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Reducing problem behavior during care-giving in families of preschool-aged children with developmental disabilities

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Abstract

This study evaluated two variants of a behavioral parent training program known as Stepping Stones Triple P (SSTP) using 74 preschool-aged children with developmental disabilities. Families were randomly allocated to an enhanced parent training intervention that combined parenting skills and care-giving coping skills (SSTP-E), standard parent training intervention alone (SSTP-S) or waitlist control (WL) condition. At post-intervention, both programs were associated with lower levels of observed negative child behavior, reductions in the number of care-giving settings where children displayed problem behavior, and improved parental competence and satisfaction in the parenting role as compared with the waitlist condition. Gains attained at post-intervention were maintained at 1-year follow-up. Both interventions produced significant reductions in child problem behavior, with 67% of children in the SSTP-E and 77% of children in the SSTP-S showing clinically reliable change from pre-intervention to follow-up. Parents reported a high level of satisfaction with both interventions.

Keywords: Children; Developmental disability; Care-giving; Behavioral parent training

Caring for a young child with a developmental disability can be a daunting and challenging experience for parents. These parents spend more time involved in direct care-giving tasks (e.g. bathing, feeding, toileting) with their children than parents of typically developing children (Erickson & Upshur, 1989; Quittner et al., 1998) and are often required to undertake tasks (e.g. lifting and positioning, administering medication) which are physically demanding and

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unpleasant (Leyser, Heinze, & Kapperman, 1996; McDonald, Couchonnal, & Early, 1996). Furthermore, the challenges and burden associated with these tasks can be compounded when a child has a severe developmental disability (Haveman, van Berkum, Reijnders, & Heller, 1997). However, when a child with a developmental disability also has behavior problems, this has an added impact upon a parent's ability to undertake the numerous tasks associated with care-giving, and thus increases the burden of care for parents. In typically developing children certain parenting tasks (e.g. mealtimes, shopping, when visitors present) can pose more difficulty for parents because of contextual factors such as time constraint, setting, people present, and competing demands (Sanders & Christensen, 1985; Sanders & Dadds, 1982). Parents of children with developmental disabilities are faced with these same high risk parenting tasks, however, they are also required to complete additional tasks which are specific to their child's disability. These tasks may include assisting their children with self-care (e.g. bathing, feeding, toileting), providing ongoing supervision to prevent behaviors which may be a risk to self or others (e.g. road safety, choking), completing therapy to extend their child's learning and development, locating social and recreational activities in which children can participate independently, educating the public about disability, advocating for their children, and working with a range of professionals (Harris & McHale, 1989; Shearn & Todd, 1997). Recent research (Plant & Sanders, in press) investigating care-giving tasks and burden has found helping and supervising their child at mealtimes, cleaning up after their child, settling their child at bedtime, helping and supervising with toileting, and advocating to professionals on behalf of their child as the five most stressful and burdensome care-giving activities.

A range of factors including the time involved in completing care-giving tasks may contribute to parent distress and burden associated with caring for a child with a developmental disability (Quittner et al., 1998; Quittner, Opipari, Regoli, Jacobsen, & Eigen, 1992). These factors include the difficulty of completing activities (Leyser et al., 1996; McDonald et al., 1996), the level of a child's disability (Haveman et al., 1997), and the presence of child problem behavior (Floyd & Gallagher, 1997; Hastings, 2002; Saloviita, Italinna, & Leinonen, 2003). Researchers investigating these factors have consistently demonstrated that negative child behavior is one of the best predictors of burden of care or parental distress (Blacher, Lopez, Shapiro, & Fusco, 1997; Plant & Sanders, in press; Saloviita et al., 2003). This finding highlights the need for parents of children with developmental disabilities to receive training in behavior change strategies in order to reduce the burden and distress associated with care-giving.

The need to focus on changing children's problem behavior is further highlighted by the high prevalence rates of behavior problems in young children with developmental disabilities (Emerson, 2003). Epidemiological studies suggest that behavioral disorders are three to four times more common in children with developmental disability as compared with typically developing children (Rutter, Tizard, Yule, Graham, & Whitmore, 1976). For example, an Australian study (Einfeld & Tonge, 1996) found that 40.7% of children with developmental disabilities had severe behavioral or emotional problems using the Developmental Behavior Checklist (DBC; Einfeld & Tonge, 1991). Researchers also suggest that the severity and persistence of challenging behaviors is greater in children with developmental disabilities (Matson, Gardner, Coe, & Sovner, 1991); and that behaviors such as severe aggression, stereotypic and ritualistic behaviors, autistic-related behaviors, self-stimulation, and self-injury may occur in high frequencies in this population (Baron-Cohen, 1989; Quine, 1986).

It has been consistently documented in the literature that behavioral parent training results in positive changes to parent behavior, reductions in child problem behavior, and the development of more prosocial and adaptive behaviors in children with developmental disabilities (Gavidia-