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Is parenting the mediator of change in behavioral parent training for externalizing problems of youth?

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HIGHLIGHTS

- Examines parenting as a mediator in behavioral parent training (BPT).
- Eight intervention and 17 prevention studies are examined.
- Support found in 45% of mediation tests examined.
- A composite measure of parenting and discipline received the most support as mediators.
- BPT is an effective intervention; however, more attention to the role of parenting as a mediator is needed.

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ABSTRACT

Change in parenting behavior is theorized to be the mediator accounting for change in child and adolescent externalizing problems in behavioral parent training (BPT). The purpose of this review is to examine this assumption in BPT prevention and intervention programs. Eight intervention and 17 prevention studies were identified as meeting all criteria or all but one criterion for testing mediation. Parenting behaviors were classified as positive, negative, discipline, monitoring/supervision, or a composite measure. Forty-five percent of the tests performed across studies to test mediation supported parenting as a mediator. A composite measure of parenting and discipline received the most support, whereas monitoring/supervision was rarely examined. More support for the mediating role of parenting emerged for prevention than intervention studies and when meeting all criteria for testing mediation was not required. Although the findings do not call BPT into question as an efficacious treatment, they do suggest more attention should be focused on examining parenting as a putative mediator in BPT.

Contents

1. Introduction . . . 609
2. Method . . . 610
   2.1. Literature search . . . 610
   2.2. Criteria for inclusion . . . 610
   2.3. Tests of mediation . . . 611
   2.4. Primary and secondary studies . . . 611
3. Results . . . 611
   3.1. Primary studies . . . 611
      3.1.1. Intervention studies . . . 611
      3.1.2. Prevention studies . . . 613
      3.1.3. Summary across intervention and prevention studies . . . 613
   3.2. Secondary studies . . . 613
      3.2.1. Summary across intervention and prevention studies . . . 613
   3.3. Overall summary . . . 615

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3.4. Multiple linkage studies . . . 615
4. Discussion . . . 615
Role of funding sources . . . 617
Contributors . . . 617
Conflict of interest . . . 617
Appendix A. Supplementary data . . . 617
References . . . 617

1. Introduction

> "It is as important to know how intervention works as it is to document that it works" (Snyder et al., 2006, p. 43).

> "…after decades of psychotherapy research, we cannot provide an evidence-based explanation for how or why even our most well studied interventions produce change" (Kazdin, 2007; p. 23).

Intervening through parents to treat children's and adolescents' externalizing problem behaviors – specifically, disruptive behaviors [Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD)] and Attention Deficit/Hyperactivity Disorder (ADHD) – has a long history (see Forehand, Jones, & Parent, 2013; Pelham & Fabiano, 2008). Behavioral parent training (BPT) has been identified repeatedly as an evidence-based treatment for the prevention and treatment of both disruptive behaviors and ADHD (for reviews, see Charach et al., 2013; Chorpita et al., 2011; Comer, Chow, Chan, Cooper-Vince, & Wilson, 2013; Dretzke et al., 2009; Eyberg, Nelson, & Boggs, 2008; Fabiano et al., 2009; Lundahl, Risser, & Lovejoy, 2006; Maughan, Christiansen, Jenson, Olympia, & Clark, 2005; McMahon, Wells, & Kotler, 2006; Michelson, Davenport, Dretzke, Barlow, & Day, 2013; Pelham & Fabiano, 2008; Sandler, Schoenfelder, Wolchik, & MacKinnon, 2011; Serketich & Dumas, 1996; Weersing & Weisz, 2002; Weisz & Gray, 2008). Of particular note, Chorpita et al. (2011) recently concluded that, for the treatment and prevention of childhood attention and hyperactivity problems, "Parent Management Training (alone) showed the largest number of successful studies" (p. 159) and, for disruptive behaviors, "the vast majority of positive findings continue to support Parent Management Training" (pp. 161 and 163) as the treatment of choice.

