

PMTO MIÐSTÖÐ

PMTO ER GAGNREYNT MEÐFERÐARÚRRÆÐI FYRIR FORELDRA BARNA MEÐ HEGÐUNARERFIÐLEIKA

FUNDUR MEÐ BARNAMÁLARÁÐUNEYTI



REYKJAVÍK - JÚNÍ 2025

FRUMKVÖÐLAR OG ÁHRIFAADILAR Á ÍSLANDI

PMTO Á ÍSLANDI

STÖÐUG ÞRÓUN FRÁ INNLEIÐINGU ÁRIÐ 2000

2000 – 2013
HAFNARFJÖRÐUR

2013

2013 – 2021
BARNAVERNDARSTOFA

2020 – 2023
REYKJAVÍKURBORG
(INNAN REYKJAVÍKURBORGAR)

2020

2021 – 2023
BARNA- OG FJÖLSKYLDUSTOFA
(UTAN REYKJAVÍKURBORGAR)

2021

2023 – 2025
REYKJAVÍKURBORG
(ÖLL SVEITARFÉLÖG LANDSINS)

2023



ÁRANGURSRÍK AÐFERÐ OG INNLEIÐING

ER SAMOFIN RANNSÓKNUM

**FYLGIR NÝJUSTU
INNLEIÐINGARFRÆÐUM**

**TRYGGIR FYLGNI VIÐ
MEÐFERÐARÚRRÆÐIÐ/
GÆÐI**



**BÝÐUR VIÐEIGANDI
ÞJÁLFUN OG
HANDLEIÐSLU
FAGAÐILA**

**EFLIR NÁLÆGÐ MILLI
FJÖLSKYLDNA OG
ÞJÓNUSTU**

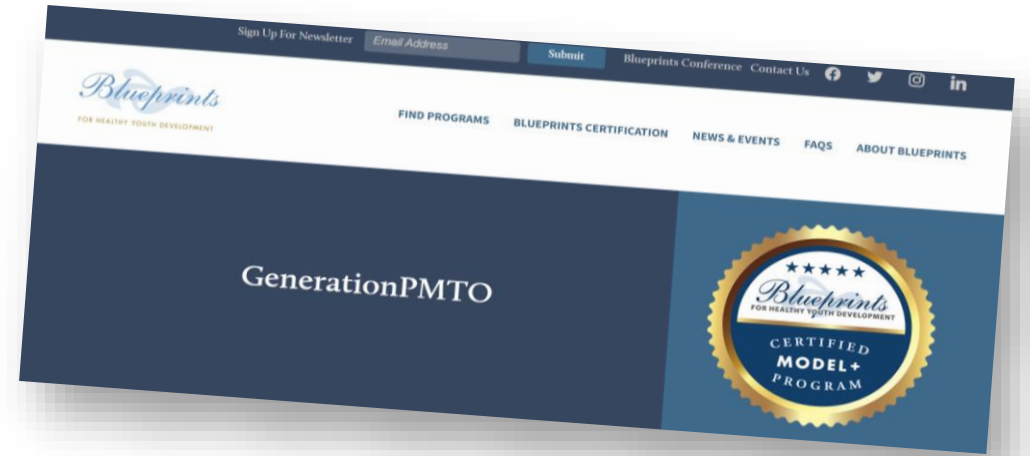
GÆÐARANNSÓKNIR Á HEIMSVÍSU



CALIFORNIA EVIDENCE-BASED CLEARINGHOUSE:

PMTO fær hæstu einkunn, sterkur rannsóknargrunnur og nær til mála innan barnaverndar

https://www.cebc4cw.org/search/results/?keyword=GenerationPMTO&q_search=Go&realm=keyword



BLUEPRINTS FOR HEALTHY YOUTH DEVELOPMENT:

PMTO metið sem módel+ úrræði fyrir úrræði ætlað börnum með aðlögunarvanda.

https://www.blueprintsprograms.org/program-search/?localPageSize=5000&o_externalizing=1&keywords=

ÍSLENSKAR NIÐURSTÖÐUR – RCT

BÖRN Í PMTO HÓPI:

SÝNA MINNA ERFIÐA HEGÐUN AÐ MATI FORELDRA

ERU MINNA ÞUNGLYND AÐ EIGIN MATI

SÝNA MEIRI FÉLAGSFÆRNI AÐ MATI FORELDRA OG
KENNARA EN BÖRN Í SAMANBURÐARHÓPI.

Heildarfjöldi (N) var 102 fjölskyldur, 51 PMTO og 51 SAU.

Stúlkur voru 28 og drengir 74.

Aldursbilið var 5-12 ára.

