

**A SYSTEMATIC REVIEW OF PARTICIPATION
IN PREVENTION FAMILY PROGRAMS**
**UNA REVISIÓN SISTEMÁTICA DE LA PARTICIPACIÓN
EN LOS PROGRAMAS DE PREVENCIÓN FAMILIAR**
**UMA REVISÃO SISTEMÁTICA DA PARTICIPAÇÃO NOS PROGRAMAS
DE PREVENÇÃO FAMILIAR**

Jorge NEGREIROS*, Lluís BALLESTER**, María VALERO**, Renata CARMO*
& Joana DA GAMA*
Universidade do Porto*, Universitat de les Illes Balears**

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ABSTRACT: One of the main reasons for the failure of family interventions is related to the low participation and retention of families. Difficulty in promoting adequate engagement and retention of participants is one of the most powerful obstacles and challenges to the implementation and dissemination of evidence-based family interventions. Although a wide range of strategies to involve parents in interventions is described in the literature, little is known as to what strategies are most effective in improving parental involvement. We conducted a systematic review of the predictors of parent participation and enhancement strategies in preventive parenting programs. Key inclusion criteria included: 1) evidence-based studies with a family intervention component, theoretical and empirical reviews of the literature, and systematic reviews; 2) articles published in Portuguese, English, and Spanish; 3) published between 2000 to 2018. Thirty-nine articles reported a variety of predictors of family participation and effective methods to engage families in preventive activities. Four basic dimensions emerged: 1) predictors of participation; 2) characteristics associated with the program; 3) obstacles to participation; and 4) strategies to minimize barriers to participation. Four distinct groups of participation predictors were identified: 1) patterns of family interaction; 2) parents' cognitions and attributions regarding their child's behavioral problems; 3) psychological variables related to parents; and 4) parental perception of intervention. A variety of intrinsic and extrinsic intervention attributes were associated with involvement in family programs. Some obstacles to participation included several logistical issues and circumstances within the family's social environment. Strategies to minimize barriers to participation included the use of different extrinsic incentives, the role of the trainer, and adjusting parental expectations and motivations throughout the intervention.

CONTACT WITH THE AUTHORS

JORGE NEGREIROS. Correo: jorgeneg@fpce.up.pt

<p>PALABRAS CLAVE: participación retención implicación parental prevención programas familiares</p>	<p>RESUMEN: Una de las principales razones del fracaso de las intervenciones familiares está relacionada con baja participación y retención de las familias. Las dificultades para promover participación y retención adecuadas es uno de los obstáculos más importantes en la implementación y disseminación de las intervenciones familiares basadas en la evidencia. Aunque en la literatura se describe una amplia gama de estrategias para involucrar a los padres, se sabe poco sobre qué estrategias son más efectivas para mejorar la participación. Por ello, se ha llevado a cabo una revisión sistemática de factores predictivos de la participación de los padres y las estrategias de mejora en los programas parentales de prevención. Los criterios de inclusión fueron: 1) estudios basados en evidencias con componente de intervención familiar, revisiones teóricas y empíricas de la literatura, y revisiones sistemáticas; 2) artículos publicados en Portugués, Inglés y Español; 3) publicados entre 2000 y 2018. Se encontraron 39 artículos que informaron sobre una variedad de factores predictivos de la participación familiar y métodos efectivos para involucrar a las familias en actividades preventivas. Surgieron cuatro dimensiones básicas: 1) predictores de participación; 2) características asociadas al programa; 3) obstáculos para la participación; 4) estrategias para minimizar las barreras de participación. Se identificaron cuatro grupos distintos de predictores de participación: patrones de interacción familiar; cogniciones y atribuciones de los padres sobre los problemas de conducta del niño; variables psicológicas relacionadas con los padres; percepción parental de la intervención. Varios atributos intrínsecos y extrínsecos de la intervención se asociaron con la participación en programas familiares. Algunos obstáculos para la participación incluían problemas o circunstancias logísticas del entorno social de la familia. Las estrategias para minimizar las barreras incluyeron el uso de diferentes incentivos extrínsecos, el rol del capacitador y el ajuste de las expectativas y motivaciones de los padres durante la intervención.</p>
<p>PALAVRAS-CHAVE: participação retenção envolvimento dos pais prevenção programas familiares</p>	<p>RESUMO: Uma das principais razões para o insucesso das intervenções familiares relaciona-se com as dificuldades de envolvimento e retenção das famílias. As dificuldades de promover uma adequada participação e retenção dos participantes é um dos obstáculos mais poderosos e desafiadores à implementação e disseminação de intervenções familiares baseadas em evidências. Embora uma ampla gama de estratégias para envolver os pais em intervenções seja descrita na literatura, pouco se sabe sobre quais estratégias são mais eficazes para melhorar o envolvimento dos pais. Realizamos uma revisão sistemática sobre preditores da participação dos pais e estratégias que potenciam a participação nos programas parentais preventivos. Os principais critérios de inclusão foram: 1) estudos baseados em evidências com componente de intervenção familiar, revisões teóricas e empíricas da literatura e revisões sistemáticas; 2) artigos publicados em português, inglês e espanhol; 3) publicados entre 2000 a 2018. Trinta e nove artigos relataram uma variedade de preditores da participação da família e métodos eficazes para envolver as famílias em atividades preventivas. Quatro dimensões básicas emergiram: 1) preditores de participação; 2) características associadas ao programa; 3) obstáculos à participação; 4) estratégias para minimizar as barreiras à participação. Quatro grupos distintos de preditores de participação foram identificados: padrões de interação familiar; cognições e atribuições dos pais acerca dos problemas comportamentais do filho; variáveis psicológicas relacionadas com os pais; percepção dos pais a respeito da intervenção parental. A variedade de atributos de intervenção intrínsecos e extrínsecos foi associada ao envolvimento em programas familiares. Alguns obstáculos à participação incluíram vários problemas logísticos ou circunstâncias dentro do ambiente social da família. As estratégias para minimizar as barreiras à participação incluíram o uso de diferentes incentivos extrínsecos, o papel do formador e o ajuste das expectativas e motivações dos pais ao longo da intervenção.</p>

