

Family and teacher's perception about the effects of Aprender a Convivir en Casa pilot program

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Abstract

Several studies in the last decades provide scientific evidence about the benefits of family intervention at an early age. Carried out the implementation of the Aprender a Convivir en Casa [Learning to Live Together at Home] program (ACC), aimed for Spanish families with preschoolers to prevent behavioural problems, juvenile delinquency and harassment, as well as promote an optimal family functioning and parenting wellbeing; the aim of this study is to compare the effects on pre-schooler's adaptive skills and behavioural problems through the BASC-P1 and BASC-T1, parents and teachers respectively. Parents of 18 three to five-year-old children participated in the study, 9 parents were assigned to parent training (PT, experimental group) and 9 to a waiting list group (WL, control group). The results indicate that the children of the PT group obtained significantly higher scores in social competence compared with the WL group. The effect sizes ranges are large in this dimension, ranging from 2.12 in adaptive skills and 2.57 in social skills. Moreover, no significant differences have been found in internalizing and externalizing problems. Related to the comparison between teachers and parent's perspective in the PT group, there is an agreement in some aspects of the social competence factors but there is no arrangement in the conduct problems dimensions, coinciding with other current research. Based on the parent's perception of ACC efficacy, it is found high satisfaction and benefits after participating. These results suggest that ACC family program may be useful to promote family functioning and wellbeing and preschooler's social competence.

Keywords: prevention program; conduct problems; families; parents; social competence.

Resumen

Percepción de las familias y profesores sobre los efectos del programa piloto Aprender a Convivir en Casa. Varios estudios en las últimas décadas muestran los beneficios de la intervención familiar en edad temprana. Llevada a cabo la implementación del programa Aprender a Convivir en Casa (ACC), dirigido a familias españolas con niños en edad preescolar para prevenir problemas de conducta, delincuencia juvenil y acoso, así como para promover un óptimo funcionamiento y bienestar familiar; el objetivo de este estudio es comparar los efectos sobre las habilidades adaptativas y los problemas de conducta de los preescolares a través del BASC-P1 y BASC-T1, progenitores y profesores respectivamente. Los progenitores de 18 niños y niñas de tres a cinco años participaron en el estudio, 9 progenitores fueron asignados al grupo de entrenamiento (PT, grupo experimental) y 9 a un grupo en lista de espera (WL, grupo control). Los resultados indican que los niños del grupo PT obtuvieron puntuaciones significativamente más altas en competencia social en comparación con el grupo WL. Los tamaños del efecto son grandes en esta dimensión, que van desde 2,12 en habilidades de adaptación y 2,57 en habilidades sociales. Por otra parte, no se han encontrado diferencias significativas en la interiorización y exteriorización de problemas. En relación a la comparación entre profesores y progenitores, en el grupo PT existe acuerdo en algunas dimensiones de competencia social, pero no en las dimensiones de problemas de conducta, coincidiendo con otras investigaciones actuales. Se observa un alto grado de satisfacción y beneficios después de la participación. Estos resultados sugieren que el programa familiar ACC puede ser útil para promover el funcionamiento y el bienestar de la familia y la competencia social de preescolares.

Palabras clave: programa de prevención; problemas de conducta; familias; padres; competencia social.

The family intervention field is being a challenge for the society in recent decades. Family functions, roles and structures are changing although the influence of family interactions from the earliest

stages is still functionally related to both child development and the family's behavioural health (Dishion, Stormshak, & Kavanagh, 2012). These authors emphasise "the importance of addressing habitual inte-

reaction patterns that are difficult to change because of their repetitive nature” (preface) working with families. In this way, it is important to begin with innate family theories about children’s development and builds the foundation to promote family functionality.

Dishion, Forgatch, Chamberlain, and Pelham (2016) highlight through the cascade model that children behavioral problems could escalate in more serious adjustment problems through a cascading evolution from early childhood to adolescence ending in serious problem behaviors, drug use or even sexual promiscuity. Data from Pediatricians at the Hospital Sant Joan de Déu in Barcelona have detected an increase in demands for behavioural problems in adolescents over the last five years (Matalí, 2016). Likewise, Spain’s National Institute of Statistics (INE, 2017) documented behavioral disorders in 20-35% of assessed children between the ages of 0-9 years.

