



Incredible Years parent training: What changes, for whom, how, for how long?



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ABSTRACT

The aims of this study were to examine the efficacy of the Incredible Years program (IY) with Portuguese families of preschoolers, moderator and mediator effects, and sustainability of results. Design: randomized controlled design with pre- and post-intervention, and 12 and 18 months assessments. Participants: 124 children aged 3–6 years, at risk of disruptive behavior problems. Children in the IY group showed significant reduction in behavior problems and increase in social skills; caregivers improved parenting practices and self-confidence. Positive clinical and functional impacts were demonstrated. IY was efficacious with a wide range of families. The moderating effect of the child's age suggests that IY prevents a decrease in social skills for the ages covered by this study. Changes in parental self-efficacy affected changes in parental practices, promoting changes in children's behavior. Positive effects were maintained over time.

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1. Introduction

Behaviors such as hyperactivity, aggression and noncompliance are frequently displayed by preschoolers and may be considered normal for this age. However, a smaller percentage of children manifest these behaviors with such intensity that they become disruptive to family life and school routines, to the point of jeopardizing the child's relationships with peers and adults. The increasing numbers of young children referred to specialized intervention for behavior problems in recent years is widely recognized by clinicians, and this may only be the visible part of the iceberg, with many children who exhibit disruptive behaviors remaining unidentified and untreated (Lavigne, LeBailly, Hopkins, Gouze, & Binns, 2009). Although many of these children will subsequently follow normal developmental trajectories, some will continue to have difficulties in middle childhood (Campbell, Shaw, & Gilliom, 2000), and other problems may arise in the mid- and long-term, such as social rejection, school failure, substance abuse and juvenile

delinquency (Patterson, 2002; Scott, Spender, Doolan, Jacobs, & Aspland, 2001).

Whether a child will follow a pathway that is more or less adaptive may be determined not only by the extent of their behavioral difficulties, but also by their parents' ability to adjust their parenting style to their children's needs and temperament (Sonuga-Barke, Auerbach, Campbell, Daley, & Thompson, 2005) and guide them through the multiple stressful situations triggered by the maladaptive behavior (see concept of "goodness of fit", Chess & Thomas, 1999). As children under six years of age are very dependent on their caregivers, their behavior is highly moderated by the characteristics of the caregiving environment, and any change in the child will necessarily be preceded by changes in their environment. Therefore, it is not surprising that psychosocial interventions are recommended as first-line interventions for these early disruptive behavior problems (American Academy of Pediatrics, 2011; Comer, Chow, Chan, Cooper-Vince, & Wilson, 2013). The purpose of the present study was to analyze the impact of a parent training (PT) program on early disruptive behavior in Portuguese preschoolers.

PT programs aimed at enhancing parenting skills and behavior management strategies have been shown to be effective in reducing children's disruptive behavior (Almeida et al., 2012; Kaminski, Valle, Filene, & Boyle, 2008; Lee, Niew, Yang, Chen, & Lin, 2012; Lundahl, Risser, & Lovejoy, 2006; NICE, 2008, 2013; Roskam & Meunier, 2012), in both prevention and treatment studies. Furthermore, the likelihood

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of success was enhanced if these interventions were implemented early in the child's life (Campbell et al., 2000; Sonuga-Barke et al., 2013). The change in parenting practices, from harsh and coercive to positive and respecting, has a mediating effect on children's behaviors when parents participate in such programs (Gardner, Hutchings, Bywater, & Whitaker, 2010; Posthumus, Raaijmakers, Maassen, van Engeland, & Matthys, 2011), by interrupting the coercive cycle that otherwise becomes established in parent–child interactions (Patterson, 2002). The role of parents' self-efficacy beliefs as important contributors to this change has also been demonstrated, with stronger parental self-efficacy beliefs being related to increases in supportive parenting behavior and decreases in controlling parenting behavior (Roskam & Meunier, 2012). However, despite the recognition accorded to parental training in changing children disruptive behavior, the number of robust studies identifying mechanisms of change that explain why treatments work is limited and can still be viewed as a challenge for the future (Kazdin, 2008; Weisz & Kazdin, 2010).

The Incredible Years Basic Parent Training (IYPT, Webster-Stratton, 2001) is a widely researched well-established program that has proved its effectiveness in changing parenting practices and child behavior, particularly in children with early disruptive behavior problems (Menting, de Castro, & Matthys, 2013). The program's efficacy has been demonstrated in numerous studies by the program developer and her team in the USA (see Webster-Stratton, Gaspar, & Seabra-Santos, 2012, for a review), and replicated in independent research centers, in both treatment (Larsson et al., 2008; Taylor, Schmidt, Pepler, & Hodgins, 1998), and prevention trials (Posthumus et al., 2011; Trillingsgaard, Trillingsgaard, & Webster-Stratton, 2014) in numerous countries, such as England (Gardner, Burton, & Klimes, 2006; Scott et al., 2001), Denmark (Trillingsgaard et al., 2014), Holland (Leijten, Raaijmakers, de Castro, van den Ban, & Matthys, 2015; Posthumus et al., 2011), and New Zealand (Sturrock & Gray, 2013). The effects of treatment have been shown to be durable over time (Posthumus et al., 2011; Scott, Briskman, & O'Connor, 2014), and a meta-analysis assessing the effectiveness of IYPT (Menting et al., 2013) concluded that the program was an effective intervention for reducing disruptive behavior and increasing pro-social behavior in children from a diverse range of families.

