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### Peer and Professional Online Support for Parents

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## 2 Peer and Professional Online Support for Parents

**Abstract:** The Internet provides a popular and convenient source of information and support on parenting, offering many opportunities for both peer and professional support. Recent studies have also shown that both parents and children can benefit from online parenting support.

In this chapter, we describe the current variety of online services for parents, distinguishing between peer support and professional support. Specifically we will focus on the design characteristics of these web-based resources. Since Internet technology is still rapidly developing, many new opportunities for social networking are available. The provision of multilayered interaction (many-to-many, one-to-many, one-to-one) and the use of multiple components in websites may enhance the way parents feel supported. Also, training can be added to online programs, which aims to change parental knowledge, behavior and attitude. Furthermore, we discuss experimental results from recent meta-analytic study on the effects of online parental education.

Providing an overview of the past decade, we discuss two major trends which give direction to future research and development: missing aspects of research on online social networking and inspiring opportunities for online professional support for parents.

### 2.1 Parenting and Social Networking

Today's parents are known to be frequent users of the Internet in search of both information and support (Plantin & Daneback, 2009; Nieuwboer, Fukkink, & Hermanns, 2013a). The Internet is available to many families, especially in developed countries, ([www.internetworldstats.com](http://www.internetworldstats.com)), and in recent years, its accessibility and availability has increased through the use of tablets and smartphones ([www.pewinternet.org](http://www.pewinternet.org)). Interestingly, reviewing the scholarly literature of studies on peer and professional parenting support on the Internet (Nieuwboer et al., 2013a, and complementing this study with 11 more recent studies up to October 2013), we found that the focus of studies is on pregnancy, first time parenting and young children, as well as on health related topics.

Professional support on the Internet is described with many different terms, like web-based therapy, e-health, online counseling, or cybertherapy; and practitioners in many disciplines are involved in providing support to parents, like psychologists, counselors, pediatricians and nurses. Peer support is often initiated by parents with



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specific experiences, like children's mental or physical health problems (such as autism, spina bifida, or cancer), or stages in parenting (like pregnancy or caring for young children), offering a social network for receiving and giving emotional support anonymously.

Web-based services include several components of online communication. More specifically, communication technology offers opportunities for multilayered mutual contact between other parents as well as with professionals (Barak & Suler, 2008). Examples of one-to-one communication are email and (video-)chat: a parent may submit a parenting question on a professional website concerning specific topics. One-to-many communication takes place in both information pages and email lists. Finally, discussion boards and forums are typical examples of many-to-many communication, in which peers support each other, sometimes moderated by a more experienced peer or professionals.

The relatively recent rise of broadband Internet and the increase in multimedia platforms offer even more opportunities for online communication. For example: an avatar can be used to provide the parent with daily tips and tricks, a parent may participate in an online test, troublesome parenting scenes from daily life can be logged or recorded and uploaded to a tutor, who can consequently live-coach the parent through an earpiece to handle the situation differently. Professionally designed training modules are mostly self-guided, with integrated in-between tests to assess progress. Blended forms of online support with face to face support have also been reported. For instance, pediatric hospitals have combined the usual check-ups of children with email consultation or a reference website. Hospitals have provided new mothers with online videos on breastfeeding, which they could access during and after their hospital stay. In some reports an online parenting course was combined with interaction with a therapist. Furthermore, as parenting practitioners have begun to acknowledge the opportunities of web-based communication, several well-known traditional parenting programs, such as *Incredible Years* (Taylor et al., 2008), *Play and Learning Strategies Program (PALS)* (Feil et al., 2008) and the *Positive Parenting Program (Triple P)* (Sanders, Calam, Durand, Liversidge, & Carmont, 2008) have been adapted for online dissemination and new services have been developed.

All these possibilities are available through Internet-based platforms, changing not only parenting but also professional parenting support. From the parents' point of view, these services are mostly free of cost, easily accessible, anonymous and beneficial, while also contributing to emotional well-being, confidence and self-efficacy (e.g., Bellafiore, Colón, & Rosenberg, 2004; Braithwaite, Waldron, & Finn, 1999; McKenna, 2008). Satisfaction reports show good results, without exceptions. From the professional perspective many advantages have been claimed such as how many target groups can be reached, content can be easily tailored, and services seem cost-effective (e.g., Daneback & Plantin, 2008; Funderburk, Ware, Altshuler, & Chaffin, 2009; Long, 2004; Self-Brown & Whitaker, 2008), although these still have to be verified by experimental studies. As well as this, organizations can offer a variety

of guided, self-guided and non-guided, online and face-to-face support, as well as combinations of these support types. All in all, the Internet offers ample opportunities to support parents with all kinds of questions and needs .