Children behavioral problems is a complex and multicausal fact in which the family can act as a risk factor (Dishion, et al., 2016; Farrington, 2015; Forgatch, Bullock, & Patterson, 2004; Webster-Stratton & Taylor, 2001) or as a protective factor, promoting the development of prosocial behaviors so that their children can develop properly in their everyday life (Forgatch et al., 2004; Thijssen, 2016).

Children behavioral problems can be observed at homes or/at schools in different manifestation due to the accumulation of different factors from the environment, the family or their principal adult models and the personal characteristics.

On the other hand, if there are strong attachments between children and their parents there is less probability that children develop behavioral problems as delinquency (Patterson, DeBaryshe, & Ramsey, 2017).

The current sensitivity of families, schools and society to motivate children and students in their socio-emotional and cognitive development and collaborate in the resolution of behavior problems, have promoted the implementation of different activities and resources between them (Aguirre, Caro, Fernández, & Silvero, 2016) but often they are insufficient and inconsistent. Researcher’s role is also to share with the educational team and society advances and programs that promote healthy dynamics and prosocial relationships. This links to the great number of studies that highlight the importance of focusing on family intervention efforts from an early stage adopting a preventive view (Sanders, 2012; Stormshak et al., 2016), show us a way to go.

Programs as *Triple P-Positive Parenting Program* (Sanders, Kirby, Tellegen, & Day, 2014), *The Incredible Years parenting programs* (IYPP, Webster-Stratton, Rinaldi, & Reid, 2011), or the *Everyday parenting* (Dishion, et al., 2012) are some effective family early stage prevention program examples in the international context but there is a lack of them in the Spanish one that are tested and validated.

The present study

The present study aimed to investigate and compare the effects from parents and teacher’s perspective on adaptive skills and behavioural problems in preschoolers whose parents participate in *Aprender a Convivir en Casa* [Learning to Live Together at Home] program (ACC). ACC is presented as a universal preventive parent training program aimed for Spanish families with children in childhood education to prevent the emergence of behavioural problems, juvenile delinquency and harassment, as well as promote an optimal family functioning and parenting wellbeing. Likewise, the parent’s perception of ACC efficacy and satisfaction is presented in order to reflect parent’s outcomes with the program.

Study aims and hypotheses

Specifically, the first aim was to evaluate the effects on adaptive skills and behavioural problems of children in Early Childhood Education whose parents participate in ACC pilot program (participant parents group, PT group) from parents and teacher’s perspective and compare it with the waiting list group. The second aim was to compare parents and teacher’s perspective about the effect of ACC program on preschoolers PT group on adaptive skills and behavioral problems. The third, and final, aim was to know parent’s perception about ACC pilot program efficacy and satisfaction through an ad-hoc questionnaire. Related to each aim, it was hypothesized the following results: (1a) children from the PT group significantly improve their adaptive skills from parents and teachers perspective; (1b) children from the PT group significantly reduce their behavior problems from parents and teachers perspective; (2) there is agreement between parents and teachers perception about the effects of ACC on social competence and behavioral problems in preschoolers whose parents participate in the program; (3) parents who participate in ACC pilot program are more aware of the importance of expressing positive emotions to their children, the need to dialogue and to dedicate time to their sons and daughters and the importance of modifying the consequences of a behavior that they want to change; (4) parents from the PT group are satisfied with ACC program after their participation.

Method

Participants

The participants were 18 parents, all with children in early childhood education aged from 3 to 5 years old ($M_{age} = 4.48$ years, $SD_{age} = 0.50$) from a private but publicly funded school in Granada, Spain. Demographic characteristics of the participant parents are reported in Table 1. 9 parents were assigned to parent training (PT, experimental group) group and 9 to a waiting list (WL, control group) group. The PT ($n = 9$) and WL ($n = 9$) groups had 1 father and 8 mothers. Parents from PT group were received the ACC program, their children do not receive a direct intervention, but weekly activities was planned between parents and children to be done at home. To be included in the PT group parents were required to attend at least 80% of ACC program sessions (6 cases were excluded) to ensure sufficient training exposure and must have completed both pre- and post-treatment measures (1 case was excluded).

