

# Engagement of Parents in Child-Focused Interventions: A Systematised Review Protocol

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## ABSTRACT

**Background:** Parent engagement in interventions for their children is considered necessary to the success of many allied health services. Currently, however, the concept of engagement is poorly defined and minimally understood. While literature on engagement is emerging, a coordinated overview of the topic from related disciplines is notably absent. Without this, it is difficult to translate insights of parent engagement into practical strategies for clinicians. The aim of this review is to systematically search the literature to identify factors relevant to parent engagement in child-focused interventions.

**Methods/Design:** This review will follow a systematised literature review procedure, with a focus on comprehensive searching as well as application of quality appraisal and analysis steps. A search of five electronic databases will be undertaken, alongside citation tracking and hand searching of literature. Articles will be screened for relevance in a two-stage process (exclusion by title/abstract and exclusion at full text review), aligned with inclusion and exclusion criteria consistent with the review question. Included literature will be assessed for quality using a tool relevant to the study methods (quantitative or qualitative). Data analysis will include narrative synthesis for quantitative studies, and thematic synthesis for qualitative studies.

**Discussion:** This review will explore literature on parent engagement across related child-focused interventions, to better define the concept of engagement and identify factors which contribute to parents being engaged in the treatment of their children. This information may guide further research on engagement of parents, and support practitioners working to develop interventions that maximally engage parents for optimal child outcomes.

**Keywords:** parent engagement, systematised review, allied health, child-focused intervention, behaviour analysis

## 1. Background

### 1.1 Why is parent engagement important?

Within child-focused allied health services, parent involvement in interventions for their children is considered key to effective treatment. Clinicians working in fields such as psychology, speech-language therapy, and occupational therapy strive to provide skills and knowledge to parents and families, such that when formal involvement with the clinician ends, the positive effects of treatment endure (Moore & Symons, 2011). Empowering parents to

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implement strategies with their children is a key goal of such services, which can lead to treatment gains being maintained over time and generalised to other settings (Kaiser & Hancock, 2003).

In the field of behaviour analysis, parent involvement has been empirically linked with better outcomes for children, maintenance of treatment outcomes over time, improved parent-child interactions, and decreased levels of parent stress (Najdowski & Gould, 2014). Within speech-language therapy, active involvement of parents in intervention is thought to be “crucial for promoting lasting change in a child’s development” (Melvin et al., 2020, p. 2665). Investigations into child mental health service provision report that actively involved parents are correlated with increased parental satisfaction with services, consistent session attendance, longer time spent in treatment, and overall lasting improvements for child behaviour (Dowell & Ogles, 2010; Haine-Schlagel & Walsh, 2015). Taken together, evidence shows that engagement of parents in interventions for their children is not only a clinical priority but contributes to improved outcomes for children and families.

Despite the importance of parent engagement, many fields struggle to achieve meaningful inclusion of parents in treatments (Finan et al., 2018; Melvin et al., 2021). Within behavioural literature, there is recognition that parents of children receiving support are often not actively engaged in treatment, or do not stay engaged over time (Yi & Dixon, 2021). In a seminal article published over 20 years ago, Allen and Warzac (2000) argued that behaviour analysts should give attention to the factors impacting parent behaviour and willingness (or ability) to deliver treatments effectively and consistently. Specifically, the authors urged that once factors influencing parent involvement are identified, empirical work should focus on practical solutions for improving engagement (Allen & Warzak, 2000).

## **1.2 What is known about engagement, and what is missing?**

Recent reviews of parent engagement literature have attempted to scope the concept of engagement in efforts to understand what could promote parent engagement in practice. Based on a review of paediatric mental health literature, King et al., (2014) developed a conceptual model of engagement which highlights three components (1) affective or emotional involvement (2) cognitive involvement and (3) behavioural involvement, or participation. In this model, thoughts and actions of parents are pivotal in deciding if and how parents will engage with treatments. In investigating the possibility of measuring engagement, D’Arrigo et al., (2017) emphasised that engagement may be a process rather than a static state. Authors highlighted the value of in- and out-of-session measures, to help identify where parents are in the process of becoming engaged in developmental rehabilitation services for their children. Reviewing qualitative reports of parent engagement in speech-language interventions, Melvin and colleagues (2020) describe parent engagement as a “complex, multifaceted state” (p. 2665) of interaction, where clinicians have an important role in helping parents to become and stay engaged, highlighting interpersonal features (e.g., parent and clinician relationship) as pivotal in parent engagement.