1. Introduction

Difficulty in promoting adequate participation and retention of participants represents one of the most powerful obstacles to the implementation and dissemination of evidence-based family interventions. The effectiveness of a particular intervention program is recognized to depend on factors such as its intensity and, therefore, participants should be exposed to the appropriate dosage so that the results of the intervention can achieve the objectives (Spoth & Redmond, 2000; Henrichs, Bertram, Kuschel, & Hahlweg, 2005; Carman et al., 2013). Furthermore, low parental involvement is an obstacle that threatens the external validity of family interventions, once

participants cease to represent the target population (Perrino, Coatsworth, Briones, Pantin, & Szapocznik, 2001).

Attention to parental involvement has increased over the last decade. It is understood that one of the main reasons for failure of family interventions is related to difficulties regarding family involvement and retention (Axford, Lehtonen, Kaoukji, Tobin, & Berry, 2012). Some studies (e.g. Baker, Arnold, & Meagher, 2011) show that only a third of invited families participate in family intervention programs, finding that approximately 40-60% drop out of the intervention despite receiving financial or other incentives.

Besides, research has shown that the positive effects of family intervention programs are related

to the use of effective methods to engage families in preventive activities (Cornell, Dishion, Yasui, & Kavanagh, 2007). In order to overcome obstacles to involvement, a large number of studies have identified different dimensions of participation in socio-educational family programs (Nix, Bierman, & McMahon, 2009; Ryan, Boxmeyer, & Lochman, 2009; Barrera, Berkel, & Castro, 2017; Perrino et al., 2018).

Although it is consensual to admit that participation is a complex and multi-determinate phenomenon, a significant share of the research has often focused on the analysis of socio-demographic variables and risk factors. Some of the results accumulated on this topic indicate that families with parents with low participation have specific characteristics, such as a low level of schooling and low socioeconomic level, are single-parent families, or there is an absence of the biological father in the home (Heinrichs, Bertram, Kuschel, & Hahlweg, 2005; Coatsworth, Duncan, Pantin, & Szapocznik, 2006; Connell et al., 2007). According to McCurdy & Daro (2001) these factors provide a very incomplete, static explanation of the reasons why participants may be involved in socio-family prevention programs.

It is important to emphasize that the theoretical and research questions explored regarding the participation of families in prevention programs have evolved recently. First, there is the emergence of more comprehensive, elaborate ways of conceptualizing participation (see Negreiros, 2013; Barrera, Berkel, & Castro, 2016). Second, research on participation has raised awareness of the perspectives that interrelate participation determinants with other dimensions of the implementation of socio-educational family interventions.