Table 1. Demographic characteristics of the participant parents ($N = 18$)

	%
Age	
Between 35-44 years old	86%
Between 45-54 years old	14%
Nation of Birth	
Spain	100%
Racial/ethnic identity	
White	100%
Parental marital status	
Married	76.2%
Divorced	19%
Cohabiting	4.8%
Living arrangement	
Living with son, daughter and a couple	61.9%
Living with son and daughter not with a couple	23.8%

	%
Living with son, daughter, a couple and grandparents	9.5%
Living with son, daughter and others	4.8%
Education Level	
Technical specialist/ Top technician	19%
Graduate	62%
Postgraduate	19%
Current employment	
Public sector employment	57.1%
Unpaid housework	19%
Private sector employment	19%
Freelance	4.8%
Annual individual income	
Less than 13930\$	19%
Between 13930\$ and 27846\$	33.3%
Between 27847\$ and 41776\$	47.6%

Measures

The following instruments were used:

(1) The BASC scales by Reynolds and Kamphaus (1992), adapted to Spanish by González, Fernández, Pérez, and Santamaría (2004). The BASC is multidimensional in that aspects of clinical and adaptive behavior are rated. The questionnaire presents a Likert scale with response values from 0 (never) to 3 (often). According to the ages to be evaluated, it uses information provided by the parents, (P), the tutors or teachers, (T), and, for children over 6 years, the child itself (S-scales).

The wide set of scales constituting the BASC moves between a Cronbach's α reliability of .70 and .90. The reliability of the overall dimensions ranges is from .76 to .96, with an average value of .91.

In our case, given the age of children from 3 to 5 years (for this age there is no questionnaire for the child to answer), we used the questionnaires to be answered by parents and teachers about each child: BASC-T1 and BASC-P1.

However, for the current investigation only 74 items from BASC-T1 and 95 items from BASC-P1 will be used, corresponding to the following dimensions:

- Internalizing behaviors: anxiety (The tendency to be nervous, fearful, or worried about real or imagined problems) and depression (Feelings of unhappiness, sadness, and stress that may result in an inability to carry out everyday activities or may bring on thoughts of suicide).
- Externalizing behaviors: aggression (The tendency to act in a hostile manner, either verbal or physical, which is threatening to others) and hyperactivity (The tendency to be overly active, rush through work or activities, and act without thinking).
- Adaptive skills: adaptability (The ability to adapt readily to changes in the environment) and social skills (The skills necessary for interacting successfully with peers and adults in home, school, and community settings).

The reliability analyses performed for the current investigation confirmed the scale structure in the Spanish sample (see Table 2).

(2) A satisfaction ad-hoc questionnaire of 25 items made up of a Likert scale, with seven possibilities of response, from 1 (Strongly disagree) to 7 (Strongly agree) and one item to write observations about the program.

(3) *Aprender a Convivir en Casa [Learning to Live Together at Home]* pilot program. It is a parent training program that aims, through 10 sessions organized in 3 blocks of content, to provide to participating parents strategies that allow them to teach their children, creating a family atmosphere of trust, security, cohesion and partici-

Table 2. Cronbach's Alpha reliability of BASC P1 and T1 in the research sample

BASC-T1	BASC-P1
Aggression $\alpha = .95$	Aggression $\alpha = .78$
Depression $\alpha = .92$	Hyperactivity $\alpha = .88$
Anxiety $\alpha = .67$	Anxiety $\alpha = .55$
Hyperactivity $\alpha = .85$	Depression $\alpha = .80$
Adaptability $\alpha = .82$	Adaptability $\alpha = .78$
Social skills $\alpha = .91$	Social skills $\alpha = .81$
Externalizing problems $\alpha = .96$	Externalizing problems $\alpha = .90$
Internalizing problems $\alpha = .88$	Internalizing problems $\alpha = .80$
Adaptive Skills $\alpha = .92$	Adaptive Skills $\alpha = .89$

pation. The blocks are the following: I) We know our children; II) We encourage good behaviors; III) We maintain good behavior and solve conflicts. In these three blocks, it is included, among others, themes related to child development characteristics, assertive communication, parenting styles and their consequences, functional behavior analysis, conflict resolution, relaxation techniques and self-control. These blocks are developed in 10 sessions of 90 minutes each one in which we work, through a group methodology where discussion and directed discussion is encouraged, through small groups, role-play and joint reflection. At the end of each of the sessions, the parents must perform a series of tasks at home, which they will do alone or in interaction with their children, to promote the implementation of the strategies learned and their generalization to real contexts. These tasks are discussed at the beginning of the following session, serving as learning and debate to the whole group of participating parents.

