Children and Youth Services Review 70 (2016) 57–64

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

Social gradients and participant characteristics in child behavior problem interventions

Truls Tømmeraas

Norwegian Center for Child Behavior Development, P.O. Box 7053 Majorstuen, 0306 Oslo, Norway

ARTICLE INFO

Article history:
Received 22 June 2016
Received in revised form 9 September 2016
Accepted 9 September 2016
Available online 10 September 2016

Keywords:
Child behavior problems
Evidence-based interventions
Participant characteristics
Healthcare inequality
Service utilization
Family resources
Cumulative risk

ABSTRACT

A social gradient has been found in both children's behavior problems and among the users of services that treat such problems. If low-resource families are simultaneously at higher risk of having a child with behavior problems and less inclined to use services to address such problems, healthcare inequality and social inequity could be exacerbated. I focus on social gradients in participant characteristics in two evidence-based parent training interventions that target children who display behavior problems: Parent Management Training—Oregon Model (PMTO) and Brief Parent Training. This study extends the literature on social gradients in participant characteristics by focusing on family social and economic resources independently and in an additive cumulative risk index. I investigated potential social gradients overall in a pooled sample and in separate analyses relating social gradients to more intensive treatment. The results revealed inverse social gradients among the intervention participants compared with the Norwegian general population of families with children; intervention participants had fewer social and economic resources. The inverse social gradient was partially replicated through analyses that focused on treatment intensity. Families with fewer resources were more likely to receive high-intensity treatment; however, these associations disappeared for families with >3 cumulative risks. These results indicate that these PMTO interventions do not exacerbate social inequality by serving a high-resource population.

1. Introduction

We know that the family environment affects the development of children's behavior problems and that such problems, in turn, negatively impact children's long-term well-being (e.g. conduct problems, disruptive behavior, externalizing behavior, antisocial behavior, and oppositional behavior; Rutter, Tizard, & Withmore, 1970; Sroufe, Egeland, Carlson, & Collins, 2009). Moreover, a social gradient in behavior problems has been found, with the risk factors of a lack of social and economic resources preceding such development (henceforth the terms risk and resources are used interchangeably; Mazza et al., 2016; Piotrowska, Stride, Croft, & Rowe, 2015). In addition, children from low-resource backgrounds who display behavior problems have a greater risk of negative development later in life, such as problems in school, substance abuse, poor health, and work-related problems (Moffitt & Caspi, 2001). Given the considerations above, treating at-risk children from low-resource families is particularly important. Despite the consensus that children from low-resource backgrounds must be reached, scholars have had difficulties in engaging families from such backgrounds to prevent and treat behavior problems (Leijten, Raaijmakers, Orobio de Castro, van den Ban, & Matthys, 2015; Nix, Pinderhughes, Bierman, Maples,, & Group, 2005; Reedtz, Martinussen, Wang Jørgensen, Helge Handegård, & Mørch, 2011). The failure to reach these families has implications for equity in health and social inequality in children's development (Andrulis, 1998; Ceci & Papierno, 2005). Therefore, to understand the adequacy of service provisions and to determine whether high-risk children and families receive help, scholars must examine the participant characteristics of those who utilize these help services.

This study extends the literature on social gradients in service utilization by focusing on participant characteristics and family resources. Social and economic resources are examined both separately and cumulatively. I focus on participant characteristics in the recruitment for two parent training interventions of different intensities: Parent Management Training—Oregon Model group therapy (the PMTO Parent Group, hereafter called PMTO) and Brief Parent Training (BPT). Both interventions are part of a comprehensive program that is designed to treat and prevent child behavior problems: TIBIR (Norwegian acronym for Early Initiatives for Children at Risk). First, I examine social gradients by comparing the characteristics of TIBIR participants with those of the general population and ask the following question: Does a social

E-mail address: trulstom@atferdssenteret.no.

http://dx.doi.org/10.1016/j.childyouth.2016.09.010
0190-7409/

gradient exist among TIBIR parent training participants? Second, I investigate social gradients in treatment intensity by comparing the characteristics of the participants in the two TIBIR interventions and asking the following question: Does a social gradient exist across interventions of different intensities?

1.1. Background

Despite the perceived need, people have been found to use healthcare services to varying degrees (Greenley & Mechanic, 1976), and some have suggested that help service utilization is a mechanism that creates or intensifies pre-existing healthcare inequality (Spencer & Grace, 2016). Hart (1971) launched the Inverse Care Law, in which he postulated that healthcare service use tends to vary inversely with the service needs of the population served. A common interpretation of this association is that low-resource families have less access to mental health services (Holmboe, van Roy, Helgeland, Clench-Aas, & Dahle, 2008). Moreover, Ceci and Papierno (2005) highlighted how the benefits of mental health service use could widen pre-existing gaps between high- and low-resource families because high-resource families are more inclined to use help services.