It is currently clear that participation is a multidimensional concept, encompassing different components related to several predictors. One distinction that has most recently been established is one that considers three essential types of participation: a) initial involvement, also called recruitment; b) continuous participation, or retention; and c) quality of participation. In this sense, the strategies to promote participation described in point a) seek to have parents register and participate in a program; while the participation described in point b) implies that participants continue to participate; and participation, as defined in point c), requires participants to derive the greatest possible benefit from intervention program activities. Research has mainly focused on retention, while initial involvement and quality of participation have received less attention (Chacko et al., 2016).

Understanding the individual, contextual, and intervention factors that determine the participation of subjects in family programs represents the necessary condition for the development of strategies that promote the participation of parents and children in socio-educational family programs.

2. Justification and objectives

Involving families at the beginning and during the intervention process is one of the main challenges of family programs (Axford et al., 2012; Ingoldsby, 2010). Existing evidence on the subject is scarce and dispersed. Therefore, the aim of this study was a systematic review of the literature seeking to identify, systematize, and gain insight into the state of knowledge concerning factors that predict parent participation in family programs, and strategies designed to enhance and improve parental involvement interventions.

3. Methodology

3.1. Literature sampling

The literature search was developed based on two key concepts: Participation and Retention in Family-Based Drug Prevention Programs, and not adjusted and Risk Behaviors. Thus, the following electronic databases were used: *PsycInfo*, *Psychology and Behavioral Sciences Collection*, and *Scopus*.

The scientific review process of the literature was carried out during the months of August to October 2018 by the present study investigators. Research terms were integrated in the expressions: participation; initial participation; ongoing participation; retention; family-based; family programs; family intervention. Search criteria were delimited to articles published in Portuguese, English, and Spanish between 2000 and 2018. Inclusion criteria were evidence-based studies, with a family intervention component, theoretical and empirical reviews of the literature, and systematic reviews of quality. Exclusion criteria were dissertations, only qualitative evaluations, repeated studies, case studies, and a sample of fewer than 10 participants.

3.2. Procedure

According to the methodology of systematic reviews, the procedure has two phases. The first phase consists of the search in the databases, reviewing title and abstract, and the second phase, the application of the inclusion and exclusion criteria after reading in-depth review. Figure 1 shows

both the results of the search procedure (phase 1) and the selection of studies after the application of criteria (phase 2). Finally, from this total of reading articles, 1185 were excluded and 39 were selected for analysis. Exclusion reasons for analysis were articles that contained incomplete or

repeated information, no family component, and focused only on qualitative research. Data were summarized and analyzed according to predictors of participation and characteristics of the family programs, as well as obstacles to participation and strategies used.

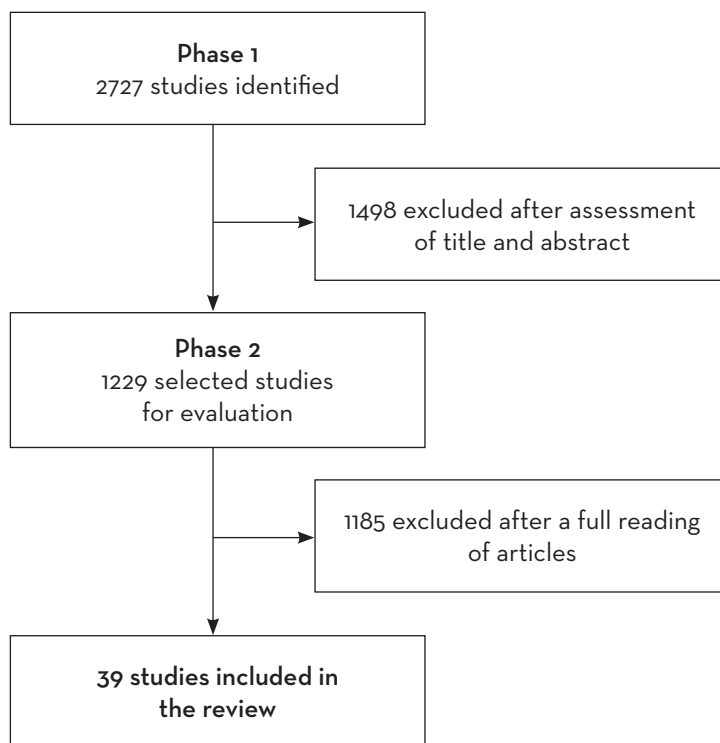


Figure 1. Search process and selection of studies.