## 2.2 Professional Support

In a recent meta-analysis of 12 studies (Nieuwboer, Fukkink, & Hermanns, 2013b) we found that web-based programs have indeed contributed to improvements in parental knowledge, behavior and attitude. Programs with relatively high positive outcomes ( $ES > 0.50$ ) can be characterized as psycho-educational services, addressing a specific issue; the programs with a broad public health orientation on everyday parenting resulted in smaller effects. The provision of more types or layers of online communication was not related to study outcomes, although the combination between peer and professional support showed higher outcomes in parental attitude. Self-guided programs showed higher outcomes with regard to parental knowledge, whereas guided programs produced higher outcomes in parental attitude and behavior. Finally, more intensive programs, offering multiple training sessions, led to higher outcomes in all aspects.

### 2.2.1 Examples of Studies on Successful Online Parenting Programs

KidzGrow Online is an online parenting portal, offering an individualized tracking program about the development of children aged three months to 6 years old. The program contains a suite of age-appropriate activities, explained through text and animations. Parents' observations of their child performing these activities are compared with established developmental milestones. If delayed development is consistently observed parents are encouraged to seek professional help.

Na and Chia, 2007

This study describes a substance abuse intervention program, in which daughter-mother dyads interact in nine online sessions. Sessions contained voice-over narration, skills demonstration, and interactive exercises. Communication between mothers and daughters improved, family rules about substance use were better established and girls used less alcohol and marijuana compared to girls in the control group.

Schinke, Fang and Cole, 2009

Single session email consultation is a very brief kind of intervention to support parents. This study evaluated the increase of parental empowerment between submitting a parenting question and after receiving professional email consultation a few days later. The findings from the study showed that parents showed more self-confidence in addressing the parenting situation after email consultation.

Nieuwboer, 2014

The I-interact intervention is designed to increase positive parenting skills and to improve stress management and coping for parents of children who have experienced traumatic brain injury and are between the ages of 3 and 8 years. The sessions consisted of self-guided didactic information, video modeling skills, exercises and videoconferences. Online sessions were followed by synchronous sessions providing coaching through a remote earpiece.

Wade, Oberjohn, Burkhardt and Greenberg, 2009

KopOpOuders (Chin Up, Parents) is an online group course aiming to improve parenting skills of parents with psychiatric problems. The online course consists of eight 90-minute sessions conducted weekly in a secured chat room. The chat room itself was divided in a part for interaction (peer support and direct professional interactions) and a part for materials (e.g., video's, outline or diagram). At the end of the course, a large proportion of parents had moved out of the clinical ranges of laxness and over-reactivity.

Zanden, Speetjens, Arntz, and Onrust, 2010

Online professional parenting support has shown promising potential, and there are more reasons to implement these opportunities in regular parenting support programs. This kind of support is easily accessible, providing a suitable tool for prevention and primary care (Nieuwboer, Fukkink, & Hermanns, 2014). Current efforts in changing the youth care system in the Netherlands are aimed at reducing the high and often unnecessary claim on specialized secondary youth care (Bot et al., 2013) and strengthening easily accessible and low intensity primary care. For instance, single session email consultation is propagated and being employed as a professional tool, offered by more than 400 municipal centers for family support. Every parent can freely access a website, find validated information on parenting and submit parenting questions for tailored advice through email or instant messengers.

However, although we know that parenting programs are more effective when they are provided by well-trained practitioners (Dunst, Boyd, Trivette, & Hamby, 2002; Nation et al., 2003), there were only a few vague references to training or guidelines in the studies on online parenting support. For instance, we found that in approximately

two thirds of the studies email consultation was offered, sometimes called ‘Help line’ or ‘Ask-a-nurse’; but we know little about the professional skills needed to respond to parental questions through this text-based medium. Yet it is plausible that online methods require specific communication skills, for instance, building rapport, interpreting, reflecting, confronting, and summarizing, in order to empower parents and families (Stofle & Chechele, 2004; Suler, 2000; Zelvin & Speyer, 2004). Recently, some initiatives have been undertaken to develop materials for higher vocational and in-company training, aiming to ground these online practices in long standing key concepts and goals of traditional parenting support.

