

Therapist Factors Matter: A Systematic Review of Parent Interventions Directed at Children's Behavior Problems

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The present review systematically explored research examining the relationship between therapist-related factors and the outcomes of parent interventions directed at children's behavior problems. A systematic search of the literature was conducted with online scientific databases, parenting programs, web sites, and bibliographic references of the selected articles, according to PRISMA guidelines. A total of 24 quantitative studies met the inclusion criteria. Although some methodological limitations were identified with respect to the measurement of therapist factors, the reviewed research strongly suggests that the therapist plays a critical role in parent interventions directed at behavior problems. In particular, many parent outcomes are found to be related to the parent–therapist alliance, the therapist's fidelity to the intervention, specific therapist's in-session actions, and the therapist's personal variables. The parent–therapist alliance and therapist fidelity to the intervention consistently relate to changes in parenting practices, and alliance additionally relates to fewer perceived barriers to participation in treatment, more treatment acceptability, and greater parenting satisfaction and self-efficacy. In addition, specific in-session therapist interpersonal actions relate to parents' engagement and satisfaction, while both the therapist's interpersonal actions and more active skills relate to parent change. Therapist's personal variables have been scarcely or poorly studied to date, but the results found justify the need to develop further research in this area. In conclusion, more attention should be given to the role of the therapist when implementing parenting programs directed at behavior problems, and more and better research is needed that can overcome the methodological limitations identified.

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Conduct disorders and the associated antisocial behavior are the most common reason for referral to child and adolescent mental health services (NICE, 2013). One of the most widely researched effective interventions for the prevention and treatment of child and youth behavior problems is parent-based interventions (Carr, 2019; NICE, 2013). Primarily directed at parents, most of them are parenting programs, which are generally structured, short-term interventions, provided individually or in a group format, by a range of helping professionals (Dretzke et al., 2009).

Evidence-based parenting programs aimed at mitigating children's behavior problems have proliferated in the recent decades, with governments and local authorities requiring widespread dissemination of effective interventions in naturalistic and community settings (DeGarmo, Patterson, & Forgatch, 2004). However, extending treatment trials to clinical settings without conducting the complementary research that examines why and how treatment works can present significant limitations (Kazdin & Nock, 2003). A recent meta-meta-analysis on the effectiveness of parent-based interventions for children with externalizing behavior problems concluded that there is a great variability with respect to the size of the effects of parent-based interventions, ranging from small to large effects (Mingebach, Kamp-Becker, Christiansen & Weber, 2018). A review of the literature on engagement in behavioral parent training suggests that on average, one-quarter of the families attending parent training drop out from treatment (Chacko et al., 2016). Limited variables have been identified that influence outcomes in parent training programs (Jones, 2014). While child, parent, environmental, and treatment characteristics have been studied much more extensively (Herschell, Capage, Bahl, & McNeil, 2008), potentially critical mechanisms of change that have received attention in the adult literature, such as the role of the therapist or therapeutic alliance, are missing in the child and adolescent literature (Jones, 2014).

The Importance of Studying Therapist Factors

Therapist factors seem to represent a key variable among the process skills needed to deliver any intervention effectively, as it is the manner in which content is delivered that contributes to the development of the therapeutic relationship and that guides positive participant outcomes (Hubble, Duncan, & Miller, 2002). Intervention research studies are moving toward placing therapists rather than treatments as the central focus of attention—*therapist-focused research* (Barkham, Lutz, Lambert, & Saxon, 2017)—and the effort to identify the characteristics and actions of effective therapists has increased in the past decade (Wampold, Baldwin, Holtforth, & Imel, 2017). Working with complex systems, such as families (or parent groups), may be more demanding and require additional skills from the therapist, making his/her role even more crucial than in individual-only work (Blow & Karam, 2017). However, the study of the therapist's role on the outcome of parent interventions is not a common goal of research (Scott, Carby & Rendu, 2008) and to date seems to have been addressed sparsely and in a nonsystematic way.

Given the fact that there are more evidence-based treatment models for behavior problems than for other childhood mental health problems (Eyberg, Nelson, & Boggs, 2008), it seems useful to assign a particular focus to this population. Moreover, it is known that families of children with behavior problems experience more parental stress (Barroso, Mendez, Graziano, & Bagner, 2018), tend to be difficult to engage effectively in services (Brinkmeyer, Eyberg, Nguyen, & Adams, 2004), and may exhibit significant resistance to the intervention (Patterson & Chamberlain, 1994). Therapist-related factors may play a significant role in engaging these parents in the intervention and in the process of enabling parental change, thus making them worthy of increased attention.

Therapist Factors in Family and Youth Interventions

Scott and Gardner (2015) highlighted the role of therapist effects in the field of parent interventions and propose that therapist performance is divided into three elements: the *alliance*, which is defined as how well the client and therapist get on together and agree on shared goals; *adherence* to the intervention's components, which expresses the extent to which the therapist follows the actions prescribed in the manual; and the *skill* or competence with which the therapist carries out the tasks, that is, the quality of the actions performed by the therapist.

