are typically more involved in daily caregiving and behaviour management tasks. Intervention content emphasizing routine parenting practices may therefore align more closely with mothers' roles, enhancing mastery experiences and confidence. Differences in engagement, perceived relevance, and responsiveness to intervention formats may further explain this disparity, as female caregivers often report greater participation and application of learned strategies [32].

Social and contextual influences also contribute to gender differences in parenting self-efficacy. Evidence indicates that female caregivers frequently receive stronger social reinforcement and validation for parenting efforts, which can amplify intervention effects through social persuasion and mastery reinforcement mechanisms [33]. Importantly, the findings do not imply that male parents fail to benefit from PMT or CBT, but rather that their perceived gains may be smaller. This underscores the need for gender-responsive intervention approaches that actively engage fathers, address participation barriers, and tailor content to diverse caregiving experiences. Overall, the findings emphasize the importance of intervention content, delivery, and participant characteristics in shaping parenting self-efficacy outcomes. Behaviourally focused programmes such as PMT appear particularly effective for strengthening parents' sense of competence, while integrative models may offer additional benefits by addressing both behavioural skills and cognitive-emotional challenges. Incorporating flexible and inclusive strategies may enhance the effectiveness of parenting interventions for both male and female caregivers, ultimately supporting improved adolescent behavioural outcomes.

CONCLUSION AND RECOMMENDATIONS

The present study examined the effectiveness of Parent Management Training (PMT) and Cognitive Behavioural Therapy (CBT) on parenting self-efficacy among parents of adolescents with conduct disorder in secondary schools in Akure, Nigeria. Findings indicate that both interventions significantly improved parenting self-efficacy compared with a control group, with PMT producing greater gains than CBT. This outcome underscores the effectiveness of structured, skills-based behavioural interventions in enhancing parents' confidence and competence in managing adolescent conduct problems. Gender differences were also observed, with female parents demonstrating higher levels of

post-intervention parenting self-efficacy than male parents. This finding highlights the moderating role of gender in intervention outcomes and emphasizes the need for gender-responsive strategies to engage fathers more effectively in parenting programmes.

The finding from this study provides empirical support for the integration of evidence-based parenting interventions, such as PMT and CBT, in Nigerian school contexts. The results suggest that school- and community-based programmes can strengthen parents' self-efficacy, potentially contributing to improved adolescent behavioural outcomes. Future interventions should consider incorporating hybrid approaches that combine behavioural and cognitive strategies and adopt inclusive designs that address gender differences in caregiving roles.

The findings have practical implications for policymakers, educators, and mental health professionals seeking to implement structured parenting programmes in Nigerian secondary schools. By enhancing parental competence and confidence, such interventions may contribute to healthier family dynamics, reduced conduct problems in adolescents, and the promotion of positive developmental outcomes

LIMITATIONS

This study has several limitations. First, the quasi-experimental design limits causal inference and may introduce selection bias. Second, the sample was drawn from a few public secondary schools in Akure, reducing generalizability to other regions, private schools, or diverse populations [34]. Third, self-report measures of parenting self-efficacy may be influenced by social desirability, and objective or multi-informant assessments were not used [35]. Fourth, the intervention lasted only 10 sessions, which may not reflect long-term sustainability [36]. Finally, the predominance of female participants (72.4%) may have affected gender-related outcomes, limiting insights about fathers [37]. Future studies should include more balanced samples, longer follow-ups, and broader contexts to strengthen the applicability of findings [38].

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