## 2.3 Peer Support

Peers have been supporting one another in a range of informal experience-based Internet forums since the 1980s. Parents who share a specific experience in childrearing can meet in an online forum or discussion board, and can exchange messages in groups. Using ‘chat,’ parents can exchange experiences and opinions, typing short alternating texts in small groups or pairs. A unique feature is the shared social identity and the shared similar identity among ‘peers’, which creates a feeling of solidarity (see Fukkink, 2012). The social peer support also offers an online system of distributed expertise, interactivity, social distance and control, which may promote disclosure of personal problems (Paterson, Brewer, & Leeseberg, 2013). Users may value different aspects of online peer support and use the online support in different ways. An important distinction in this respect is the difference between active users (“posters”) who often both give and receive support, and “lurkers” who follow the discussion but without contributing. This latter group is substantial; Patterson et al. (2013) reported a very rough estimate, varying from a low 50% to a high 90%.

The results of our recent review (Nieuwboer et al., 2013a) show that the Internet offers a variety of opportunities for sharing peer support among parents. Approximately a quarter of the studies which we analyzed were exclusively peer oriented. In the specific case of online peer support for parents, self-help support groups were included in our review. Also moderated electronic support groups were included. Two thirds of the content was analytic studies containing coded postings on e-mail lists, discussion boards, and group chat rooms, and thus focused on social networking among parents. One third of these studies analyzed peer support combined with professional support, whereby a professional functioned as a moderator of a peer group, or a professional consultation was offered in addition to peer support.

A few content-analytic studies defined a coding system based on a theoretical framework (e.g., the typology of social support, Braithwaite et al., 1999). Whereas some researchers have used well-known classifications, other studies adopted an inductive or ethnographic approach, identifying new emerging themes and highlighting main topics in the discourse. Mostly, the authors in these studies evaluated postings and

messages without a predesigned observational tool; they noted the most mentioned words and opinions. These qualitative studies have revealed the wide variety of topics on different Internet forums. Content analyses of peer support in various online groups have demonstrated that parental peer support usually includes informational support, esteem support, and network support, as distinguished by Braithwaite et al. (1999); only tangible support, as distinguished in the framework of Braithwaite is relatively rare in online contexts. A repeated finding from these content-analytic peer support studies is that social networking was appreciated because it contributed actively to reaching meaningful goals, for instance to be acknowledged, be empowered, adjust to changes, seek encouragement, seek a sense of belonging, or to help others.

## 2.4 Evaluations of Peer Support

Meta-analytic reviews have confirmed the positive effects of social support in computer-mediated support groups in general (see Fukkink, 2012 for a summary). This line of study also suggests moderators are necessary for optimal support. Effects are presumably larger when people participate for a relatively long period in a relatively small support group that offers both synchronous and asynchronous media, as the meta-analysis of Rains and Young (2009) suggests. However, these conclusions are largely based on Internet-based group health interventions, and we cannot generalize the modest, but positive results of this type of online peer support to the specific domain of online peer support for parents, which include both specific health-related interventions and other general parental services. The fact is that the effects of peer support for parents have been evaluated in only a small number of studies so far. Experimental evaluation of the effect of electronic support is also difficult, because most parents may complement the online support with other sources of support, both on the Internet and in their personal networks, which complicates a straightforward interpretation of experimental results. It should also be noted that many peers tend to participate only for brief periods of time or sporadically in an online social support environment (Paterson et al., 2013).

### 2.4.1 Examples of Studies on Web-Based Peer Support Amongst Parents

In an online maternity clinic, conversations between expectant families were analyzed, finding that families developed a sense of virtual community, which gradually evolved into a real-life community. Novice parents felt supported and better informed through this online medium. Furthermore, the postings offered maternity care providers a deeper insight into daily family life, concerns about pregnancy and the transition to parenthood, which they used to personalize their interactions with parents-to-be.

Kouri, Turunen, Toassavainen and Saarikoski, 2006

Postings on an online chat forum on vaccination of children were analyzed, finding that parents distinguished between healthy and vulnerable children, criticizing parents who did not vaccinate their healthy children and urging them to take social responsibility in order to protect the larger community. The authors suggest that providers of vaccination promotion material could pay more attention to this dominant perspective of parents to successfully motivate parents to participate in herd immunity.