RADDIR FORELDRA OG HÓPAR

FORELDRA BARNA INNAN BARNAVERNDAR

FORELDRAR MEÐ ÁFENGIS- OG VÍMUEFNAVANDA

FORELDRAR BARNNA Í SKAMMTÍMAFÓSTRÍ

FORELDRAR MEÐ MIKLA FÉLAGSLEGA ERFIÐLEIKA

FORELDRAR BARNNA Í SKAMMTÍMAÚRRÆÐI

FORELDRAR BARNNA MEÐ SKÓLASÓKNARVANDA

FORELDRAR BARNNA Á FLÓTTA - SPARE



STIGSKIPT ÞJÓNUSTA – FARSÆLDARLÖG

EÐLI OG UMFANG

EINSTAKLINGSMÆÐFERÐ

HÓPMÆÐFERÐ (PTC)

FORELDRANÁMSKEIÐ

PMTO

VINNA MEÐ FORELDRUM OG Á VETTVANGI SKÓLA

MEÐ GAGNREYNDUM AÐFERÐUM

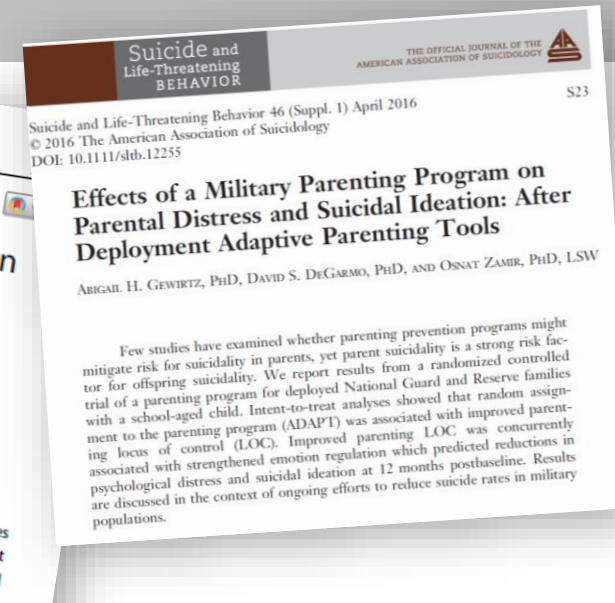
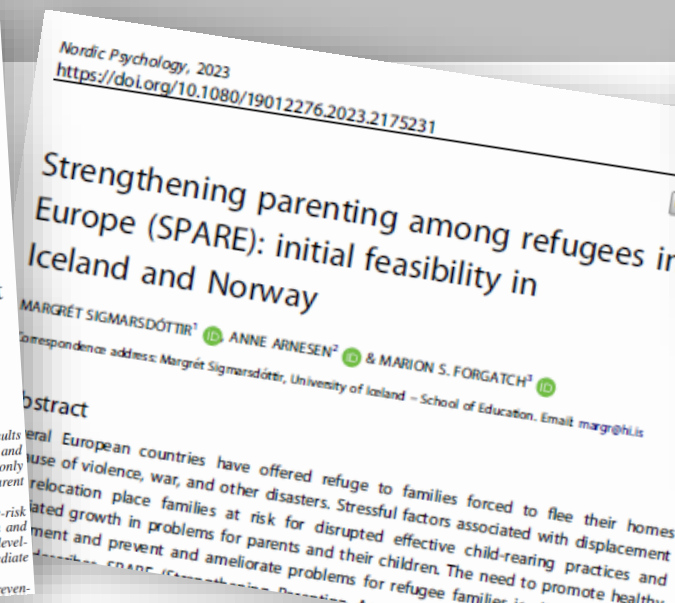
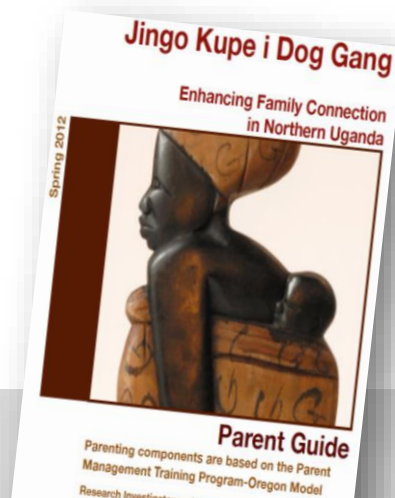
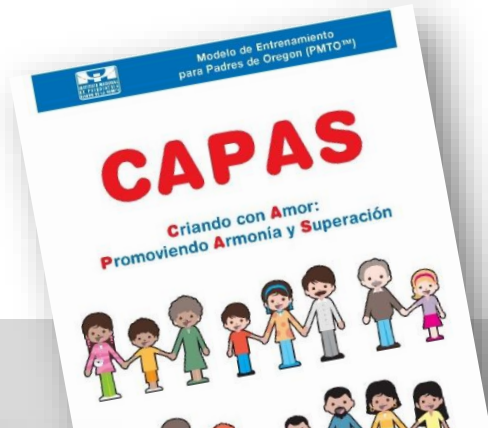
GEFUR MESTAN ÁRANGUR