It is well known that the therapist contributes to the development and maintenance of the therapeutic alliance (Ackerman & Hilsenroth, 2003), as this is a shared process between the client and the professional. A systematic review has been conducted which explored the influence of the parent–therapist relationship in youth interventions (De Greef, Pijnemburg, van Hattum, McLeod & Scholte, 2016). Several of the included studies found that higher levels of parent–professional alliance were associated with both improved clinical outcomes for those children, parents, and families involved, and lower levels of dropout.

The provider's fidelity to the program has also shown to significantly affect the outcomes obtained in different promotion and prevention programs for children and adolescents (Durlak & DuPre, 2008). Recent conceptualizations of fidelity have included both the concept of treatment adherence (i.e., the accuracy with which the specified elements of an intervention model are implemented) and therapist's competence (i.e., the level of the therapist's skill and judgment; Collyer, Eisler, & Woolgar, 2019; Perepletchikova, Treat, & Kazdin, 2007). These definitions reinforce the idea that the therapist plays an active role in skillfully delivering an intervention as intended, which goes beyond simply following the prescribed procedures. Treatment fidelity was found to be a significant moderator of the reduction of antisocial behavior in evidence-based interventions for juveniles with antisocial behavior (Goense, Assink, Stams, Boendermaker, & Hovee, 2016). However, another recent meta-analysis identified no relationship between composite fidelity and the outcomes of many children/adolescents' psychosocial interventions, pointing out that therapist adherence and competence were differentially related to outcome and that more research is needed in this field (Collyer et al., 2019).

Some research has also been conducted on what the therapist does in the intervention (Wampold et al., 2017), analyzing the impact of specific therapists' actions exhibited during the intervention. In a meta-analytic review on dropout in child and adolescent mental health care, the therapist's being directive, controlling, and confronting were significant dropout predictors, while the act of expressing care and concern, and being communicative and supportive, served to enhance the probability that the patient would continue therapy (de Haan, Boon, de Jong, Hovee, & Vermeiren, 2013). In their research review focused on couple and family therapy, Blow, Sprenkle and Davis (2007) also highlighted the therapist's role as a key ingredient of change, even in manualized interventions, in their active engagement of family members and preparing them for a change, working to create a strong fit between him or herself and the clients; being flexible, responsive, creative, and committed and making decisions as to how best to proceed in therapy at any given moment in the process (Blow et al., 2007).

Another set of variables that have been the focus of some investigation are the therapists' personal variables. Wampold et al. (2017) pointed to the relevance of studying not only what the therapist does in the sessions but also what he/she brings to the therapy. In fact, research has been sparse and inconsistent as to the effect of the therapist's extra-therapy characteristics, such as sex, age, training, experience or personality, well-being and personal values, attitudes, and beliefs (Beutler et al., 2004). Moreover, there are still

other therapist's personal variables that have neither been studied much nor included in previous classifications. These are, for example, practitioners' specific perceptions and beliefs about the process of treatment itself (Nelson & Steele, 2007), as well as other within-therapist factors that change over the intervention time (Chui, Hill, Kline, Kuo & Mohr, 2016). These are all aspects of the personal presence of the therapist that may influence the therapeutic process (Aponte, 1996) and therefore should be analyzed as well.

Current Review

The aim of the present systematic review is to examine the empirical literature searching for the specific therapist¹ factors that relate to child and parent outcomes in parent interventions for child behavior problems, as this particular focus has not been explored in previous reviews. Specifically, we will look for parent–therapist alliance, and fidelity to the intervention, according to Scott and Gardner's (2015) proposal. We will also increase the detail of our analysis and consider the specific actions undertaken by therapists during the parent intervention sessions, as well as the therapist's personal variables that relate to the outcomes.

METHOD

We performed a systematic search of the literature according to the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Moher, Liberati, Tetzlaff, Altman, & The PRISMA Group, 2009). Studies included in the present review were identified through a comprehensive systematic search of three different sources: scientific online databases, parenting programs, web sites, and bibliographic references of the selected articles. All the searches were conducted by the first author between August 19, 2019, and September 8, 2019.

The online database search was conducted in *PsycInfo*, *PsycArticles*, *Scielo Citation Index*, and through the provider EBSCO Discovery Service—Online Knowledge Library (B-ON)—Psychology and Behavioral Science Collection, which provided access to five databases in the field of psychology (*Academic Search Complete*, *Complementary Index*, *ERIC*, *ScienceDirect*, and *Supplemental Index*). Figure S1 illustrates the search terms used and replicated in all databases. The search was limited to *scholarly (peer-reviewed) journals* and to the articles published by the date of the systematic review that featured the search terms in the abstract. No other limiter was used in order to include the broadest possible selection of studies on the subject. The abstracts (and, when necessary, the full text) of all the articles found were screened in order to select the studies which met the criteria for inclusion in the review. To complement these findings with relevant studies not published in these databases, an additional search was conducted of the web sites of Blueprint-referenced parenting programs focusing on the reduction of externalizing behavior in children, given how Blueprints exhibit strong scientific evidence of effectiveness in reducing antisocial behavior.² Finally, in the interest of a more thorough examination of

¹In the present review, we use the word *therapist* in a broad sense to summarize all the different terms that are used in the literature to refer to the professional who leads the parent intervention, such as *therapist*, *leader*, *interventionist*, *counselor*, *facilitator*, *practitioner*, and *implementer*. The choice of the term *therapist* was based on the literature reviewed, where this was the most common designation given to the professional.