Procedure

For this study, we took the following steps. The first consisted of request the necessary permits from both the Education Delegation of Granada and the participating school. Once obtained, all preschool parents and teachers from the school were invited to a preliminary meeting with the researchers and the head teacher where we have explained the objectives and methods of conducting the study. In that meeting, we have asked parents interested in participating to sign an informed consent to participate in the program and to complete the pre-intervention evaluation in social competence and behavior problems. Preschool teachers also carried out the pre-intervention evaluation of all the preschoolers. Then, two parents groups were done: PT group and WL group, in order to develop the study. After that, one of the trained researchers implemented the ACC program during 10 sessions of 90 minutes every 15 days with the PT group, from January to May, in one of the school's classrooms. Once the implementation of the program was finished, the teachers and all the participating parents again carried out the post-intervention evaluation of the same variables measured in the pre-intervention phase of all the children. In order to belong to the experimental group, parents had to participate in at least 80% of the program sessions. Of all the WL parent group, 9 were randomly selected to be assigned to the control group, controlling the age and sex variables. The parents in the WL group did not receive any type of intervention for this study.

Plan of data analysis

Based on the research aims, it was used a quasi-experimental methodology, with two groups (PT group-WL group) and two moments of evaluation (pre-post). A t-test was performed for inde-

pendent samples in the post-intervention phase. In addition, Cohen's statistical index *d* was used to estimate the effect size, being one of the most used in the educational area (McMillan and Foley, 2011). For its interpretation, Cohen (1988) established large ($d \geq .80$) moderate ($.50 \leq d \leq .79$) and small ($.20 \leq d \leq .49$) effects. The different analyses were carried out through the Statistical Pack Social Sciences (SPSS) in its version 20.0 for Mac.

Results

Adaptive skills from teacher's perspective

The comparison between groups was made in the post-intervention phase (Table 3), through the mean difference test. The results show that the children of the experimental group obtained significantly higher scores in adaptability ($t(8) = 2.50, p = .024$), social skills ($t(8) = 5.43, p = .000$) and adaptive skills ($t(8) = 4.51, p = .000$). The effect sizes ranges are large in these two last dimensions, ranging from 2.12 in adaptive skills and 2.57 in social skills.

Table 3. Comparison between experimental ($n = 9$) and control group ($n = 9$) in adaptive and non adaptive skills from BASC-T1 (teacher) in the post-intervention phase.

	Experimental Group		Control Group		Comparison		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	<i>d</i>
Adaptability	2.5	.45	2.24	.44	2.50	.024	.58
Social skills	1.98	.43	.82	.47	5.43	.000	2.57
Anxiety	.21	.20	.16	.22	.47	.640	.24
Aggression	.28	.32	.25	.25	.20	.841	.10
Hyperactivity	.27	.29	.14	.18	1.06	.306	.54
Depression	.25	.25	.41	.26	-1.33	.201	.63
Adaptive Skills	2.24	.41	1.40	.38	4.51	.000	2.12
Internalizing problems	.46	.42	.57	.43	-0.776	.449	.26
Externalizing problems	.27	.29	.20	.20	.588	.565	.28

M= means (maximum 3, minimum 0), *SD*= standard deviations, *p*= statistical significance, *d*= effect size

Table 4. Comparison between experimental ($n = 9$) and control group ($n = 9$) in adaptive and non adaptive skills from BASC-P1 (parents)