ÞEGAR KEMUR AÐ BÆTTRI AÐLÖGUN BARNNA



Til dæmis: Patterson, G. R., Reid, J. B. & Eddy, M. (2002). A brief history of the Oregon model: Sigmarsdóttir.& Björnsdóttir, 2012.
Community implementation of PMTO™: Impacts on referrals to specialist services and schools

HVAÐ VIRKAR FYRIR HVERN?



NÁUM TIL FLEIRI HÉR Á LANDI



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PSYCHOLOGICAL
ASSOCIATION

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What Works Better? 1-Year Outcomes of an Effectiveness Trial Comparing Online, Telehealth, and Group-Based Formats of a Military Parenting Program

Abigail H. Gewirtz¹, David S. DeGarmo², and Susanne Lee¹

¹ Department of Psychology, Research and Education Advancing Children's Health Institute, Arizona State University

² Prevention Science Institute, University of Oregon

Objective: The present study, conducted with a population of military families, examined the comparative effectiveness of three program formats of Adaptive Parenting Tools (ADAPT), a parenting program for families of school-aged children in which a National Guard or Reserve (NG/R) parent had returned from deployment to the post-9/11 conflicts. Despite well-documented need, parenting programs for NG/R families are scarce and often inaccessible. We predicted that both facilitator-delivered conditions (i.e., in-person group; individual telehealth) would result in stronger improvements in observed parenting than assignment to the online self-directed condition. We further proposed a noninferiority hypothesis wherein no significant difference would be detected between telehealth and group conditions. **Method:** Families ($N = 244$; 87% Caucasian) were recruited from NG/R units in two midwestern states. Families (with a 5–12-year-old child) were randomized to one of three conditions: in-person multifamily group, individual telehealth, or a online, self-directed condition. The intervention was delivered using the same content across conditions, over 14 weeks (group, telehealth conditions) or 12 modules (online condition); either or both parents could participate. **Results:** Intent-to-treat analyses supported both hypotheses: families in both in-person group and telehealth conditions showed significant improvements to observed parenting at 1-year postbaseline.

ORIGINAL ARTICLE

The acceptability and preliminary effectiveness of a brief, online parenting program: Expanding access to Evidence-Based parenting intervention content

Kendal Holtrop | Gianna Casaburo | Tanner Hickman |
Melissa M. Yzaguirre | Deja Young

Michigan State University, East Lansing,
Michigan, USA

Correspondence

Kendal Holtrop, Department of Human
Development and Families Studies, 552 W.
Circle Drive, Michigan State University, East
Lansing, MI 48824, USA.
Email: holtropk@msu.edu

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Award Number: #R-1712-142490

Abstract

Parenting interventions are a promising means for preventing and treating a variety of child behavior and conduct problems; yet, many families lack access to such services. Online parenting programs offer an opportunity to mitigate many barriers to intervention access by extending service delivery options. The purpose of the present study was to evaluate the acceptability and preliminary effectiveness of a brief, online parenting program. We developed a new online parenting program based on foundational content from the evidence-based GenerationPMTO intervention and used a mixed-methods, single-arm open trial (pre-post) design to perform a pilot study. The results showed that the program was acceptable and

VERKÞÆTTIR MIÐSTÖÐVAR

STUÐNINGUR VIÐ SVEITARFÉLÖG

ÞJÁLFUN/HANDLEIÐSLA FAGFÓLKS

STUÐNINGUR VIÐ SMT-SKÓLAFÆRNI

GERÐ OG VIÐHALD EFNIS

GÆÐAMAT

SAMSTARF VIÐ SÉRFRÆÐINGA:

HÍ - OREGON (ISII) - EVRÓPU

HÖLDUM ÁFRAM AÐ VANDA OKKUR

TILLAGA 1:

Aðsetur hjá
Miðstöð menntunar og
skólaþjónustu (MMS)

Samstarf við rannsóknarstofu
hjá Menntavísindasviði HÍ

TILLAGA 2:

Sveitarfélög sameinast um
miðlæga miðstöð
-Hjá sveitarfélagi EÐA
-Hjá Sambandi íslenskra
sveitarfélaga

Samstarf við rannsóknarstofu
hjá Menntavísindasviði HÍ

BLIKUR Á LOFTI