Skea, Entwistle, Watt and Russell (2008)

One of the topics on an Internet discussion board for parents was children's obesity. A discourse analysis revealed that parents, especially mothers, were viewed as the main cause of fatness, and in postings negative images were constructed with mothers having 'lousy characters, being unable to create an adequate emotional bond with their child, and using faulty child-rearing practices'. Findings suggest that in the public debate fault-finding and blaming is dominant, as opposed to public care guidelines.

Kokkonen, 2009

The postings of divorced fathers, living apart from their children, on an unmonitored Internet chat room were analyzed and compared to findings in previous studies. Fathers expressed an acute sense of powerlessness and anger towards the mothers of their children, family courts, lawyers and helping professionals, and these feelings were much more intensely conveyed compared to focus group or individual interviews. It is suggested to offer professional support using the same medium through which they express their concerns most intensely: Internet support groups.

Erera and Baum, 2009

## 2.5 Trends and Future Developments

The use of Internet-based programs is relatively recent and with the availability of more bandwidth and devices this trend is progressing in an almost furious tempo. The digital divide, indicating that some populations are denied access to these resources because they are too expensive or too high-tech (Steyaert & Gould, 2009), also seems to be rapidly narrowing. However, the availability of web-based devices is not the only component which defines the problems which make a digital divide: it is also the need for skills to be a productive and responsible Internet user, which is a concern of many providers and educators (e.g., Bernhardt en Feiter, 2004). In this chapter, we have



showed several examples of the benefits of professional and peer social networking on the Internet. We will conclude with some recommendations for professionalizing web-based interventions and programs and will begin with some general concerns about online social networking.

## 2.6 More Insight in Dynamics in Online Peer Support

In most content analyses of online support among parents, posted messages were analyzed at an aggregate level of the site, without distinguishing between the different and often anonymous parents. With this analysis strategy, we still have little information about individual parents. The visitors of parenting sites are anonymous in most studies and little is known about the background of the different visiting parents. More research is therefore needed to describe the differences between the users of parent-related sites.

Studies of social support for different populations (e.g., Bambina, 2007) have shown that there are layers of social support operating in an electronic support group with active users who offer rich support and less-active users who offer limited support. Future studies should also provide insight into how users first visit a site, join an Internet forum, perhaps lurk in the beginning, post their first message, react to other messages and, finally, round off their participation in online support. Put differently, new studies should start to chart the process of how parents use online support over a period of time. The current content-analytic studies of online support are 'timeless' in that a time dimension is lacking. Little is still known, therefore, in terms of the dynamic process of social support (see also Fukkink, 2012; Paterson et al., 2013). The first generation of studies have described, often with fine-grained detail, the content of online support, showing the rich content of parental sites. However, parents have been relatively anonymous in this 'timeless' line of study. The next generation of studies should provide more insight into the dynamics of peer support for various users, including active users and lurkers, fathers and mothers, first-time and experienced parents, and parents with children with or without health-related issues.

## 2.7 Taking Professional Online Parenting Programs to the Next Level

We have that self-guided programs can enhance the level of knowledge on certain subjects, especially when they are combined with intersession assessments. Parents may need knowledge about, for instance, basic child care, safety measures in and around the house, the educational system, child development or rights and obligations in case of divorce an online course may be an easy and accessible way

to learn more (e.g., Na & Chia, 2008). Short online courses and tests could be a way to disseminate knowledge in an attractive and interactive manner, reaching a wide audience in a public health approach. However, parental behavior and attitudes show more improvements with guided programs. The recent reviewing studies (Nieuwboer et al., 2013a; 2013b) show many inspiring possibilities for integrating multi-layered, multi-medium and blended program components, offering a large array of support to parents. More specifically, complementing informal experience-based Internet forums with more didactic methods to support parents (Salzman-Erikson & Eriksson, 2013) seems a feasible way to help parents with their interactions in their families as well as raising their own self-confidence (e.g., Baggett et al., 2009).

The next level of online parenting support is a more methodical and systematic approach to offering these services to parents: while employing technological innovations, professionals will need to focus on the goals of such services. If the aim is to enhance knowledge, several options for interactive dissemination of information are available; if the aim is to improve other facets of competencies, professionals should choose a method of teaching or training, blend it with face to face or telephone support and be skilful in online communication through email or chat consultation.