4. Results

After conducting a search of the literature, studies were selected, organized, and analyzed in accordance with the four research domains: participation predictors, characteristics associated

with the program, obstacles to participation, and strategies to minimize barriers to participation. Table 1 shows the family programs referred to by the studies analyzed and that have been examined in the present study.

Table 1. Resum of different family programs analysed and revised references

- Streghtening Families Program, SFP (Kumpfer & Johnson, 2007)
- Programa de Competencia Familiar: Versión Española del SFP (Orte et al., 2018, 2016, 2014)
- Strengthening Families Program: For Parents and Youth 10-14 (Aalborg et al., 2010; Byrnes et al., 2012; Coatsworth et al., 2018)
- Mindfulness-Enhanced Strengthening Families Program 10-14 (MSFP 10-14) (Coatsworth et al., 2018)
- Family Matters (FM) (Aalborg et al., 2010; Byrnes et al., 2012)
- Incredible Years (Axford et al., 2012; Baker et al., 2011)
- Early Risers Conduct Problems Prevention Program (Bloomquist et al., 2012)
- Behavioral Parent Training Program (Chacko et al., 2009, 2012, 2016)
- Strategies to Enhance Positive Parenting [STEPPP] program (Chacko et al., 2009, 2012, 2016)
- Adolescent Transitions Program (ATP) eb The Family Check-Up (Connell et al., 2007)
- Triple P (Eisner y Meidert, 2011; Heinrichs et al., 2005)
- Preventive Parent (PT) Training (Garvey et al., 2006)
- Bridges to High School Program (Mauricio et al., 2014)

- **Healthy Families America (HFA)** (McCurdy et al., 2006)
- **Women, Infants and Children (WIC)** (Mian et al., 2015)
- **eHealth Familias Unidas** (Perrino et al., 2018)
- **Early Alliance** (Prinz et al., 2001)
- **Families Program of the Multisite Violence Prevention Project (MVPP)** (Quinn et al., 2010)
- **FRAME— Fatherhood Relationship And Marriage Education** (Rienks et al., 2011)
- **Strong Families program** (Ross & DeVoe, 2014)
- **Coping Power Program** (Ryan et al., 2009)

Source: own elaboration.

4.1. Participation predictors

The four basic components examined that seem to be useful to understand family participation and retention in family-based interventions were: patterns of family interaction; parents' cognitions and attributions regarding their child's behavioral problems; psychological variables related to parents; and parental perception of intervention.

Patterns of family interaction

The evidence available suggests that high parental involvement in parental programs is associated with high levels of parental alliance (Rienks, Wadsworth, Markman, Einhorn, & Etter, 2011), lower levels of negative communication, and positive parenting (Perino et al., 2001). High family conflict appears as a powerful indicator of parent involvement (Rienks et al., 2011), since it affects parents and children and helps the family to recognize the need for intervention (Connell et al., 2007). On the other hand, family cohesion and strong parent-child relationships are related to low parental involvement, insofar as parents might consider that high family cohesion may seem sufficient to cope with the inappropriate behavior of their children (Quinn, Hall, Smith, & Rabiner, 2010). Meanwhile, parents experiencing higher levels of frustration in the parent-child relationship are also more likely to participate (Bloomquist, August, Lee, Piehler, & Jensen, 2012).

At the level of parenting practices, the data evidence that the parents more likely to participate in parental programs are more consistent in terms of discipline, encourage positive parenting practices, see themselves more involved in the lives of their children, and accompany them more closely (Bloomquist et al., 2012; Coatsworth, Hemady, & George, 2018).

Parents' cognitions and attributions regarding their child's behavioral problems

Parental involvement can also be influenced by their perceptions regarding their child's behavioral

problems. The results indicated a strong relationship between parents' perceptions of the severity of child risk and participation in prevention programs (Negreiros, 2013). In this sense, it was verified that parents with high levels of participation are more likely to perceive their children as more vulnerable, with serious problem behaviors (Garvey, Julion, Fogg, Kratovil, & Gross, 2006; Winslow, Bonds, Wolchik, Sandler, & Braver, 2009), and with an increase in childhood psychopathology (Mauricio et al., 2014).

Beliefs and attributions of parents regarding the cause of their children's behavioral problems represent another predictor of involvement. The results suggest that participation is less probable when parents are more likely to attribute their child's problem behaviors to external factors rather than their own parenting practices (Miller & Prinz, 2003).