While interest in this topic is growing, and literature is emerging, two key gaps remain. Firstly, the concept of parent engagement is poorly defined within practice disciplines, where such knowledge could have implications for clinician behaviour. Notably, there is inconsistency in the terms used to describe engagement, with some fields referring to adherence, or compliance, which may or may not map onto ‘engagement’ in the context of parent involvement (Kazdin, 2000). Some describe parent engagement as a multi layered concept involving ‘affective, cognitive, and behavioural states’ (King et al., 2014), while others refer to engagement as a collaborative and dynamic process (Bright et al., 2015). Currently, not enough is known about what engagement is, what it looks like, and how it can be fostered within child-focused services.

Secondly, specific fields are developing literature around parent engagement, which has yet to be combined into a broader consideration of the topic. That is, speech-language therapy, occupational therapy, psychology, and behaviour analysis disciplines all have some understanding of parent engagement, but this is not congruently linked to discoveries in related fields. To date, no review has combined the relative knowledge generated within each discipline into a coherent understanding of parent engagement. This could have practical utility, in supporting clinicians from different practice fields to select and apply the most suitable methods for promoting parent engagement in child treatments.

### **1.3 Objective and review question**

The objective of this systematised review is to identify and synthesise available qualitative and quantitative studies exploring the concept of engagement, as it relates to parents of children receiving allied health interventions. This review will help to identify what is known about parent engagement, across disciplines who work in therapeutic alliance with parents for the benefit of children. The review will be guided by the following research question developed using a PICO framework (Population, Interest, Context): What factors impact parent (Population) engagement (Interest) in literature on selected child-focused interventions (Context)?

## **2. Methods/Design**

### **2.1 Study design**

This study will involve a systematised review of existing literature. Described as a review type which includes “one or more elements of the systematic review process while stopping short of claiming that the resultant output is a systematic review” (Grant & Booth, 2009, p. 102), systematised reviews are utilised where criteria associated with systematic review (e.g., requirements for multiple reviewers) cannot be met within the constraints of the project. For this review, systematised methods will allow for comprehensive searching, thorough study selection and data extraction, as well as methods of data synthesis aligned with well-developed literature reviews. This approach is expected to offer an extensive search of a growing topic area where existing literature is unlikely to be consistent enough to warrant meta-analysis, while still producing a strong review of available findings to inform further research. This protocol is reported using the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) guidelines (Moher et al., 2015).

### **2.2 Review rationale**

Aligned with the aim of this study (specifically: identifying factors related to engagement across child-focused interventions), the review will consider primary research generated in the disciplines of speech-language therapy, occupational therapy, psychology, and behaviour analysis. In consultation with subject experts, it was agreed that this list represents key disciplines who work alongside families with an ultimate focus on behaviour change for children (e.g., prioritising development or rehabilitation of children through therapeutic input). All selected fields are thought to a) likely employ similar goals and approaches to including parents in therapeutic interventions, b) have a developing literature on engaging parents as agents for change within intervention, and c) have peer-reviewed journals for publication of quality research which is available for literature searching.

### **2.3 Search strategy**

The strategy for this literature review was developed in collaboration with the research team (listed authors) and with consultation from a subject librarian based at the authors' affiliated

institution. Informal scoping searches of the literature were conducted during protocol development, to assess the number and range of possible identified studies. This supported refinement of search terms, to retrieve the most relevant literature for the research question. During development of this review protocol, PROSPERO and Google Scholar databases were searched, to ensure no recent systematic reviews have been conducted on the topic. This step also confirmed that no protocols were registered which could duplicate the findings of the planned review.