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**Table 2.1:** Characteristics of Online Interventions and Support for Parents (1998-2010, *N* = 75)\*

First author	Year	Name of resource <sup>a</sup>	Types of Internet Communication							
			Synchr.	Prof.	E-mail	List-serv	Conf.chat	Gr. chat	Gr. forum	Info
Ahmed	2007	Antenatal Screening Web Resource (AnSWeR)	A	Pr	-	-	-	-	-	+
Anand	2005	Email communication in pediatric care	A	Pr	+	-	-	-	-	-
Askins	2009	Problem-solving skills training <sup>a</sup>	A	Pr	-	-	-	-	-	+
Baggett	2009	Infant net <sup>a</sup>	A	Pr + P	-	-	-	-	+	+
Baum	2004	Internet Parent Support Groups	A	P	-	-	-	-	+	-
Beck	2005	Research on Birth Trauma	A	Pr	+	-	-	-	-	-
Bergman	2009	New Model of Well-Child Care	A	Pr	+	-	-	-	-	-
Bert	2008	Adventures in Parenting <sup>a</sup>	A	Pr	-	-	-	-	-	+
Borowitz	1998	Email consultations	A	Pr	+	-	-	-	-	-
Brent	2009	Health Physics Website	A	Pr	+	-	-	-	-	+
Britto	2009	MyCare Connection	A	Pr	+	-	-	-	-	+
Buzhardt	2006	Training modules	A	Pr	-	-	-	-	-	+
Campbell	2009	New Mothers Network	A	Pr + P	+	-	-	-	+	-
Capitulo	2004	Perinatal Loss Listserv	A	P	-	+	-	-	-	-
Carpenter	2004	Parent-Adolescent Conflict Training PACT	A	Pr	-	-	-	-	-	+
Chan	2008	Happy Land	A + S	P	-	-	-	+	+	-
Christakis	2006	MyHealthyChild (Bright Futures) <sup>a</sup>	A	Pr	-	-	-	-	-	+
Christian	2005	Saafamilies.org	A	P	-	-	-	-	+	+
Cook	2003	Strategies for Preschool Interv. in Everyday Settings <sup>a</sup>	A	Pr	-	-	-	-	-	+
d'Alessandro	2004	Information Prescriptions	A	Pr	-	-	-	-	-	+

First author	Year	Name of resource <sup>a</sup>	Types of Internet Communication							
			Synchr.	Prof.	E-mail	List-serv	Conf.chat	Gr. chat	Gr. forum	Info
Deitz	2009	Youth Mental Health A Parent's Guide	A	Pr	-	-	-	-	-	+
Demaso	2006	Experience Journal, Depression	A	P	-	-	-	-	+	+
Downing	1999	Missouri Development. Disability Resource Center	A + S	Pr + P	-	+	-	+	+	+
Drentea	2005	Mothering Board	A	P	-	-	-	-	+	-
Dunham	1998	Staying Connected	A	P	-	-	-	-	+	-
Erera	2009	alt.dads.rights	S	P	-	-	-	+	-	-
Ewing	2009	The Web site	A	Pr + P	+	-	-	-	+	+
Feil	2008	Infant Net (Playing and Learning Strategies, PALS) <sup>a</sup>	A + S	Pr + P	-	-	-	-	+	+
Fletcher	2007	New Fathers Information Project	A	Pr	-	+	-	-	-	-
Gray	2000	Baby CareLink	A	Pr	+	-	-	-	-	+
Hall	2009	Online group	A	Pr + P	-	+	-	-	-	-
Han	2001	N-BLASTOMA; PED- ALL; PED-ONC	A	P	-	+	-	-	+	-
Herman	2005	Healthy Pregnancy Website	A	Pr + P	+	-	-	-	+	+
Huang	2007	Breastfeeding Education Program	A	Pr	-	-	-	-	-	+
Hudson	1999	Young Parents Project	A	Pr + P	+	+	-	-	-	+
Hudson	2003	New Fathers Network	A	Pr + P	+	-	-	-	+	+
Hudson	2008	New Mothers Network	A	Pr + P	+	-	-	-	+	+
Huws	2001	An International List serv	A	P	-	+	-	-	-	-
Kibar	2009	Email consultations with specialists	A	Pr	+	-	-	-	-	-
Kokkonen	2009	A Finish website	A	P	-	-	-	-	+	-
Kouri	2006	Net Clinic	A	P	+	-	-	-	+	+
Kuo	2009	Internet newborn- care education program	A + S	Pr + P	+	-	-	+	+	+
Leonard	2004	Rettnet	A	P	-	+	-	-	-	-