	Experimental Group		Control Group		Comparison		
	<i>M</i>	<i>DT</i>	<i>M</i>	<i>DT</i>	<i>t</i>	<i>p</i>	<i>d</i>
Adaptability	2.29	.56	1.96	.31	1.56	.137	.73
Social skills	2.45	.63	1.86	.45	2.26	.038	1.08
Anxiety	.68	.51	.91	.17	-1.31	.208	.60
Aggression	.32	.41	.41	.20	-.56	.583	.28
Hyperactivity	.66	.54	1.01	.40	-1.57	.135	.74
Depression	.51	.68	.83	.27	-1.30	.212	.62
Adaptive Skills	2.37	.57	1.91	.35	2.04	.058	.97
Internalizing problems	.59	.57	.87	.19	-1.37	.190	.43
Externalizing problems	.49	.47	.71	.28	-1.21	.244	.57

M= means (maximum 3, minimum 0), *SD*= standard deviations, *p*= statistical significance, *d*= effect size

Behavioral problems from parent's perspective

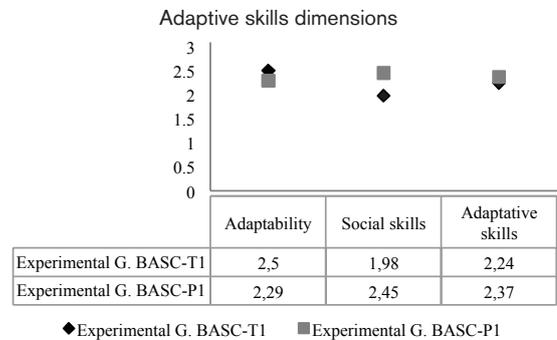
Parent's perspective about their children's behavioral problems has shown a reduction in the experimental group scores in all the variables (anxiety, aggression, hyperactivity and depression; and in the internalizing and externalizing problems constructs) but not significantly (Table 4). In this case, the effect size range is between moderate and small ranging from .28 to .60.

Comparison between teacher's and parents perspective in the experimental group

In the next figures, teacher's and parents perspective in the experimental group are compared.

Related to the adaptive skills (Figure 1), there are no significant differences between teachers and parents perception about the pre-schoolers behaviour after ACC was implemented. A difference is found in the social skills dimension, being the parents the ones who score higher.

Figure 1. Comparison between teacher's and parents perspective in the



In the internalizing and externalizing problems dimension (Figures 2 and 3) there are also some differences but not significant, being the parents who reported higher scores in both dimensions.

Figure 2. Comparison between teacher's and parents perspective in the Internalizing problem dimensions

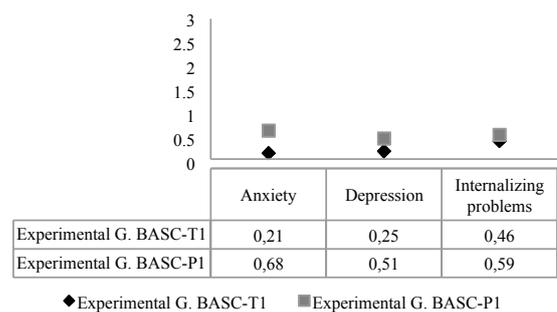
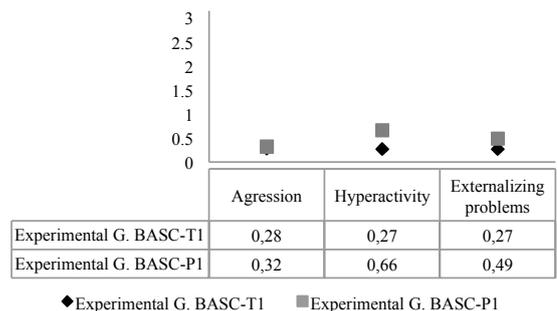


Figure 3. Comparison between teacher's and parents perspective in the Externalizing problem dimensions



Satisfaction ad-hoc questionnaire

The results from the satisfaction ad-hoc questionnaire “Assessment of the Aprender a Convivir en Casa program” filled by the 9 participant parents show that the majority of the participants agree on the importance of implementing programs aimed at parents from the school environment. Expressing a positive vision and high satisfaction of the ACC program carried out in their school are dimensions that most of the participants agree on. The participating families concur with the adequacy of the themes, the methodology used and the benefits that have meant to participate in the program in their labor as a parent. As for its duration, ten sessions, some of them propose an increase in the number of sessions. After participating in the program, most of them fully agree to be more aware of the importance of expressing positive emotions to their children, the need to dialogue and dedicate time to their sons and daughters and the importance of modifying the consequences of a behavior that they want to change. Based on the parent’s general satisfaction with ACC efficacy, it is found high scores and benefits after participating (see Table 5).