This review of literature is scheduled to begin in February 2022 and is expected to be completed no later than August 2022. Electronic searching of five key databases will be conducted, including: CINAHL Embase, MEDLINE, PsycINFO and Scopus. These databases are selected based on the comprehensiveness of material they index and relevance to the topic area under study. No date range will be applied to the search; studies will be considered from the earliest date determined by the database until the final date of searching (expected April 2022). Additional to database searching, hand searching of specified journals (specifically, behaviour analytic and speech-language journals) will be carried out to ensure that recent publications, which may not have been indexed at the time of searching, are considered in the review. Reference lists of included studies will be checked to locate any studies missed by searching methods, and forward/backward citation tracking will be carried out on included studies to support a comprehensive search.

The following keywords will be used for database searches (in title, abstract and keywords). Truncations (\*), and Boolean operators (AND/OR) will be applied, as they are relevant to specific databases. Searching using mapped headings will also be incorporated for relevant databases. An example of search terms is provided (Table 1).

**Table 1.** Example search terms for PsycINFO database (Ovid interface).

Concept 1	Concept 2	Concept 3	Concept 4	Concept 5
Parent	Engagement	Intervention	Intervention type	Child-focused
caregiver*	adhere*	interven*	behavior analy*	adolescent*
father*	comply*	therap*	behaviour analy*	child*
mother*	compliance	treatment*	cognitive behaviour	infant
parent*	engage*	rehabilit*	cognitive behavior	teen*
	involve*		speech language	toddler*
	nonadhere*		speech patholog	youth
	participat*		“applied behavior analysis”	
			“counselling psycholog*”	
			“occupational therap*”	

## 2.4 Inclusion and exclusion

The following inclusion and exclusion criteria are developed to guide the selection of relevant studies within this review.

**Inclusion criteria:** Peer-reviewed primary research using qualitative and/or quantitative methods. Studies where parents of children, and/or clinicians working to deliver intervention for children are the main population(s) under consideration. Studies which measure or describe some element of parent engagement.

**Exclusion criteria:** Grey literature (non peer-reviewed) which reports primary data (such as dissertations) as well as secondary sources (reviews, commentaries, letters, conference abstracts) and sources not based on primary data (e.g., discussion articles). Studies which focus solely on engagement of children in treatment. Studies conducted in either medical (hospital) or educational (school) settings.

Studies that are not available in the English language, or not available in full text through databases or authors' institutional library network, will also be excluded from the review.

## **2.5 Method of selection**

Steps completed as part of literature searching and study selection will be presented in a flow diagram aligned with PRISMA reporting protocols (Page et al., 2021).

Studies identified during searching will be saved using reference management software, Zotero (v. 5.0.96.3). Duplicates will be identified using Zotero's 'find duplicates' function within the review library. After duplicates are removed, the first author will screen all studies by title and abstract to see if they meet inclusion/exclusion criteria. If the suitability of any study for inclusion is unclear from the title/abstract, studies will be assigned to full text review. A random sample of sourced literature will be independently coded by the second author to check for inclusion/exclusion, as an estimate of interrater agreement. If there is a disagreement, the third author will score the study for inclusion/exclusion, and discussion will be used to reach consensus on the value of including or excluding the study. Remaining studies will then be screened in full text and selected or excluded based on the stated inclusion/exclusion criteria. Again, a sample of studies will be independently coded by the second author, to provide a measure of interrater agreement on study selection. Similarly, any disagreements will be resolved by input from third author and during discussion, until 100% agreement is reached.

## **2.6 Data extraction**

Once the complement of included studies is identified, these will be reviewed by the first author to extract key data from each study. Software including Excel and NVivo will be utilised at this stage; to record variables of interest (Excel) and extract key findings and themes from qualitative primary studies (NVivo). Information which will be extracted from primary research will include: author details (name and year of publication), study design, geographical location of data collection, sample design, sample characteristics, demographic information of participants, intervention components, measurement tools and data types, as well as key findings and outcomes, both qualitative and quantitative.