²The search platform of Blueprint Programs web site was explored, filtered by Program Type (*Parent Training*) and Target Population (*from infant to late adolescence*). From the 24 programs found, eight programs (*PMTO*, *Coping Power*, *Familias Unidas*, *Triple P*, *Incredible Years*, *PCIT*, *Strengthening Families*, and *Positive Family Support*) were selected according to the goals of the search, and their web sites were explored.

the literature, we also searched the bibliographic references of the initially selected articles.

Criteria for Inclusion

The inclusion of articles in the review was based on the following criteria: (a) The study must refer to interventions in which the main component was a parent-based intervention (i.e., intervention directed exclusively at parents, even if it is part of a multicomponent intervention); (b) the interventions must be targeted at children or youth with externalizing behavior problems; (c) the sample must include children having some identified behavior problem or parents with child management difficulties; (d) the study must quantitatively analyze associations between therapist variables and children or parent outcomes; and (e) the study is reported in English.

Study Quality

Included studies were critically appraised for study quality by the lead author, who used criteria to assess risk of bias. Given that there are no consistently established guidelines for assessing study quality in quasi-experimental studies such as some of the designs included in the present analysis, the included studies were assessed according to predefined binary criteria, following the recommendations of Sanderson, Tatt and Higgins (2007) about the fundamental domains to assess in observational studies and in accordance with a previous review on the same field (Collyer et al., 2019).

The following criteria were used to assess the quality of the studies: (a) clear eligibility criteria reported; (b) reported participation rate $\geq 70\%$ of eligible or approached sample; (c) dropout at follow-up $\leq 30\%$, or missing data shown to not differ from those with complete data on any of the predictor variables, or showing that predictor–outcome relationships remained the same after adjusting for missing data; (d) at least two different therapists demographic characteristics reported; adequate validity and reliability of the measure(s) of the therapist-related factors, according to the following criteria: (e) At least one of the measures is external or independent observer rated; (f) the measure(s) were already validated or their construct validity is analyzed in the study; (g) the measure(s) show satisfactory internal consistency (internal consistency: $\alpha \geq .70$) or interrater reliability checks ($ICC \geq .60$ or $\kappa \geq 0.61$); (h) the included items are described or there is a detailed description of the subscales; (i) used questionnaire outcome measures which demonstrate reliability and validity in the present or previous studies (internal consistency: $\alpha \geq .70$, convergent validity: $r = .6$ or interrater reliability: $ICC \geq .60$ or $Kappa \geq .61$) or other type of outcome measure with low risk of bias (ex. rate of participation); (j) controlled or adjusted for the influence of baseline symptom severity, or used a measure of change; and (k) controlled for potential bias due to clustering of families within therapists or parenting groups.

RESULTS

Study Selection

The search returned 1,915 records, from which we selected 38 eligible articles with available full texts (Figure 1). According to the review eligibility criteria, 15 papers were further excluded (see Figure 1 for detailed reasons). The first author developed a data extraction form that guided the data collection process and the remaining authors supervised the data selection and contributed to the interpretation and writing of the findings. When relevant data were missing, we contacted authors for clarification/further

information, which occurred in four cases. With the exception of one study, all the authors replied, and their studies were included because they met the eligibility criteria. Because of overlapping samples, three articles (Kazdin, Marciano, & Whitley, 2005; Kazdin & Whitley, 2006; Kazdin, Whitley, & Marciano, 2006) were considered as two studies. Priority was given to the articles of Kazdin et al. (2005) and Kazdin and Whitley (2006) because they included broader samples and assessed more different variables. One paper included two different studies (Patterson & Forgatch, 1985). Therefore, 24 different studies reported in 23 journal articles met all of the inclusion criteria and were included in the systematic review. A summary of the characteristics and key findings of the included studies is presented as a supplemental file in Table S1.

Characteristics of the Studies

The target population in the included studies were parents of children aged between 1 and 14 years who exhibited externalizing behavior problems. The majority included mainly biological parents (mothers and/or fathers), but one study also included stepfathers (Forgatch, Patterson & DeGarmo, 2005) and another study