First author	Year	Name of resource <sup>a</sup>	Types of Internet Communication							
			Synchr.	Prof.	E-mail	List-serv	Conf.chat	Gr. chat	Gr. forum	Info
Mackert	2009	Child Care Center Web Site	A	Pr	-	-	-	-	-	+
Madge	2002	Babyworld	A + S	Pr + P	-	-	-	+	+	+
Madge	2005	Babyworld	S	P	-	-	-	+	-	-
Magee	2009	Ucanpooptoo	A	Pr	-	-	-	-	-	+
Mankuta	2007	Internet consultations forum Hadassah Medical Org.	A	Pr + P	-	-	-	-	+	-
Mertensmeyer	2000	Parentlink <sup>a</sup>	A + S	Pr	+	+	-	-	-	+
Na	2008	Kidz Grow Online	A	Pr	-	-	-	-	-	+
Nelson	2003	Healthy Steps over Telemedicine	S	Pr	-	-	-	-	-	+
Nicholas	2004	Spina Bifida Father Group	A	P	-	-	-	-	+	-
Nyström	2006	Parental Support e-meeting portal (mothers)	S	Pr + P	-	-	-	+	-	-
Nyström	2008	Parental Support e-meeting portal (fathers)	S	P	-	-	-	+	-	-
O'Connor	2004	Babyworld	A + S	Pr + P	-	-	-	-	+	+
Ritterband	2005	Ucanpooptoo	A	Pr	-	-	-	-	-	+
Rosen	2007	PPEM, patient-physician email	A	Pr	+	-	-	-	-	-
Salonen	2008	Vauvankaa	A	Pr + P	+	-	-	-	+	+
Salovey	2009	Head Start Community Technology Centers	A	Pr	-	-	-	-	-	+
Sanders	2008	Triple P <sup>a</sup>	A	Pr	+	-	-	-	-	+
Sanghavi	2005	Bright Futures	A	Pr	-	-	-	-	-	+
Sarkadi	2005	FöräldraNätet	A	P	-	-	-	-	+	-
Scharer	2005	Internet Discussion Board	A	Pr + P	-	-	-	-	+	+
Scharer	2009	Web-based Social Support Group	S	Pr + P	-	-	+	+	-	-
Schinke	2009	Daughter-mother substance abuse program	A	Pr	-	-	-	-	-	+

First author	Year	Name of resource <sup>a</sup>	Types of Internet Communication							
			Synchr.	Prof.	E-mail	List-serv	Conf.chat	Gr. chat	Gr. forum	Info
Skea	2008	Mumsnet	S	P	-	-	-	+	-	-
Taylor	2008	Incredible Years Adapted <sup>a</sup>	A	Pr + P	+	-	-	-	+	+
Thomas	2007	Breastfeeding Support	A	Pr	+	-	-	-	-	-
Thompson	2007	Touchscreen Computer Kiosk	A	Pr	-	-	-	-	-	+
Thompson	2008	Parent-Teacher Email communication	A	Pr	+	+	-	-	-	-
Wade	2006	Family Problem-solving Group (FPS)	A + S	Pr	-	-	-	-	-	+
Wade	2009	I-INTERACT <sup>a</sup>	A + S	Pr	-	-	-	-	-	+
Wallace	2005	Vaccination Decision Aid	A	Pr	-	-	-	-	-	+
Wang	2006	VBAC program	A	Pr + P	+	-	-	-	+	+
Wilson	2003	Hepatitis B and You	A	Pr	-	-	-	-	-	+
Percentage			A	Pr	32.0%	13.3%	1.3%	13.3%	36.0%	61.3%
			S	P	78.7%	49.3%				
			S	P	9.3%	22.7%				
			A+S	Pr+P	12%	28.0%				

*Note.* Synchr. A / S = asynchronous / synchronous; Prof. Pr / P = professional / peer; E-mail = email one-to-one; List-serv. = online mailing list; Conf. chat = confidential chat; Gr. chat = group chat; Gr. forum = group forum / discussion board; Info = information pages. An “+” indicates that the criterion has been met.

<sup>a</sup>Adaptation of or similar to a traditional parent training program

\* For references to all studies, see Nieuwboer, 2014