Psychological variables related to parents

The results were inconclusive regarding the relationship between levels of parental participation and psychological problems. According to Negreiros (2013), parental psychopathology, such as depression, drug abuse, antisocial behavior or limited resources, is associated with low levels of participation. Some studies reported that parents' stress and depression were not related to family involvement (Garvey et al., 2006; Quinn et al., 2010). Other studies pointed out that low parental participation was associated with depressed mood, anxiety, and stressful events (Perrino et al., 2018). Rienks and collaborators (2011) reported that parents who defined themselves as more effective in dealing with stress were more likely to participate than those who experienced more stressors, more anxiety, or a more depressed emotional state. However, some studies showed that parents with greater levels of psychological stress are more likely to participate than parents with lower levels (Bloomquist et al., 2012).

Parental perception of intervention

A strong predictor of family involvement was the expectation that the program should focus on parents (Bloomquist et al., 2012). Parents who had the expectation that the intervention focused on their children were more likely to abandon parental intervention (Miller & Prinz, 2003), as opposed to parents who perceived a greater need to improve their parental skills (Miller & Prinz, 2003; Perrino et al., 2001). These observations match with other results indicating that the parents who present a high level of participation in preventive programs are the ones who seek help in relation to their own parenting issues (eg, Garvey et al., 2006). However, parents who recognize that they have more effective parenting skills show lower participation rates (Perrino et al., 2018). Additionally, attitudes and positive beliefs about intervention also influence involvement in parental programs. In this sense, the perceived benefits that parents attribute to a family program are associated with higher participation rates (McCurdy & Daro, 2001; Spoth & Redmond, 2000).

According to the Health Belief Model, parents are more likely to participate in prevention programs when they are able to clearly identify the benefits to themselves, their children, and their families (McCurdy et al., 2006). It is expected that after a cost-benefit analysis, if the needs related to the intervention can make up for the perceived barriers, it is expected that individuals will be involved in the intervention. On the other hand, if perceived barriers are high, people will participate less, even if they recognize their own need (Winslow et al., 2009). Bloomquist and colleagues (2012) concluded that parents with higher levels of participation were those who were highly motivated. In terms of self-efficacy, it was observed that parents with low parental self-efficacy participated in a larger number of preventive intervention sessions (Garvey et al., 2006).

4.2. Characteristics associated with the program

From this field of research, we sought to understand the intrinsic and extrinsic intervention attributes associated with involvement in family programs.

Different delivery modalities and intervention intensity are able to promote parental involvement through better adjustment between the needs of parents and family and the interventions (Morawska & Sanders, 2006). Retention is greater when parents can select the program they are trying to commit to (Aalborg et al., 2010), while

non-voluntary interventions are associated with lower levels of involvement (Coatsworth et al., 2018). Programs can be implemented in groups or individually. Group formats allow the benefits of peer support and information sharing (Chacko et al., 2009); however, groups follow a fixed schedule, content and rhythm. As such, there is a lower flexibility in the conduction of a group, which may hinder the involvement of some families (Chacko et al., 2016). In turn, individual formats, while not providing social support, allow the trainer and family to carry out the program in a more adapted and individualized way. Collectively, the format may represent a significant moderator for parental involvement (Chacko et al., 2016). According to Byrnes Miller, Aalborg and Keagy (2012), retention is higher when parents can select different delivery modalities (e.g., individual or group sessions, online methods, and videos).

In order to improve parental involvement, programs must be both attractive and relevant (Baker, Arnold, & Meagher, 2011) and explore content that enhances positive interactions between parents and children, emotional communication skills, and the importance of parents' consistency in educational action (Kaminski, Valle, Filene & Boyle, 2008). The evidence also suggests that the different activities performed during the sessions should be well planned and conducted. Among the various techniques, speeches, more detailed and comprehensive group discussions, and group activities were seen to lead to higher levels of parent attendance (Orte, Ballester, Vives, & Amer, 2016).