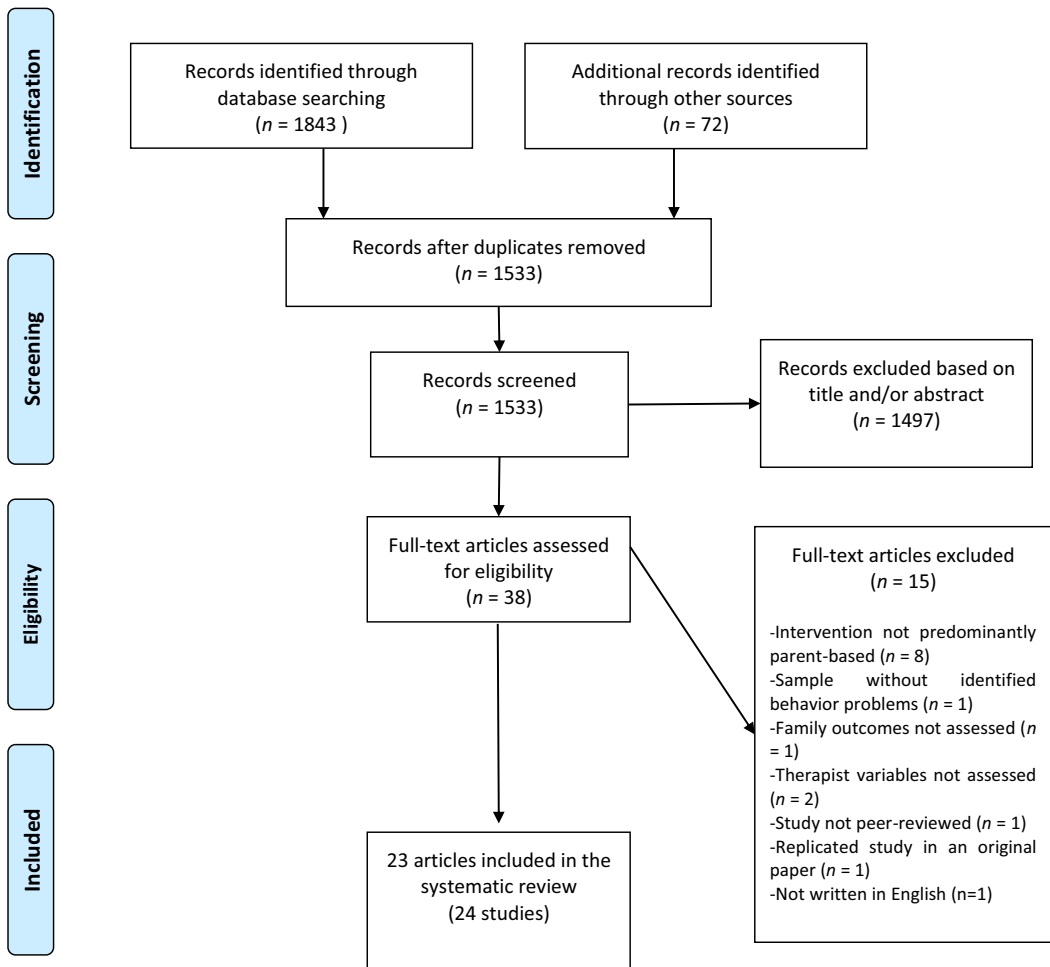


FIGURE 1. Study Selection Flow Diagram.

(Maaskant, van Rooij, Overbeek, Oort, & Hermanns, 2016) featured only foster parents as participants.

Interventions were mostly structured and manualized parenting programs, with only one paper, the less recent one, including studies on treatment procedures based on a clinical model (Patterson & Forgatch, 1985). The majority of studies ($n = 15$; 63%) included individual interventions, six (25%) addressed group interventions, and three studies researched interventions comprising both individual and group sessions.

Information regarding demographic characteristics of the professionals implementing the interventions varied markedly across studies. Some studies provided little or no relevant information about the therapists. For the 16 reports that detailed this information, the majority of them described the therapist's professional background ($n = 13$), gender ($n = 12$), and educational level ($n = 10$). The professional background reported was predominantly Clinical Psychology ($n = 8$), but also Social Work ($n = 5$). Other studies included nurses (Lavigne et al., 2008), teachers, counselors, specialists in behavior management (Bloomquist et al., 2009), or other mental health professions (Forgatch & DeGarmo, 2011; Kazdin & Whitley, 2006). The studies reporting information on the professionals' gender included a predominantly feminine sample, with all the studies having a percentage of female therapists of 75 or above.

The therapist-related factors analyzed in the selected studies were as follows: the strength of the parent-therapist working alliance (Parent-Therapist alliance, $n = 9$; 38%), the level of the therapist's fidelity to an intervention protocol (Fidelity, $n = 10$, 42%), the therapist's specific actions or exhibited skills during the intervention sessions (In-session actions/Skills, $n = 10$; 42%), and those therapist's personal variables that may be either part of the therapist's extra-therapy life, dynamic individual states, and perceptions that are reactive to the treatment process, or instead the characteristics of the therapist's professional background and experience (Personal variables, $n = 4$; 17%). These factors were assessed with different measures and by different informants.

Quality of the Studies

Complete details of study quality assessment are available as supplemental files in Table S2 and in Figure S2. The most significant finding derived from this assessment is that risk of bias in the reliability and validity of the measures of therapist-related factors was identified in 83% of studies ($n = 19$). For most studies, this risk of bias was related to the lack of detailed description of the items included in the evaluation measures (13 studies), but there was also a significant number of studies using a non-independent informant (i.e., therapist or parent) rather than an external independent observer (nine studies). The measures' construct validity or internal consistency was adequately considered and reported in most of the studies ($n = 18$). However, it was evident that different studies used different measures to assess the same constructs, and in some cases, different definitions were given for the same concepts. This was especially relevant in the Alliance and Fidelity studies, as these are complex categories. Alliance has been differently defined between studies, comprising different components, such as goals, tasks, bonds, client responses, or attitudes. Fidelity was defined as a composite of therapist adherence and competence, assuming different names in most of the studies. The assessment of outcomes was conducted mainly with low risk of bias, as the majority of studies included reliable and valid outcome measures ($n = 17$; 71%).

Findings from the Studies

Parent–therapist alliance

We chose to present the results on parent–therapist alliance by grouping them according to the different perspectives on the alliance (parents, therapists, or independent observers), since this is a relevant methodological factor demonstrated to influence the alliance–outcome association in a previous review (De Greef et al., 2016).