Socially graded service use patterns originate in families' heterogeneous pathways to care, which are shaped by individual decision making (Pescosolido, Boyer, & Medina, 2013). Although the pathways to care are heterogeneous, social and economic resources are correlates that can shape the decision-making process and, in turn, predict social gradients in the treatment of behavior problems (Ceci & Papierno, 2005; Thoits, 2011). Faced with the stressor of a child with behavioral problems, parents' heterogeneous pathways and help-seeking strategies are likely to be partially shaped by characteristics of the family, their environment, the functioning of the healthcare services, and the etiology of their child's behavior problems (Andersen, 1995; Pescosolido et al., 2013). Hence, family resources are proxies for multiple classes of mechanisms that operate at the intersection of the different layered characteristics, which, in turn, could create social gradients in behavior problem interventions (i.e., evidence-based interventions; Spencer & Grace, 2016).

Social network-related mechanisms are a class of mechanisms that potentially shape health behaviors in general (Smith & Christakis, 2008) and parental help seeking and service use in particular (Deri, 2005). Parents with larger social networks have been found to have a greater capacity to secure care for family members, even those who resist (Pescosolido et al., 2013). A meta-review of stress coping and well-being highlighted that similar others in secondary networks are more likely to offer efficient forms of active coping assistance, including information and advice, coping encouragement, social influence, and role modeling (Thoits, 2011). Moreover, Berkman and Glass (2000) highlighted that social networks provide structured access to social support and influence, which, in turn, shapes health behavior pathways to care. Parents with larger networks are more likely to be connected to individuals who hold relevant information about healthcare interventions and/or who may provide social support. Moreover, Deri (2005) found evidence that social networks shape service use by affecting initial contact with health services.

Sociocultural mechanisms, such as beliefs about and attitudes toward treatment, constitute another class of mechanisms that may create social gradients in service use (Pescosolido et al., 2013). Socially graded differences in how parents who face a certain problem value and pursue external help likely exist. For example, some families may have a higher tolerance for children's problem behaviors, which might delay early identification and help seeking (Freidson, 1988; Pescosolido et al., 2013). Another related issue is that some families might view children's behavior problems as less worthy of intervention than physical symptoms. Similarly, qualitative research has shown that cultural resources shape parents' contact with their children's schools (Weininger & Lareau, 2003). Parents with more cultural resources demand that schools make more individual adaptions that support their child. Such cultural mechanisms in socially graded adaptations to institutional arenas might also come into play when parents interact with professionals in the Norwegian mental health services for children with behavior problems.

Service use is also likely to be affected by practical barriers (Sareen et al., 2007). For example, work-family conflicts could impose time-related strains on intervention participation. High socioeconomic status has been found to predict increased occupational control, that is, direction, control and planning (Kohn & Schooler, 1983; Link, Lennon, & Dohrenwend, 1993), and high-resource workers are likely to have more perceived control in their work situation. A reasonable assumption is that such job characteristics allow greater flexibility, which is helpful when treatment decisions need to be made. Another practical barrier is insufficient money to cover travel expenses or child care. More generally, one could expect that families with cumulative risks are exposed to several strains that, when combined, could lead to challenges in intervention participation.

1.2. Previous research on social gradients in participant characteristics

Social gradients in the behavior problems service use have been reported along many dimensions. For example, low levels of paternal education, family poverty, and parental psychopathology have all been found to predict lower rates of participation in interventions (Bussing, Zima, Gary, & Garvan, 2003; Haggerty et al., 2002; Kazdin, Holland, & Crowley, 1997; Pettersson, Lindén-Boström, & Eriksson, 2009). Furthermore, some studies have reported lower participation rates among economically disadvantaged and ethnic minority families (Bjørknes, Jakobsen, & Nærde, 2011; Spoth, Redmond, Hockaday, & Shin, 1996). Research has also stressed the increasing difficulties in recruiting at-risk participants, particularly those at risk for family-related problems associated with limited family resources (Lengua et al., 1992). However, the body of evidence on social gradients in service use is limited and mixed. For example, Dumas, Nissley-Tsiopinis, and Moreland (2007) did not find a social gradient in parent training service use.

In Norway, findings regarding the overall use of mental health services, particularly behavior problem interventions, are limited. In a study on children's overall use of mental health services, Holmboe and colleagues (2008) found that parents' perceptions of their child's mental problems was the factor most strongly associated with use of mental health services. In primary care settings, family resources indirectly contributed to service use through their association with a higher prevalence of mental problems (Holmboe et al., 2008). Regarding behavior problem interventions, Reedtz et al. (2011) found that highly educated parents, parents in full-time employment, and two-parent families were more likely to utilize a short version of the Incredible Years basic parenting intervention. In other words, parents with more resources (broadly defined) were more likely to participate in this universally offered behavior problem intervention.

1.3. Social gradients and child behavior problems

Factors that predict behavior problems include both individual and social risks. This paper focuses more on the social risk factors in terms of family resources. Social risk refers to characteristics in children's environments, ranging from family and peer traits to macro-level factors, such as children's neighborhoods and school characteristics (Moffitt & Scott, 2009). Research has indicated that, as the number of risk factors increases, the likelihood that an untreated child with behavior problems will display continued antisocial behavior into adolescence and adulthood increases (Patterson, 1996). Family and parent characteristics that have previously been identified as social risk include low socioeconomic status, low education, poverty, single parenting, unemployment, ethnic minority status, young parent(s), family instability, and parental psychopathology (Moffitt & Scott, 2009; Piotrowska et al., 2015;