Another attribute of the program that is able to contribute to family involvement decisions relates to the characteristics and abilities of the trainer. A good emotional and professional bond is an important predictor of involvement and retention in preventive interventions (Prinz et al., 2001). In this sense, high participation and retention of parents has been positively associated with the facilitator's level of experience, training, competence, and cultural diversity (Bloomquist et al., 2012; Negreiros, 2013; Orte, Ballester, Amer, & Vives, 2014); their personal characteristics, such as high extroversion and low neuroticism (Bloomquist et al., 2012; Negreiros, 2013); aptitude to express empathy and validate the parents' feelings concerning the intervention; capacity to express respect for cultural and religious beliefs; and competence to meet the needs and expectations of the family (Negreiros, 2013). According to Prinz and colleagues (2001), a good trainer has a good ability to listen, easily relates to others, adopts a nonjudgmental approach, pays close attention to detail, and is persistent in the face of frustrating

or disturbing obstacles. However, negative interactions with trainers are associated with weaker parental involvement (Coatsworth et al., 2018).

4.3. Obstacles to participation

Families face many challenges related to their involvement in prevention programs. According to Perrino and collaborators (2001), these obstacles may include logistical issues or circumstances within the family's social environment that might interfere with participation.

Structural and logistical barriers, such as time and schedule constraints, high costs, and difficulty in securing and accessing transportation and childcare services (Eisner & Meidert, 2011; Garvey et al., 2006; Gonzalez, Morawska, & Haslam, 2018; Ingoldsby, 2010; Morawska & Sanders, 2006; Ross & DeVoe, 2014; Spoth & Redmond, 2000), are key factors that hamper or prevent parents engaging in family programs.

The demands placed on parents makes it difficult to reconcile participation in the program with other family or professional activities. What is more, studies suggest that time constraints, particularly in families where both parents work and with a large number of children, may compromise the early phases of parental involvement (Eisner & Meidert, 2011). Additionally, a greater distance from clinical services has been associated with non-completion of the intervention (Morawska & Sanders, 2006). Cultural and linguistic barriers also contribute to the reticence of families to seek help (Eisner & Meidert, 2011; Ross & DeVoe, 2014).

When families are questioned as to why they did not get involved or left the intervention, they also raise issues related to the program. One concerns the lack of perceived need: when a perceived problem does not exist or the service is considered irrelevant in terms of the needs of the family (Axford et al., 2012; Coatsworth et al., 2018; Ingoldsby, 2010; Ross & DeVoe, 2014). Another common problem is that services may cause parents to feel that their parenting is questioned (Axford et al., 2012). Further, stigma-related issues may arise associated with mental health and social services (Gonzalez et al., 2018; Ross & DeVoe, 2014).

An obvious issue is lack of knowledge: parents do not know the existence of a service or do not understand what it entails, usually due to a lack of appropriate information. Very often, although parents are knowledgeable about programs, they have negative cognitions and beliefs about mental health treatment and/or service delivery systems (Ross & DeVoe, 2014); they do not feel supported by group members or by the trainer (Coatsworth

et al., 2018) who may be perceived as critical or non-empathic (Ingoldsby, 2010); they fear that the program may be overly demanding in terms of content or duration, or that it may have negative consequences for the child or family, including possibly having their children taken away (Axford et al., 2012); and perceive that the goals and activities in some cases are not aligned with the needs of their family (Ingoldsby, 2010).

4.4. Strategies to minimize barriers to participation

Use of extrinsic incentives is related to an increase in parental engagement (Ingoldsby, 2010). Programs that feature a convenient location as well as an informal and welcoming environment make it easier to recruit parents (Spoth & Redmond, 2000). Increased participation in family programs is also achieved through a set of extrinsic rewards: providing childcare, transportation, food, scheduling flexibility, and monetary incentives (Ingoldsby, 2010; Kumpfer & Johnson, 2007; Spoth & Redmond, 2000). Incentives that involve money may increase the initial interest of households, but might have little or no influence on retention (Henrichs, 2006; Ingoldsby, 2010).

The literature reviewed reveals strategies that focus specifically on the role of the trainer. The families that have a good bond with the trainer are more likely to participate and stay longer in the intervention (Thompson, Bender, Lantry, & Flynn, 2007). As such, the building of a relationship between the mentor and the possible users of the service (Axford et al., 2012) represents a fundamental strategy to increase parental attendance. The trainer must also have the skills to engage parents (Axford et al., 2012), thus reinforcing the training and professional practice in a specific way is crucial to retention (Orte et al., 2018).