Parent reports of therapeutic alliance ($n = 6$) were positively associated with changes in parenting practices (Kazdin & Whitley, 2006; Rimestad, O’Toole & Hougaard, 2017; Schmidt, Chomycz, Houlding, Kruse, & Franks, 2014), in a sense that the better parents perceived the quality of the parent–therapist alliance during the intervention, the greater the improvements in parenting practices at the end of the intervention. Only one study (Maaskant et al., 2016) found no predictive effect of parent-reported alliance on parenting stress and parenting behavior changes in a sample of foster parents, but in this case, there were no significant effects of the intervention found on any of the outcomes. The relationships found between parent-reported alliance and child behavior improvements were less homogeneous. While some studies found significant associations between parent–therapist alliance and behavior improvements (Hagen & Ogden, 2017; Kazdin et al., 2005), such as a change in ADHD symptoms (Rimestad et al., 2017) or a decrease in conduct problems (Schmidt et al., 2014), others found no effects of alliance on child conduct problems (Maaskant et al., 2016; Rimestad et al., 2017). Moreover, one study revealed that high values of parent-reported alliance predicted less change in children’s subsequent externalizing problems (Hukkelberg & Ogden, 2013). More positive parent evaluations of alliance were also demonstrated to be related to fewer perceived barriers to participation in treatment, more treatment acceptability (Kazdin et al., 2005), and greater parenting satisfaction and efficacy (Schmidt et al., 2014).

The alliance assessed from the perspective of therapists was positively associated with therapist evaluation of parental change (Schmidt et al., 2014), and specifically to post-treatment observed maternal supportive presence and nonintrusiveness, but not to discipline strategies (Stolk et al., 2008). It was also related to child behavior improvements, particularly when these improvements were assessed by the therapist (Kazdin et al., 2005; Kazdin & Whitley, 2006), but not always when the improvements were evaluated by the parents (Kazdin et al., 2005). Likewise, more positive therapist evaluations of alliance were demonstrated to be related to therapist evaluations of barriers to participation but not to barriers as rated by the parent nor to the parent evaluations of treatment acceptability (Kazdin et al., 2005).

Independent observations of alliance were used in only one study (Lerner, Mikami & McLeod, 2011), where parent–therapist alliance was demonstrated to be related to some parental change, specifically to some parent behaviors such as on-looking (parents watch and observe their own child) and facilitation (parents assist the child in engaging in activities with other children), but not to others (warmth, criticism, and corrective feedback). The demonstrated relationship between parent–therapist alliance and child behavior improvements was not univocal. There was a clear relationship between alliance and some significant improvements in social skills and reciprocated friendships in playgroups, but in contrast, the quality of children’s playdates and acceptance in classrooms were not found to be related to alliance; moreover, alliance was found to predict increased child disobedience in parent–child interactions.

Fidelity of implementation

The vast majority of studies assessing fidelity of implementation relied on independent observational measures ($n = 8$), with only two studies assessing fidelity through parents

(Kjøbli, Bjørknes, & Askeland, 2012) or therapist reports (Bloomquist et al., 2009). For this reason, results will be grouped and presented only by type of outcomes rather than by type of informant.

Overall therapist fidelity to intervention was, in most of the studies, associated with changes in parenting practices (Eames et al., 2010; Kjøbli et al., 2012; Maaskant et al., 2016), with only one exception (Giannotta, Ozdemir, & Stattin, 2019) where it was not significantly related to changes in parenting behaviors. There was, however, a marked difference between the fidelity measures used in this study compared to the former, as in this case the authors resorted to an observational measure that was particularly developed for this study and did not report satisfactory internal consistency.

In two studies (Hukkelberg & Ogdén, 2013; Thijssen, Albrecht, Muris, & Ruiters, 2017), therapist fidelity to intervention was associated with improvements in child externalizing behaviors, but there were more studies that were unable to find a relationship between fidelity and change in behavior problems (Giannotta et al., 2019; Kjøbli et al., 2012; Maaskant et al., 2016). The relationship between the therapist's fidelity and parenting stress was not consistently demonstrated as the two studies assessing this outcome (using the same assessment measure of fidelity) reached different results: Higher fidelity scores were linked to increased improvements in parental stress and psychopathology (Thijssen et al., 2017) in contrast with the findings where the higher the therapist fidelity, the greater the increase in parenting stress (Maaskant et al., 2016). It is worth mentioning that significant differences were found in the two study samples (biological parents and foster parents, respectively). The only study (Giannotta et al., 2019) examining the relationship between therapist fidelity and parental sense of competence failed to find a significant relationship between them; however, this study presented high risk of bias in terms of the measure used to evaluate fidelity.

Only one study looked at therapist adherence to the treatment and therapist competence as separate components of fidelity. In this study, lower therapist adherence to the program predicted parent attendance in an individual intervention, whereas implementers' higher quality of delivery predicted parent attendance in the group format (Bloomquist et al., 2009). However, these results should be viewed with care, given the fact that the measure used to assess fidelity was developed especially for that study, without a clear description of the items included and based only on the therapist report.