Discussion

The results obtained in this study suggest that the ACC program, aimed for Spanish families with preschoolers to prevent the emergence of behavioural problems, juvenile delinquency and harassment, as well as promote an optimal family functioning and parenting wellbeing, seems to be effective in improving some of the parental skills necessary for the development of an adequate social competence of their children. In this sense, the children of the PT group reflect better social skills after the program implementation than those who do not participate. Moreover, the results show a high effect size in the adaptive skills, skills that become a part of the social competence construct. However, it seems that the smallest effect occurs on the adaptability variable, that is, the ability of these children to adapt their conduct in every situation in a proper way. This result can be understandable if the age of the participants is taken into account. Some situations could be new for them, so it depends on how the environment (family and school) can promote an adequacy approach to these new situations. The present results are in line with other found in similar preventive family intervention programs, as the *Incredible Years program*, which has proven effective in improving the social competence of the participating parents children, either in risk contexts or in normalized contexts (Webster-Stratton & Reid, 2010); or the *Promoting Alternative Thinking Strategies* (PATHS Program; Domitrovich, Cortes, & Greenberg, 2007).

On the other hand, the results show that the children of the PT group, from the teacher perspective, obtain lower scores only in internalizing problems having small effect size range, but no significant differences have been found. In the other variables, there are no great differences between PT and WL groups. Taking into account the parent’s perspective, there is a reduction in all the conduct problems variables about their children’s behavioral problems in the PT group scores (anxiety, aggression, hyperactivity and depression; and in the internalizing and externalizing problems constructs) but not significantly. In this case, the effect size range is between moderate and small. This result can be understood if we take into account the pre-phase, both experimental and control groups, have very low scores.

Currently, efforts are being made to achieve evaluations from multiple perspectives, with the focus of increasing reliability (De los Reyes, Thomas, Goodman, & Kundey, 2013) and of reaching

Table 5. Median measure with valid and lost cases of the satisfaction ad-hoc questionnaire “Assessment of the Aprender a Convivir en Casa program”

SD	Median	
0	7	1 Importance of implementing programs at school for parents
0	7	2. Such programs should regularly be carried out in schools
0	7	3. Positive view of the program and/or the activities that have been developed
.3	6.9	4. Participation in the program has given me a benefit for my labor as a parent
0	7	5. The themes worked in the sessions have seemed interesting to me
1	5.7	6. I have routinely performed at home the tasks /activities that were recommended
2.1	4.1	7. I think the duration of the program is adequate (10 sessions)
.3	6.9	8. I have found interesting the activities that have been done
.3	6.9	9. I have found useful the activities that I have been done at home with the children
.7	6.8	10. The methodology that has been used in the program has seemed to me appropriate
0	7	11. The skills of the monitor (Alicia) have seemed good to me
0	7	12. The importance of expressing positive emotions to children
.3	6.9	13. Reasoning with children about the rules
0	7	14. The need to talk and dedicate time to our children
.4	6.8	15. The importance of not giving in when children ask for something inappropriately
0	7	16. The need to self-controlled and relax in certain situations
1	6	17. In general, children do what we encourage them to do with our behaviors
.7	6.8	18. Children need rules to guide their behavior
0	7	19. If we want to change a behavior we will have to modify the consequences that maintain this behavior
0	7	20. Reduction in the num. of sessions that have taken place
2.1	5.8	21. Increase in the number of sessions performed
1.3	5.2	22. Separate more the sessions (one every 15 days)
.3	1.1	23. Change some of the contents that have been seen
2	1.7	24. The methodology used in the sessions should be funnier
4	6.8	25. Overall, my satisfaction with the participation in the program

N= 9

a better understanding of the bidirectional interactions (Sameroff & Chandler, 1975). Coinciding with other studies (Valdivieso-León, Román, Flores, & Van, 2016), there is no agreement, although similar rates, between teachers and parent's perspectives about the preschooler's conduct. These results are in line with those found by Achenbach (2006), which indicates that children behavioural problems can vary depending on who reports them, verified the differences in children behavior in school and home.