There have also been a few studies that investigated the change mechanisms underlying IYPT effects. Fossum, Mørch, Handegard, Drugli, and Larsson (2009) found that high levels of maternal stress, clinical levels of ADHD in children, and female sex predicted less improvement in conduct problems at home after IYPT. Gardner et al. (2010), on the other hand, showed that IYPT tended to produce better outcomes for younger children and for boys with conduct problems (while girls generally improved irrespective of intervention allocation), and for children with more depressed mothers. In the same study, no predictive effects were observed for other risk factors, such as single or teen parenthood, very low income or high initial levels of problem behavior. A previous study (Beauchaine, Webster-Stratton, & Reid, 2005) demonstrated that moderators such as poor marital adjustment, paternal substance abuse, child comorbid anxiety/depression, and maternal depression were related to greater response to IYPT, while the child's age and sex did not show any effect. Baydar, Reid, and Webster-Stratton (2003) also demonstrated that mothers who were depressed or had a previous history of abuse or substance use, were just as likely to benefit from IYPT as mothers without such risk factors. In the above mentioned meta-analysis, Menting et al., (2013) found that family characteristics such as ethnic minority status or single parenthood were not related to the intervention effects. This was in contrast to the initial severity of problems, which was the strongest predictor of IYPT intervention effects, with larger effects observed in studies comprising more severe cases.

Although not conclusive, these results suggest that the most disadvantaged families benefited from this intervention at least as much as more advantaged ones. As far as mediator variables are concerned, changes in positive parenting skills (Gardner et al., 2006; Gardner

et al., 2010) and a decrease in observed critical, harsh and ineffective parenting (Beauchaine et al., 2005; Fossum et al., 2009; Posthumus et al., 2011) appeared to be key variables for change in child conduct problems.

In Portugal, dissemination of the IYPT started in 2003 (Webster-Stratton et al., 2012). Results from an initial pilot study (Cabral et al., 2009) showed that after a IYPT training, extremely socially-disadvantaged parents were more empathic and able to address their children's needs, and showed less stress in the exercise of their parental role. In addition, results from a subsample of the study presented in this paper, with children at risk for ADHD, demonstrated reductions in children's hyperactive behaviors and improvements in their mothers parenting practices (Azevedo, Seabra-Santos, Gaspar, & Homem, 2013, 2014). Family relationships of a subsample of children with oppositional-defiant disorder symptoms were also analyzed showing decreases in fathers' negative parenting practices, increases in positive parenting, and some changes in the couple's relationships (Homem, Gaspar, Seabra-Santos, Azevedo, & Canavarro, 2015; Homem, Gaspar, Seabra-Santos, Canavarro, & Azevedo, 2014). This paper extended previous work, including the larger and more heterogeneous sample, and also explored mediator and moderator effects.

This study aimed to answer three questions: *Question 1*) Is the program efficacious with Portuguese families of preschoolers with disruptive behavior? This question addresses an important issue concerning transportability (Schoenwald & Hoagwood, 2001): the fact that an intervention has been effective for a particular population or in a certain cultural and linguistic context (as was the case with IYPT in several different countries) does not necessarily mean that it will be equally effective in a different one (Weisz, Sandler, Durlak, & Anton, 2005). On the other hand, it is likely that IYPT is able to be successfully transported to the Portuguese context if the same clinical outcomes and levels of participant engagement found in different cultural contexts are also found in this study, provided that the intervention is administered with fidelity and at the optimal dose (Lau, 2006). *Question 2*) If efficacious, for whom and how does the program work? Drawing on prior literature, the moderator effects of child-related variables (sex, age, comorbidity and intensity of initial deviant behavior), and family-related variables (maternal depressive symptoms and socioeconomic status) were analyzed. Parenting practices and parents' sense of self-efficacy concerning parenting were explored as possible mediators of change in child behavior. *Question 3*) If program efficacy is demonstrated, are the results sustained over time? In line with other studies (Lee et al., 2012; Posthumus et al., 2011), we hypothesized that results would be maintained 12 and 18 months after baseline.

2. Method

2.1. Design

The study used an experimental randomized controlled between-group design, with pre- and post-intervention, 12 and 18 months assessments (follow-up 1 – FU1; and follow-up 2 – FU2), four data collection points in total. After baseline assessment, children were stratified by age and sex, and randomly allocated to an Incredible Years intervention group (IY; $n = 68$) or to a Waiting-List Control group (WLC; $n = 56$) (see flow chart in Fig. 1). Team members who had not participated in the baseline assessment and were unaware of the characteristics of the children and families were responsible for randomly allocating participants using sequentially numbered containers. At the beginning of the trial participants were allocated on a 2:1 basis, so that more families could receive the intervention and fewer would have to wait for it (Jones, Daley, Hutchings, Bywater, & Eames, 2007). However, after initiating the randomization procedure, it became clear that a more efficient method was needed in order to assure that the control group would have the required number of participants to achieve the necessary power. As a result, a 1:1 ratio was adopted, ensuring the adequate

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