In-session actions/skills

The vast majority of studies assessing specific therapist actions or skills resorted to independent and validated observational measures ($n = 8$). One study used an observational measure developed for the study (Giannotta et al., 2019) and another used a therapist report (Orrell-Valente, Laird, Bierman, Coie, & Pinderhughes, 1999). Results will be grouped and presented only by type of outcomes.

Specific implementer actions were related to change in parenting practices. Therapists' responsive coaching was a partial mediator of change in parenting behavior from one session to the next, and this significantly predicted the speed with which parents acquired child-centered skills (higher levels of responsive coaching predicted more rapid mastery of the parenting skills), whereas directive coaching (occurring prior to a parent's behavior, including techniques such as drills, commands, prompting, and modeling) did not relate to parental change (Barnett et al., 2013; Barnett et al., 2015). Higher levels of positive behavior (including actions such as engagement, role play, praise, principle reflection, thought-provoking activities, reframing) predicted a greater change in observed positive parenting, and more physical encouragement from the implementer predicted greater parent-reported change (Eames et al., 2009). Therapist use of praise during intervention sessions

significantly predicted change in parental use of praise with their children, and the therapist's reflective behaviors predicted change in parental reflective behaviors (Eames et al., 2010). The therapist's ability to structure the sessions (i.e., the ability to accomplish the agenda activities and goals scheduled while addressing family issues) was also related to improvement in parent practices (Thijssen et al., 2017).

Certain therapist skills or actions exhibited in-session are also related to the completion of treatment by parents. More responsive coaching statements (occurring after the parents' behavior) and fewer drills from the therapist in the first session were shown to be associated with treatment completion (Barnett et al., 2015), while lower rates of facilitative comments (short utterances indicating that the therapist is paying attention) and higher rates of questioning were found to be primary predictors of treatment dropout (Harwood & Eyberg, 2004). Specific therapist in-session skills were also related to a parent's quality of participation during the intervention. When parents perceived therapists as able to understand their problems, they attended more and completed more homework activities (Giannotta et al., 2019). Likewise, the therapists rated the quality of parental participation in group sessions higher when they rated their engagement with parents higher as well (Orrell-Valente et al., 1999). Additionally, the extent to which a therapist might teach and confront was associated with subsequent increases in parent noncompliance during sessions, while therapist behaviors such as facilitating and supporting reduced the likelihood of client noncompliance (Patterson & Forgatch, 1985). The perception of therapists as supportive team leaders with good group management skills predicted parent satisfaction with the intervention (Giannotta et al., 2019). Finally, the therapists' knowledge of program content and theoretical principles was mainly related to a decrease in children's externalizing behavior problems and the therapist's process skills (including questioning that leads to insight, maintaining balance among participants, encouraging skill development, joining family's storyline) were related to a decrease in parental stress (Thijssen et al., 2017).

Personal variables

Therapists' personal variables were mainly assessed by therapist report, through reports on background sociodemographic information or validated measures, although one study (Lavigne et al., 2008) assessed the effect of the therapist's professional characteristics through comparisons between two independent conditions (groups led by nurses vs. those run by psychologists). Results will be presented by type of therapist's personal variables.

In terms of demographic characteristics, therapist's educational level was associated with parent attendance (lower education predicted greater parent participation in a group; Bloomquist et al., 2009), but sociodemographic similarities between therapist and parents (on race, socioeconomic status, and relevant life experiences) were not significantly correlated with the rate or quality of parent participation (Orrell-Valente et al., 1999). One study analyzed the influence of the therapist's personality traits on parent attendance and found that more extroversion and less agreeableness were found to predict greater parent attendance in group sessions, while lower levels of neuroticism predicted parent attendance in individual interventions (Bloomquist et al., 2009). There was also one study evidencing that the therapist's own satisfaction with treatment was predictive of parent-rated improvements in children's externalizing behaviors (Hagen & Ogden, 2017). Finally, the therapist's professional background (nursing vs. psychology) was not related to parent reports of changes in children's externalizing behavior (Lavigne et al., 2008), while therapist's prior work experience with children/families predicted greater parent attendance in group sessions (Bloomquist et al., 2009).

DISCUSSION

The present systematic review examined the relationship between therapist-related factors and the outcomes of parent interventions directed at children's behavior problems. To the best of our knowledge, this is the first systematic review examining this relationship. Other reviews and meta-analyses were conducted examining the effects of therapist factors on psychotherapeutic interventions in general or on children and youth interventions, but none had specifically addressed this issue in the field of parent interventions and, more particularly, in interventions with parents of children with behavior problems.

The present review brings to light an emergent body of research on the importance of the practitioner implementing parent-based interventions. There are still few studies focusing on this topic, and some of those existing show weaknesses in terms of the reliability and validity of the measures used to assess therapist factors. Notwithstanding the identified limitations, this review strongly suggests that the therapist does indeed matter in parent interventions directed at behavior problems since many different outcomes are consistently found to relate to the parent-therapist alliance, the therapist's fidelity to the intervention, the therapist's specific in-session actions, and the therapist's personal variables.