A calibration approach will be applied during the data extraction stage of the review. This will involve the first and second author independently coding an initial number of studies (expected between 5-10 studies) using data extraction forms. Results of data extraction will then be compared, to assess fidelity in use of data extraction tools. This step will form part of piloting data extraction tools for this review. Any disagreements will be discussed until consensus is reached. Once fidelity in data extraction is reached for sample studies, and data extraction tools are adjusted for clarity and ease of use, the first author will extract data from the remaining studies. Where information is missing or not clearly stated in the primary research, this will be noted on the data extraction forms as 'missing' data.

## **2.7 Quality assessment**

Included studies will be assessed for quality and possible bias, following data extraction. It is expected that the CASP checklist tools (Critical Appraisal Skills Programme, 2019) specific to study design methodologies will be used. Alternatively, companion critical review checklists for qualitative and quantitative research, published by McMaster University Occupational Therapy Evidence-Based Practice Research Group, will be considered (Law et al., 1998; Letts et al., 2007). These tools may represent a good fit for assessing quality of studies within this review, as they aim to gauge the usefulness and rigour of research designed for a clinical or health purpose, likely similar to literature considered in this review. Assessments of quality

and bias of included studies will be completed by the first author, with interrater reliability checks independently carried out by the second author on a sample of studies. Any identified disagreements in assessment of quality will be resolved through discussion, until consensus is reached. Studies that are judged to have high levels of bias or to be of low quality will not be excluded from the analysis, but these features will be discussed in the findings/results section of the review.

## **2.8 Data synthesis and reporting**

Narrative presentation and thematic analysis will form part of the synthesis and reporting of findings in this review. For all quantitative data, authors will present descriptive statistics of primary studies and aggregate key statistics available within the data. For all qualitative studies, thematic analysis methods (Braun & Clarke, 2006) will be used to synthesise relevant themes presented in primary literature, to address the research question.

The findings of this study will be disseminated as part of the first author's doctoral thesis. Findings may also be presented in manuscript for publication, to allow for results to be shared with communities of readers who might benefit from the meaning gleaned in this review (i.e., clinicians in allied health fields).

## **3. Discussion**

The proposed systematised review will go some way to identifying and synthesising a body of literature that has, to date, not been considered collectively – that of qualitative and quantitative primary studies exploring parent engagement in child-focused interventions. Inclusion of primary studies from related disciplines (specifically speech-language therapy, occupational therapy, and psychology) will make findings of this review highly relevant across practice disciplines within allied health provision. This review will help to identify the features of engagement, toward a more agreed upon definition of the concept of engagement, bringing together factors that may be involved in parents becoming engaged or not engaged in child-focused interventions.

Although a systematised review can lack the rigour of a systematic literature review (Grant & Booth, 2009), it is a methodology that allows for comprehensive searching and extraction of data when the topic of interest is growing in popularity but is not yet well defined. Emerging research is likely to employ varying methodologies (for example, few Randomised Control Trials are expected in this review), so flexibility in areas of quality assessment and treatment of bias will be appropriate for a review of the topic of engagement at this time. Bringing together findings from related, but distinct, fields of study will help to build a more comprehensive picture of parent engagement; ultimately what promotes and detracts from parents being engaged in interventions. It will guide researchers within the varying disciplines as to how they can study this topic more comprehensively and develop effective strategies for fostering engagement of parents in their relevant practice areas.

## **Declarations**

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**Authors' Contributions:** This project is part of the first author's doctoral research. The initial draft of this protocol was written by the first author, with support from the listed

authors. All authors read and approved the final manuscript, and confirm that it represents a unique contribution to the literature.

**Competing Interests:** The authors have no competing interests to declare. All procedures in the proposed review are in accordance with the ethical standards of The University of Auckland Human Participant Ethics Committee (UAHPEC).

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