However, the results from the participant families satisfaction show that they agree on the importance of implementing programs aimed at parents from the school environment. Some of the contents worked are communication, collaboration and conflict resolution, which are considered indispensable in the mission of preventing problem behavior, whether carried out at the school or family level (Bartau & Etxebarria, 2005). This collaboration with families is necessary, making them not only participate but also be the object of intervention. The program follows an active, participate group methodology, that families great value being able to share their concerns with other parents, the confidence and the climate that is generated. Robles and Romero (2011) point out the benefits of the group format to reduce possible conduct problems in children. Parents also indicate the adequacy of the program methodology, being the topics discussed interesting for the participant families, based on a behavioral type intervention in which communication and problem-solving are encouraged (Lundahl, Risser, & Lovejoy, 2006). Based on the parent's perception of ACC efficacy, it is found high satisfaction and benefits after participating.

In conclusion, fostering an optimal social competence in children can be very effective in favoring a positive development trajectory, becoming a protective factor against the development of behavioral problems (Betina, 2010). In this context, working with families has a triple reinforcement: for their children development, for their own functioning as a family and for the whole society due to developing social relations on a sounder basis.

Study limitations and prospective investigation

There are several limitations to this study owing to the sample; it is small to generalize to all the population. Moreover, the results obtained make us be prudent when establishing the effects that the ACC program has on the reduction of behavior problems in children, especially when they do not have previous behavioral problems. It would be interesting to implement the ACC program with families with children who have behavioral problems to check if the program is effective for this type of population.

Conflict of interest

There is no conflict of interest in this paper.