Concerning the parent-therapist alliance, consistent relationships were found between alliance and positive parent outcomes, across studies using different informants and different formats of intervention (individual or group). This finding opposes the assumptions of certain authors who suggest that the therapeutic alliance may be less important in parenting programs, given that they are rather educational, highly structured, and manualized interventions (Rimestad et al., 2017), frequently in a group format, and ones whose structure may inhibit the building of therapeutic relationships with parents (Borrego & Urquiza, 1998). In the present review, the parent-therapist alliance was related to changes in parenting practices, fewer perceived barriers to participation in treatment, more treatment acceptability, and greater parenting satisfaction and self-efficacy, consistently across different informants although more consistent relationships were evident for parent rather than therapist evaluations of alliance. These results are consistent with the findings of a meta-analysis where parent-professional alliance was associated with both clinical outcomes and treatment engagement, and the alliance-outcome association was influenced by methodological factors such as the type of informant (De Greef et al., 2016).

Therapist fidelity to the intervention has also shown to be associated with changes in parenting practices in all the studies excepting one, where the fidelity measure used had important limitations that weakened the validity of the findings. Therefore, therapist's skillful delivery of an intervention protocol seems to be a relevant variable as far as the achievement of parental change is concerned. Less significant or consistent relationships were found between therapist fidelity and other analyzed outcomes (improvements in children's externalizing behaviors, parenting stress, or parental sense of competence). Although it may be tempting to state that the therapist's fidelity relates more significantly to changes in parenting practices than to other type of outcomes, it may be important to reflect on some methodological reasons first. In the meta-analysis of Collyer et al. (2019), no association was found between fidelity and youth mental health or behavioral outcomes. In that review, the two constructs comprising fidelity, that is, therapist adherence and competence, are differentially related to the outcome when they are independently analyzed, which, according to the authors, may explain the lack of associations found when these different components are analyzed together (Collyer et al., 2019). In fact, in the studies included in our review, most of the measures assessing fidelity also included aspects of both adherence and quality of delivery (competence), which means that studies were not only assessing therapists' adherence to the specific intervention core

components, but also their clinical competence. Only one study (Bloomquist et al., 2009) differentiated the analyses between these two constructs, and significant differences were found. Therefore, while a composite concept of fidelity (incorporating both concepts of adherence and competence) makes clinical sense, it raises increased obstacles when it comes to research, leading to the suggestion in Collyer et al. (2019) that it may be more informative to measure the different components of fidelity separately.

Some studies revealed significant relations of the parent–therapist alliance and the therapist’s fidelity to children behavior improvements, but others did not. The fact that in parent-based interventions child behavior change is supposed to be mediated by parental change (Eames et al., 2009) may add complexity to the process of assessment of this outcome with respect to therapist effects. Indeed, the effect of the therapist may require either later assessment times or more refined statistical analysis. These may present two of the reasons explaining why a child’s change in behavior is not an easily identified outcome of a therapist’s influence on parent interventions.

Different in-session therapists’ skills or specific behaviors seem to relate to different outcomes. Accordingly, outcomes connected to parent engagement and satisfaction with the intervention appeared positively related to specific therapist actions, such as giving facilitative comments, responsive coaching statements, supportive responses, being understanding of parents’ problems, and being engaged with parents. On the contrary, a negative relationship was found between parent engagement and a therapist’s use of drills and questions, and teaching and confronting behaviors. It is possible to establish a correspondence between therapist actions positively related to these outcomes and a construct referred to by Karver, Handelsman, Fields and Bickman (2005) as *counselor interpersonal skills*. *Interpersonal skills* include several relationship constructs that have been labeled as therapist-provided facilitative conditions, such as empathy, warmth, genuineness, trust, and positive regard. Ackerman and Hilsenroth (2003) had already demonstrated that these skills contribute positively to the development and maintenance of the alliance. Moreover, interpersonal skills were positively correlated with treatment attendance and client participation (de Haan et al., 2013; Karver, Handelsman, Fields, & Bickman, 2006).

Outcomes related to change in parenting practices appeared to be positively associated not only with those therapist actions that fit in the category of interpersonal skills (specifically, responsive coaching, positive body language expressing enthusiasm, praise, reflective comments), but also with the therapist’s ability to structure the sessions, balancing between agenda and family goals, and more active techniques such as role play, principle reflection, thought provoking, or reframing. Again, these actions resemble the definition from Karver et al. (2005) of therapist *direct influence skills*, conceived as measures of a more directive therapist behavior, such as active structuring of a session, providing a rationale for a treatment approach, giving specific instructions, using clarity, or modeling expected behavior. It seems, then, that parental change relates not only to the therapist’s interpersonal actions but also to more active skills that may be necessary to induce change. It is known that in the intervention with families, it may be especially important to use a sufficiently high level of activity or structure in order to prevent family members from replaying their patterns and to encourage them to face their issues (Blow et al., 2007). However, more research is still needed at the microlevel of therapists’ specific behaviors so that more conclusive information can be drawn about their association with specific outcomes, in parent-based interventions.

Some therapist’s personal variables were also found to relate positively to intervention outcomes. These were as follows: therapists’ lower educational level, more prior work experience with children/families, more extroversion, less agreeableness, less neuroticism, and the therapists’ own satisfaction with treatment. However, studies analyzing these variables are scarce, and most of them present important methodological limitations (all

but one were rated as having a considerable risk of bias), which means that these should be viewed as preliminary results. This follows a tendency already identified in other reviews, where studies addressing the impact of personal therapist characteristics are inconclusive and of poor methodological quality (Beutler et al., 2004; Sánchez-Bahillo, Aragón-Alonso, Sánchez-Bahillo & Birtle, 2014).