Personal skills, knowledge of the program, understanding program change theory, and family prevention experience are basic ingredients in the selection and training of the trainer (Orte et al., 2016). However, a trainer cannot be effective without proper program support. It is necessary to establish strong supervision and training programs that furnish service providers with the necessary ongoing care and support to protect them from burnout (McCurdy & Daro, 2001). Trainers should also take parental concerns into account: working with parental cognitions and roles may be a valid strategy to improve their involvement in family prevention interventions (Negreiros, 2013). Additionally, existing research points to an acknowledgement of the importance of adjusting parental expectations and motivations throughout the

intervention (Chacko, Wymbbs, Chimiklis, Wymbbs, & Pelham, 2012; Chacko et al., 2009; Negreiros, 2013).

Programs should allow for some degree of creativity and flexibility on behalf of the trainer, with freedom margin to shape program objectives around the needs of families. On the other hand, those who follow a well-structured curriculum will have fewer opportunities for flexible adaptations (McCurdy & Daro, 2001). These data demonstrate the need to adapt the content or delivery of the program to address specific characteristics of the culture of the families (Axford et al., 2012; Kumpfer & Johnson, 2007).

Strategies that enhance parental involvement in prevention programs may vary in accordance with the phase of involvement. The use of brief strategies implemented early in the program that effectively address and assess family barriers to intervention may increase early involvement (Ingoldsby, 2010; Nock & Kazdin, 2005; Sterrett, Jones, Zalot, & Shook, 2010). Another way to reduce rejection and increase recruitment is to prepare parents for the intervention (Morawska & Sanders, 2006), through personalized recruiting phone calls, individual letters, and reminders (Finan, Swierzbiolek, Priest, Warren, & Yap, 2018). Nonetheless, these procedures appear to be less effective in facilitating participant retention (Mian, Eisenhower, & Carter, 2015).

Delivery of services at home is presumed to increase participation and retention in intervention (Prinz et al., 2001). Home-based programs can circumvent practical barriers to interventions, including geographic distance and child care coverage, as well as psychological barriers related to perceptions of the health care environment (Ross & DeVoe, 2014). However, very few studies report participation between and within the sessions, and very few of them discuss explicit methods to improve this phase of engagement. From among the methods for tackling practical barriers to involvement, the achievement of homework and explicit discussion of the purpose and objectives of this task is able to increase participation between and within the sessions (Chacko et al., 2009). Strategies that work on continuously throughout the intervention, based on motivational interviewing, family systems and family stress management, have shown greater long-term commitment (Ingoldsby, 2010).

5. Discussion and conclusions

This systematic review aimed to synthesize the predictive factors of involvement and investigate the effectiveness of the strategies implemented

to date to increase parental involvement. In order to better understand the research, the discussion will provide a summary of the evidence found, the limitations of this review, and suggestions for future research.

Parental programs are increasingly recognized as interventions with the potential to improve the health and well-being of parents, children, and families. Parental involvement is particularly important for the effectiveness and external validity of interventions (Haine-Schlagel & Walsh, 2015; Perrino et al., 2001), given the critical role parents or other primary caregivers generally play in participation in prevention services (Haine-Schlagel & Walsh, 2015). The various definitions mainly support the conceptualization of participation as a complex, multidimensional construct (Becker et al., 2015). As a dynamic process, it is present before, during, and after the implementation of the program (Nock & Ferriter, 2005). As such, it is important to identify the predictors of participation, in terms of both recruitment and retention.

The literature review sought to explore socio-demographic variables, psychological characteristics, and family dynamics that enable families to be differentiated from those who drop out (Negreiros, 2013). However, it is also essential to take into account the skills of the trainer and specific characteristics of the program (Coatsworth et al., 2018; Orte et al., 2014, 2018). On the other hand, the identification of families at greater risk of abandoning the program provides important information for the development of effective strategies to enhance family participation and retention (Gross, Julion, & Fogg, 2001).

Family participation, therefore, is understood to increase when participants perceive greater benefits and fewer programming obstacles (Nordstrom, Dumas, & Gitter, 2008). Hence, it is necessary to explore and reduce perceived barriers (Finan et al., 2018); provide positive incentives adapted to the needs of children, parents, and families (Ingoldsby, 2010); ensure the specific training of trainers (Moraeska & Sanders, 2006); and implement programs adapted to the group, by satisfying their needs in order to create a better "alignment" between program and family (McCurdy & Daro, 2001; Morawska & Sanders, 2006). Above all, the strategies implemented must seek to ensure an adequate level of motivation for change (Bloomquist et al., 2012).

