

Parent Training and Intervention

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Effective parenting predicts positive behavioral, emotional and academic adjustment and ineffective parenting is predictive of later dysfunction and antisocial behaviors (studies cited in Shriver & Allen, 2008). Thus, parents, grandparents and foster parents are logical partners in remedial treatment and preventive services to at-risk children.

Many mental health providers who have been trained to intervene with children have not been trained to teach parents and caretakers how to work with their children (Shriver & Allen, 2008). Further, many use unproven methods and programs to assist parents in changing their approaches.

Shriver & Allen (2008) reviewed a vast array of parenting literature available through PsycINFO that included 7,000 articles in scholarly journals, almost 2,000 books and monographs, and about 3,000 other abstracts, dissertations, and encyclopedias. They searched for parent training programs with empirical support (recognizing that the term is defined differently in various contexts). They identified four parent training programs that consistently stood out as meeting the criteria for empirical support. Each will be discussed below.

Living with Children by Gerald Patterson and associates

Gerald Patterson founded the Oregon Social Learning Center in the 1970's and he is widely recognized for studying how coercive family processes mediate child behavior problems. Manuals published over the years (*Living with Children: New Methods for Parents* and *Parents and Adolescents Living Together*) target children and youth ages 3 to 14 years who show "significant social aggression." Parents can learn the techniques individually or in a group setting. Over a 5-to-12-week period, the practitioner can average 30 hours of direct contact with a family.

After an assessment, clinicians teach parents how to observe and count behaviors and how to select behaviors for intervention. A contingency contract is developed with specific rewards and consequences. Parents are taught specific interventions (such as use of "time-out" and use of positive reinforcement). Practitioners help parents modify the interventions over time. Compared to the other three programs discussed below, the Living with Children program emphasizes teaching parents to understand behavioral theory and the basic principles of behavior change. The program is clear about what concepts to teach parents and allows flexibility in how to teach the concepts.

Over the past 20 years, according to Shriver & Allen (2008) studies have shown significant reductions in observed levels of disruptive child behaviors up to 12 months post-treatment. The program has even been adapted and incorporated into treatment packages for foster children (Chamberlain, Fisher & Moore, 2000).

For more information, contact: Oregon Social Learning Center, (541) 485-2711, FAX: (541) 485-7087 Janet Chappell janetc@oslc.org

The Incredible Years by Carolyn Webster-Stratton

This program was initially developed by Webster-Stratton in the early 1980's as a video-taped modeling education program for groups of parents with conduct-disordered children. Through her work as director of the Parenting Clinic at the University of Washington, the program has expanded over the years to address target teachers and to emphasize prevention as well as intervention.

The program centers on teaching parents how to play with their children and letting children take the lead in play. Parents are also taught child management skills and they are taught how to teach their children problem-solving skills. The parents learn self-management skills to help them become more effective.

Extensive empirical evaluation began in the 1980's. Numerous well-controlled and peer-reviewed studies over the past twenty years with hundreds of families and children have demonstrated that The Incredible Years has consistently resulted in improved parent-child interactions, less violent discipline, and fewer conduct problems. Hughes & Gottlieb (2004) found the program is effective with parents who have been subject to Child Protective Services complaints.

More information is available from: www.incredibleyears.com/ E-mail:

incredibleyears@incredibleyears.com

Helping the Noncompliant Child by Robert McMahon and Rex Forehand

Helping the Noncompliant Child is a standardized training program for teaching parents to manage noncompliant children. The program targets children ages 3 to 8 years. Treatment typically occurs with individual family members in an intensive, clinic-based format. The target children attend each session. The program teaches parents to use their

attention as a tool in changing a child's behavior. Parents are taught compliance training and specific methods and skills such as creating rules and consequences.

Starting in the mid-1970's, systematic research into the program components indicated that parents who completed the program used more rewards and had children who were more compliant. The program was effective across socio-economic levels. Further, studies extending over a decade offer support for long-term efficacy. According to the review by Shriver & Allen (2008), the HNC program is based on the most well-developed, systematic program of research of any of the empirically-supported programs.

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www.findyouthinfo.gov/cf_pages/programdetail.cfm?id=336

Parent-Child Interaction Therapy by Shelia Eyberg

PCIT integrates operant methods with traditional play therapy techniques to restructure parent-child patterns of interaction. It targets children ages 2 to 8 years who are exhibiting disruptive behaviors, noncompliance, defiance, verbal and physical aggression, and over-activity. Treatment is typically delivered with individual families in an intensive, clinic-based setting. The average program length is 12 weeks.

The program begins with observations of parent-child interactions during free play, during a parent-directed situation, and a clean-up activity. Parents then learn to implement behavioral play therapy. The parent attends these sessions alone. Parents learn how to allow their child to lead activities. They are taught to describe appropriate behavior, to reflect appropriate verbalizations, to imitate play, and to praise the child's behavior. Parents learn to avoid commands, asking questions, or criticizing. Then the

parent and child are seen together for coaching of these skills. In the second phase, parents are taught “minding” techniques and how to obtain compliance by breaking down the tasks into small steps. Parents learn how to give effective instructions and how to set up an effective “time-out” or loss of privileges. The final sessions involve parent-directed interactions and children practice “minding.”

The empirical support for this program, according to Shriver & Allen’s review (2008) is extensive. Research spanning a 20-year time frame shows that the benefits can extend into school settings and are maintained for long periods of time.

More information is available from: Child Study Laboratory Department of Clinical and Health Psychology, University of Florida, P.O. Box 10016, Gainesville, FL 32610 Email: pcit@phhp.ufl.edu Web site: <http://pcit.phhp.ufl.edu/>

Summary of Programs

Each of the four programs described above has considerable research support and manuals that can guide the practitioner in implementation. There are similarities and overlap in the programs. Each emphasizes increasing positive interactions by attending to the child, praising and rewarding, and reducing responding to minor infractions. Each program teaches parents to be clear when compliance is required and to reduce unnecessary demands. Each program uses well-established teaching techniques that include instruction, modeling, and homework.

