



## PARENT MANAGEMENT TRAINING

### Blueprints Program Rating: Model

A group- or individual-based parent training program that teaches effective family management strategies and parenting skills, including skill encouragement, setting limits/positive discipline, monitoring, problem solving, and positive involvement, in order to reduce antisocial and behavior problems in children.

### FACT SHEET

#### PROGRAM OUTCOMES

Antisocial-aggressive Behavior  
Conduct Problems  
Delinquency and Criminal Behavior  
Externalizing  
Internalizing

#### PROGRAM TYPE

Parent Training

#### PROGRAM SETTING

Community (e.g., religious, recreation)  
Mental Health/Treatment Center

#### CONTINUUM OF INTERVENTION

Selective Prevention (Elevated Risk)  
Indicated Prevention (Early Symptoms of Problem)

#### AGE

Early Childhood (3-4) - Preschool  
Late Childhood (5-11) - K/Elementary  
Early Adolescence (12-14) - Middle School  
Late Adolescence (15-18) - High School

#### GENDER

Male and Female

#### RACE/ETHNICITY

All Race/Ethnicity, Hispanic or Latino

#### ENDORSEMENTS

**Coalition for Evidence-Based Policy:** Near Top Tier  
**Blueprints:** Model

#### PROGRAM INFORMATION CONTACT

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#### PROGRAM DEVELOPER/OWNER

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### BRIEF DESCRIPTION OF THE PROGRAM

Parent Management Training – Oregon Model (PMTO™) is a group of theory-based parent training interventions that can be implemented in a variety of family contexts. The program aims to teach effective family management skills in order to reduce antisocial and problematic behavior in children who range in age from 3 through 16 years. PMTO is delivered in group and individual family formats, in diverse settings (e.g., clinics, homes, schools, community centers, homeless shelters), over varied lengths of time depending on families' needs. Typically sessions are one week apart to optimize the opportunity for learning and rehearsing new practices. The number of sessions provided in parent groups ranges from 6 to 14; in clinical samples the mean number of individual treatment sessions is 25.

The central role of the PMTO therapist is to teach and coach parents in the use of effective parenting strategies, namely skill encouragement, setting limits or effective discipline, monitoring, problem solving, and positive involvement. In addition to the core parenting practices, PMTO incorporates the supporting parenting components of identifying and regulating emotions, enhancing communication, giving clear directions, and tracking behavior. Promoting school success is a factor that is woven into the program throughout relevant components.

See: [Full Description](#)

### OUTCOMES

In a nine year study with divorced parents, parent training participants compared to controls experienced:

- Posttest (12 months) reductions in coercive parenting and negative reinforcement (Forgatch & DeGarmo, 1999).
- Posttest increases in positive parenting, effective parenting practices, and adaptive functioning.
- Posttest decreases in boys' noncompliance.
- Reduced maternal depression and child internalizing and externalizing at 30-month followup (DeGarmo et al., 2004; Martinez & Forgatch, 2001).
- Reduction in poverty and greater rise out of poverty at 30 months follow-up (Forgatch & DeGarmo, 2007).
- Lower levels and lower growth in teacher-rated delinquency at nine year follow-up (Forgatch et al., 2009).
- Reduction in average levels (but not growth) of deviant peer association.
- Lower rates of arrest and delayed age at first arrest at nine year follow-up (Forgatch et al., 2009).
- Fewer police arrests among mothers at nine year follow-up (Patterson et al., 2010).
- Increased socioeconomic status levels among mothers at nine year follow-up (Patterson et al., 2010, Forgatch & DeGarmo, 2007).

Bank et al., 1991:

- Parent Training participants had faster decreases in rates and prevalence of juvenile arrests than community controls.

Patterson et al., 1982:

- Significant reductions in deviant behavior among treatment children, compared to control group children (63% vs. 19%).
- Significant differences in observations of aversive behaviors between groups, with 70% of treatment children testing within the normal range post-intervention, compared to 33% of control group children.

Martinez and Eddy, 2005:

- Parent Training participants had reductions in 3 of 7 youth outcomes (aggression, externalizing behaviors, and likelihood of using tobacco) and 3 of 7 parenting outcomes (general parenting, skill encouragement, overall effective parenting).

Ogden and Hagen, 2008; Amlund Hagen et al., 2011:

- Children in the PMTO group scored significantly lower than Regular Service (RS) group children at end of treatment on parent-rated externalizing behavior problems and had significantly lower scores on the CBCL total problem scale.
- Parent Daily Report scores across 3 days indicated that significantly fewer problems were reported for PMTO children younger than 8 compared with the RS group, and younger PMTO children scored significantly lower on the TRF externalizing and total problem scales than did younger RS children.
- Children of families assigned to the PMTO group were rated as significantly more socially competent by their teachers at the end of treatment than RS children.
- Parents who received PMTO scored significantly higher on effective discipline than did their counterparts in the RS group at the end of treatment as rated by coders.
- PMTO parents with younger children scored significantly higher on parental monitoring than did the parents of younger children in the RS group.
- Long-term results showed benefits only for total aversive behavior in two-parent families.

Forgatch et al., 2005; DeGarmo & Forgatch, 2007; Bullard et al., 2010; Wachlarowicz et al., 2012

- Stepparent families receiving PTMO showed a significant increase in positive parenting and stepfathering practices, and a significant decline in child behavior problems and depression.
- Parents reported improved marital interaction and mothers' marital satisfaction (but not fathers')
- Significant decline in coercive parenting.

Bjørknes et al., 2012; Bjørknes & Manger, 2012:

- Among immigrant mothers from Pakistan and Somalia now living in Norway, the program improved positive parenting practices and child conduct problems.

Sigmarsdóttir et al., 2014

- Significant program effects on child adjustment problems, compared to families who received Services as Usual.

Kjøbli & Ogden, 2012 (Brief Parent Training):

- Parents reported that their children in the intervention group had fewer behavioral problems, externalizing, and Anxiety/Depression and improved social competence.
- Intervention parents, relative to control parents, reported more positive parenting practices, and lower scores on harsh discipline, harsh for age, and inconsistent discipline.

Kjøbli, et al., 2013:

- Two of the five variables of parent-reported child outcomes (intensity and social competence) and one variable of parent-reported parenting practices (harsh discipline) were significantly improved in the intervention group compared to the control group at posttest and 6-month follow-up.
- The parent distress measure was significantly different between groups at posttest.
- One of the three teacher-report measures (social competence) was significantly improved in the intervention group compared to the control group at posttest but not at 6-month follow-up.

## **RACE/ETHNICITY/GENDER DETAILS**

Evaluations have been conducted with Spanish-speaking, Latino families and Scandinavian families in Norway and Iceland (one of which targeted immigrant Pakistani and Somali families).

## **RISK AND PROTECTIVE FACTORS**

## **TRAINING AND TECHNICAL ASSISTANCE**

## **BRIEF EVALUATION METHODOLOGY**

## **REFERENCES**

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**Blueprints for Healthy Youth Development**  
*In partnership with the Annie E. Casey Foundation*

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