One of the most important limitations of this study is publication bias, a methodological problem of all systematic reviews. This is difficult to control because it depends on the publication of the results by the authors. For instance, negative results in relation to participation are less likely

to be published, which is why it is not possible to know all the real reasons behind low participation and retention. This may be a problem for the generalization of results and provide a biased interpretation. Therefore, readers should take a critical reading of this review. The small number of bibliographical sources consulted is also a limitation of the present review. Nevertheless, the authors sought to ensure that the databases selected were the most relevant in the study area and included a large quantity and quality of indexed publications and journals, which made it possible to obtain representative information of the field of study. It is recognized that the heterogeneity of the original studies, in spite of providing a broader view of the phenomenon, is in itself a difficulty when attempting to draw conclusions.

Considering that some of the factors that precipitate low participation and retention are static or have a reduced possibility of modification, in future research and intervention practices it would be interesting to highlight modifiable variables. As such, research needs not only to examine the different phases of parent engagement separately

when trying to identify potential predictors, but also to target engagement strategies for each distinct phase.

Additionally, future research should focus on the reasons that favor participation, not only obstacles to participation. Further, strategies to promote participation in family programs should be based on reference theoretical frameworks.

Currently there is no consensus on the definition of participation, and therefore, it would be necessary to clarify this construct and improve reporting of the within-program strategies are used to increase initial participation and retention (Chacko et al., 2016). Likewise, it is important to homogenize the presentation of results obtained so that a better comparison between studies is possible (Valero, Ballester, Orte, & Amer, 2017). Parental recruitment rates for family interventions are generally very low, although they may vary depending on type of prevention (universal, selective, or indicated) or target population (children, parents, teachers). Thus, in future studies one could review the specific characteristics of each intervention.

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AUTHOR'S ADDRESS

JORGE NEGREIROS. jorgeneg@fpce.up.pt

LLUÍS BALLESTER BRAGE. lluis.ballester@uib.es

MARÍA VALERO DE VICENTE. maria.valero@uib.es

RENATA CARMO. renatacoimbracarmo@sapo.pt

JOANA DA GAMA. joanagama@fpce.up.pt

ACADEMIC PROFILE

JORGE NEGREIROS. Professor na Faculdade de Psicologia e Ciências da Educação da Universidade do Porto (FPCEUP) e na Escola de Criminologia da Faculdade de Direito da mesma universidade. Diretor da Unidade da Unidade de Consulta Psicológica de Comportamentos Aditivos da FPCEUP.

LLUÍS BALLESTER BRAGE. Professor of Research Methods at the Faculty of Education of the UIB. Deputy Director of the Department of Pedagogy and Specific Didactics of the UIB. Member of the Educational and Social Research and Training Group (GIFES). Principal investigator, together with Professor Carmen Orte, of the research project EDU2016-79235-R - "Validation of the Universal Family Competition Program 10-14, PCF-U", 2017-2019.

MARÍA VALERO DE VICENTE. Degree in Psychology (2011), Master of Psychological Intervention in clinical and social fields (2013), and Master in General Health Psychology (2018) by the University of Almería. She is currently a PhD student in Education at the University of the Balearic Islands with a scholarship of Spanish Ministry of Economy, FPI (Training of Research Staff). She is an active member of the GIFES research team (Educational and Social Research and Training Group), and her research interest are about family competences, evidence-based prevention programs, prevention of drug use and other risk behaviors in childhood and adolescence.

RENATA CARMO. Master's in Psychology of Deviant Behavior and Justice by the Faculty of Psychology and Educational Sciences of the University of Porto (2012-2017). Knowledge and training in the area of dependencies without substance (Order of Portuguese Psychologists). Presently trainee Clinical Psychologist in the Unit of Psychological Consultation of Addictive Behaviors of the FPCEUP, intervening in the prevention of the use and abuse of psychoactive substances and of the behavioral additions.

JOANA DA GAMA. Master in Psychology of Deviant Behavior and Justice at the University of Porto. Sociopedagogical intervention in national public schools and prisons, in collaboration with the Portuguese Foundation "The Community Against AIDS". Training in Systematic Reviews with the Campbell Collaboration Institute with Vivian Welch. Training in self-motivated motivation for health behaviors, with Geoffrey C. Williams of the University of Rochester. She is currently a trainee psychologist at the unit for consultation on addictive behaviors at FPCEUP, and a trainee psychologist at the Family Court and Minors of Porto.

