

## Summary

Children displaying early behavior problems are at risk of experiencing problems in education system and often face poor life chances later in life. As with other mental health problems, there is a social gradient in child behavior problems: Lacks of social and economic resources in the family are social risks in children's family environment. Providing effective help for this group of children and families is important. Accordingly, this thesis evaluates evidence-based parent training interventions targeting child behavior problems. The overall topic concerns health care disparities in service utilization and treatment outcomes, whether evidence-based parent training interventions may exacerbate or ameliorate social disparities in health care by being less used and having less beneficial outcomes for the low-resource populations.

The first paper addresses key dimensions in health care disparity research; service utilization. First, whether behavior problem interventions reaches and serves children from low-resource backgrounds. Second, whether there are social gradients relating to treatment intensity, if the low-resource families are less likely to use high-intensive parent training. Overall, I find that children and families who utilize evidence-based parent training offered in the Norwegian municipal service level have low levels of social and economic resources compared to the Norwegian normal population of families with children. Second, I find that low-resource background predict utilization of the more intensive parent training intervention. However, the results showed that the most disadvantaged families, having more than three cumulative family risks, were less likely to receive the high-intensive treatment.

The second paper addresses another key dimension in health care disparities, namely whether children from low-resource backgrounds have less beneficial outcomes in treatment. First, we examined whether evidence-based parent training interventions generally contributed to health care disparities by producing less behavioral change for the children from low-resource backgrounds. Second, we investigated whether receiving low or high-intensive parent training had differential impact on children's outcome. Results showed that evidence-based parent training interventions overall ameliorated health care disparities by being more effective for children from low-resource families. Moreover, results that the high-intensive intervention was particularly effective for the low-resource children.

In the third paper, we examined whether parent training interventions could reduce social risk by having collateral benefits on parent wellbeing, i.e. somatic health status, mental health status, and feeling of vitality. We found collateral benefits in the low-intensive parent training intervention that thus largely included lower risk participants. However, we did not find collateral benefits in the high-intensive parent training intervention when compared to regular care. Accordingly, the low-intensive parent training showed promising results by reducing children's exposure to social risks six months after treatment termination.

Paper four marks a shift from the child and family oriented perspectives, and has a focus on parent training outcomes in different phases of implementation. The question was whether treatment outcomes attenuated in the large-scale implementation phase when the parent training intervention was disseminated across the whole service system intended to deliver intervention. Despite an increasing heterogeneity among service providers and target group, we did not find any indications of reductions in parent training treatment effects in the large-scale implementation phase.