In the field of family interventions literature, there are few therapist characteristics identified as making consistent and substantial contributions to family interventions' outcome. In addition, the existing studies do not pay enough attention to mediating and moderating variables that could explain the relationship between therapists' personal characteristics and outcomes (Blow et al., 2007). In our review, low educational levels and less agreeableness were therapist characteristics unexpectedly found to relate to parents' attendance. It is possible that other factors such as the therapist's interpersonal skills or therapist's assertiveness and persistence in engaging parents could better explain the associations found. In one of the reviewed studies, the therapist's satisfaction with treatment was found to predict positive outcomes (Hagen & Ogden, 2017). Although this is a variable shown to be related to the therapist's practice (Chorpita et al., 2015), the therapist's satisfaction with treatment is not commonly researched and no other studies are known that directly link it to the treatment outcomes. This may well be explained by the fact that the majority of the literature on therapist factors has focused on studying stable therapists' characteristics, neglecting other factors that may change over time (Chui et al., 2016), such as the therapist's perceptions. In conclusion, in the field of personal variable study, much more and better research is needed.

The present review brings new contributions to the field, placing therapists in a more central role in the study of parenting programs directed at behavior problems, and opening new avenues for research. The review followed Scott and Gardner's (2015) categorization of therapist effects in parenting programs and expanded it not only by searching for the specific studies analyzing the effects of therapist performance on parent intervention outcomes, but also by complementing it with two other domains: a group of specific actions undertaken by therapists during the intervention sessions and another group of variables more related to the personal aspects of the therapist. A new categorization is thus proposed in which therapist factors are recognized in four domains (Alliance, Fidelity, In-session Actions, and Personal Variables), which allows for a more detailed and inclusive description of therapist factors impacting parent interventions.

Limitations

The present review has limitations that are important to consider. First of all, it is possible that our inclusion criteria or search methods missed relevant articles. The findings of this review are subject to a publication bias, not having accessed those studies which have not been published in scientific journals. While this was necessary to guarantee the consistency of the search criteria, it may be a limitation in a field where some works may be published as books or not even published (e.g., Scott et al., 2008). Because the study designs, participants, interventions, and reported outcome measures varied markedly, we focused on describing the studies, their results, their applicability, and their limitations, and we concentrated on qualitative synthesis rather than meta-analysis. This heterogeneity, also found in other reviews in the field of therapist effects (such as Johns, Barkham, Kellett, & Saxon, 2019), precludes the possibility of making inferences about the relative effect of each therapist factor on the outcomes, or establishing comparisons between therapist factors in parent interventions directed at behavior problems and other interventions. It is also not possible to analyze the effects of possible moderators of the relationships found between therapist factors and outcomes, nor to make assumptions about causality.

Finally, the present review only included studies with parents of children under the age of 14. This was not intentional but rather a natural result of our search procedures. Indeed, parent training has dominated the field of research on systemic interventions for preadolescent behavior problems (Carr, 2019). For this reason, our findings only apply to parent interventions directed at children's behavior problems and cannot be generalized to interventions directed to adolescent behavior problems.

Research and Clinical Implications

The current review gathered evidence on the existence of methodological limitations that shall be overcome in future studies so that this field of research may be strengthened and expanded. Specifically, future studies on parent interventions should analyze therapist factors with more reliable and valid measures, including independent informants. Studies should also increase the level of detail in the analysis of the specific factors assessed so that it may become clearer which are the specific therapist's factors impacting the therapeutic process and, therefore, those which are more relevant to clinically work on. This will naturally require greater clarity and transparency from the research reports, especially in identifying the specific therapist skills, actions, or personal variables measured. More clarity and specificity may be especially important to attain in reports where global assessment categories are created, each containing concepts with distinct functions, such as Fidelity or Alliance.

Clinical implications may also be derived from the present study. Therapists must be aware of their role in implementing the interventions and consider not only their adherence to program-specific factors but also their competence on common relationship factors, as recommended by some authors within the family intervention literature (Sprenkle, Davis & Lebow, 2009). A balance between interpersonal actions and more structured and active techniques may also be required. Moreover, it may be useful for therapists to think ahead about the specific outcomes that must be prioritized before starting to work with parents of children with behavior problems, as different therapist actions are suggested to link with different outcomes. Additionally, as personal and interpersonal qualities of therapists may play a role in client outcomes, therapists should give more attention to their personal development, by complementing training and supervision with personal practice and self-reflection, as suggested by Bennet-Levy (2019). Finally, at an organizational level, more attention should be given to the selection, training, and supervision of the intervention's providers when planning the implementation of parent interventions directed at behavior problems. Regular training and supervision of therapists should be not only an individual concern but also an organizational priority and requirement of agencies providing these parent interventions.

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SUPPORTING INFORMATION

Additional Supporting Information may be found in the online version of this article:

Figure S1. Strategy Used for Searching the Electronic Databases.

Figure S2. Study Quality Criteria and Percentage of Studies for Each Criterion.

Table S1. Summary of Included Studies.

Table S2. Study Quality Assessment of Included Studies.