From a theoretical perspective, BPT is grounded in the social interactional model, which was proposed by Patterson and his colleagues to explain how parents can inadvertently shape externalizing problems of their children and adolescents (e.g., Patterson, 1982; Patterson & Fisher, 2002; Patterson, Reid, & Dishion, 1992). In this model, certain parenting behaviors, including positive parenting (e.g., attention, praise), discipline, and structure (e.g., rules, instructions, monitoring), exert influence over their offspring's behavior through the control of reinforcing contingencies (see Forehand et al., 2013; McKee, Jones, Forehand, & Cuellar, 2013, for recent reviews of the intervention and non-intervention literature on parenting & youth externalizing problems). A critical component of the social interactional model is coercion, where "parents and children mutually 'train' each other to behave in ways that increase the probability that children will develop aggressive behavior problems and that parents' control over these aversive behaviors will decrease" (p. 101) (Granic & Patterson, 2006). Coercive interactions involve parents providing structure (e.g., an instruction), a child refusing to comply to that structure and escalating her or his negative behavior (e.g., yelling, hitting), the parent escalating his or her negative parenting behavior (e.g., criticisms, threats) but then eventually capitulating to the child (Granic & Patterson; McMahon & Forehand, 2003). These interchanges are viewed as "the fundamental behavioral mechanisms" (p. 101) that account for the emergence and stability of child externalizing problems (Granic & Patterson). The goal of BPT is to decrease coercive interchanges and, as a consequence, youth externalizing problems by teaching parents how to use their attention and other positive contingencies they control, provide structure, and, when inappropriate child behavior is emitted, apply effective discipline.

As just noted, the putative mechanism for change in youth behavior in BPT is change in parent behavior. Most studies, but certainly not all (particularly early ones; e.g., Kazdin, Siegel, & Bass, 1992; Patterson, Chamberlain, & Reid, 1982), report change in parenting behaviors with intervention (e.g., Nixon, Sweeney, Erickson, & Touyz, 2003; Sanders, Markie-Dadds, Tully, & Bor, 2000). However, the extent to which parenting behaviors serve as a mediator of change in youth externalizing problem behaviors with the implementation of BPT is open to question. Interestingly, with three exceptions, the reviews noted in the preceding paragraph have not directly addressed the role of parenting behaviors in accounting for change in child disruptive and attention/hyperactivity problems.[1]

In the first exception, after reviewing BPT studies for disruptive behaviors, Weersing and Weisz (2002) concluded that "we were surprised that none of the EST (empirically supported treatment) clinical trials directly tested whether changes in parenting practices mediated the effects of treatment on youth behavior" (p. 16). And, more recently, Eyberg et al. (2008) concluded that most treatment studies of children's and adolescents' disruptive behaviors have assessed mediating variables such as parenting skills but "few studies have examined these variables in formal statistical tests" (p. 232). Eyberg and colleagues note that a study conducted by Eddy and Chamberlain in 2000 was "among the first to conduct such tests" (p. 232); however, it is important to point out that even this study did not examine parenting skills alone (i.e., a construct consisting of parenting plus peer associations was examined). In the final exception, Sandler et al. (2011) reviewed parenting prevention programs with follow-up data and found that only 22% (10 of 46 studies) reported findings on mediation. Of note, the child outcome in the Sandler et al. study was not limited to externalizing problems. And, similar to Eyberg et al.'s conclusion with treatment studies, all of the studies identified by Sandler et al. were conducted since 2002. In sum, although the first published BPT study for youth disruptive behaviors was over 50 years ago (see Forehand et al., 2013), it has only been in the last 14 years that the role of parenting as a mediator has begun to be examined.

As Kazdin (2007) has cogently pointed out, understanding why treatment works can help us select which interventions to implement, clarify links between treatments and diverse outcomes, and optimize clinical change. Of particular importance, as both Kazdin and Eyberg et al. (2008) have noted, in order to translate evidence-based therapies into widespread use in the mental health field, it is critical to understand why and how interventions produce their change. For an intervention with a 50-year history (Forehand et al., 2013), *now* is the time to

[1] One other review (Pelham & Fabiano, 2008) noted the importance of treatment adherence (i.e., parents and teachers implementing treatment as intended) as a potentially important mediating variable. This could include, but is not limited to, specific parenting skills.