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References

- Aguirre, A. M., Caro, C., Fernández, S., & Silvero, M. (2016). *Familia, escuela y sociedad: Manual para maestros*. La Rioja: Unir.
- Bartau, I., & Etxebarria, J. (2005). El Programa Corresponsabilidad Familiar (COFAMI): Organización e Intervención en el País Vasco. *Revista Electrónica Iberoamericana sobre calidad, eficacia y cambio en educación*, 3 (1), 586-593.
- Betina, A. (2010). Las habilidades sociales como recursos para el desarrollo de fortalezas en la infancia. *Psicodebate. Psicología, Cultura y Sociedad*, 10, 231-248. doi: 10.18682/pd.v10i0.398.
- De Los Reyes, A., Thomas, S. A., Goodman, K. L., & Kundey, S. M. (2013). Principles underlying the use of multiple informants' reports. *Annual Review of Clinical Psychology*, 9, 123-149. doi: 10.1146/annurev-clinpsy-050212-185617
- Dishion, T. J., Stormshak, E. A., & Kavanagh, K. A. (2012). *Everyday parenting: A professional's guide to building family management skills*. Champaign, IL, US: Research Press.
- Dishion, T. J., Forgatch, M., Chamberlain, P., & Pelham, W. E. (2016). The Oregon model of behavior family therapy: From intervention design to promoting large-scale system change. *Behavior therapy*, 47(6), 812-837. doi: 10.1016/j.beth.2016.02.002
- Domitrovich, C. E., Cortes, R. C., & Greenberg, M. T. (2007). Improving young children's social and emotional competence: A randomized trial of the preschool "PATHS" curriculum. *The Journal of primary prevention*, 28(2), 67-91. doi: 10.1007/s10935-007-0081-0
- Farrington, D. P. (2015). The Developmental Evidence Base: Psychosocial Research. En D.A. Crighton, & G. J. Towl (Eds.), *Forensic psychology* (pp. 161-181). UK: John Wiley y Sons.
- Forgatch, M. S., Bullock, B. M., & Patterson, G. R. (2004). From theory to practice: Increasing effective parenting through role-play. The Oregon Model of Parent Management Training (PMTO). In H. Steiner (Ed.), *Handbook of mental health interventions in children and adolescents: An integrated developmental approach* (pp. 782-814). San Francisco: Jossey-Bass.
- González, J., Fernández, S., Pérez, E., & Santamaría, P. (2004). *Adaptación española del sistema de evaluación de la conducta en niños y adolescentes: BASC*. Madrid: TEA Ediciones.
- Instituto Nacional de Estadística (2017). *Problemas o enfermedades crónicas o de larga evolución padecidas en los últimos 12 meses y diagnosticadas por un médico en población infantil según sexo y grupo de edad. Población de 0 a 14 años. Coeficiente de variación*. Spain: INE. Retrieved from <http://www.ine.es/jaxi/Datos.htm?path=/t15/p419/a2011/p07/l0/&file=07006.px>
- Lundahl, B., Risser, H., & Lovejoy, M. C. (2006). A meta-analysis of the parent training. Moderators and follow-up effects. *Clinical Psychology Review*, 26, 86-104. doi: 10.1177/1049731505284391.
- Matalí, J. (Coord.) (2016) *Adolescentes con trastornos de comportamiento. ¿Cómo podemos detectarlos? ¿Qué se debe hacer?* Barcelona: Hospital Sant Joan de Déu.
- Patterson, G. R., DeBaryshe, B. D., & Ramsey, E. (2017). A developmental perspective on antisocial behavior. In T.R. McGee, & P. Mazerolle (Eds.), *In Developmental and Life-course Criminological Theories* (pp. 29-35). New York: Routledge.
- Reynolds, C. R., & Kamphaus, R. W. (1992). *BASC: Behavior assessment system for children: Manual*. American Guidance Service, Incorporated.
- Robles, Z., & Romero, E. (2011). Programas de entrenamiento para padres de niños con problemas de conducta: una revisión de su eficacia. *Anales de Psicología*, 27(1), 86-101.
- Sameroff, A. J., & Chandler, M. J. (1975). Reproductive risk and the continuum of caretaking casualty. *Review of Child Development Research*, 4, 187-244.
- Sanders, M. (2012). Development, evaluation, and multinational dissemination of the Triple P-Positive Parenting Program. *Annual Review of Clinical Psychology*, 8, 345-379. doi: 10.1146/annurev-clinpsy-032511-143104

- Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clinical Psychology Review, 34*, 337-357. doi:10.1016/j.cpr.2014.04.003
- Stormshak, E. A., Brown, K. L., Moore, K. J., Dishion, T., Seeley, J., & Smolkowski, K. (2016). Going to scale with family-centered, school-based interventions: Challenges and future directions. In S. M. Sheridan, & E. M. Kim (Eds.). *Family-school partnerships in context* (pp. 25-44). New York: Springer. doi: 10.1007/978-3-319-19228-4_2
- Thijssen, J. (2016). *Children with externalizing behavior problems. Risk factors and preventive efforts* (Tesis doctoral inédita). Universidad de Maastricht, Maastricht
- Valdivieso-León, L., Román, J. M., Flores, V., & Van, M. A. (2016). Prácticas educativas familiares: Family educational practices: how do parents perceive them? How do children perceive them? What degree of agreement exists? *Perspectiva Educativa, 55*(1), 129-151. doi: 10.4151/07189729-Vol.55-Iss.1-Art.310
- Webster-Stratton, C., & Reid, J. M. (2010). Adapting The Incredible Years, an evidence-based parenting programme, for families involved in the child welfare system. *Journal of Children's Services, 5*(1), 25-42. doi: 10.5042/jcs.2010.0115
- Webster-Stratton, C., & Taylor, T. (2001). Nipping early risk factors in the bud: Preventing substance abuse, delinquency, and violence in adolescence through interventions targeted at young children (0-8 years). *Prevention Science, 2*(3), 165-192. doi: 10.1023/A:1011510923900
- Webster-Stratton, C., Rinaldi, J., & Reid, J. M. (2011). Long-term outcomes of Incredible Years Parenting Program: Predictors of adolescent adjustment. *Child and Adolescent Mental Health, 16*(1), 38-46. doi: 10.1111/j.1475-3588.2010.00576.x