

NEW RESEARCH

Two-Year Follow-up of Internet and Telephone Assisted Parent Training for Disruptive Behavior at Age 4

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Objective: To determine whether an internet-based and telephone-assisted parent training intervention, which used whole population screening and which comprehensively targeted symptomatic 4-year-old children, was effective 24 months after the start of treatment. No long-term follow-up studies using a randomized controlled trial (RCT) existed on this subject.

Method: Of the 4,656 children 4 years old who were screened in Southwest Finland, 730 met the criteria for high-level disruptive behavioral problems, and 464 parents agreed to be randomized to the 11-week Strongest Families Smart Website (SFSW) intervention (n = 232) or an educational control (EC) (n = 232). After 24 months, 163 SFSW parents (70%) and 165 EC parents (71%) were still participating.

Results: When we compared the results at baseline and 24 months, the primary outcome of the Child Behavior Check List (CBCL) externalizing score showed significantly higher improvements in the SFSW group (effect size 0.22; $p < 0.001$). This group also showed greater improvements in the secondary outcomes: the CBCL total and internalizing scales, 5 of the 7 CBCL symptom domains, 3 of the 5 DSM subscores, and self-reported parenting skills. Fewer SFSW children (17.5%) than EC children (28.0%) had been referred to child mental health services between baseline and 24 months (odds ratio = 1.8; 95% confidence interval = 1.1–3.1).

Conclusion: The SFSW internet-based and telephone-assisted parental training program was effective 24 months after initiation, underlining the value of identifying children at risk in the community early and providing evidence-based parent training for a large number of families.

Clinical trial registration information—Strongest Families Finland Canada: Family-based Prevention and Treatment Program of Early Childhood Disruptive Behavior (Fin-Can). <https://clinicaltrials.gov/ct2/show/NCT01750996>; NCT01750996.

Key words: parent training, RCT, disruptive behavior, preschool children, web-based

J Am Acad Child Adolesc Psychiatry 2018;■(■):■–■. 

Children with disruptive behavior show significant functional impairment at home, daycare, and school, and in community settings. A number of studies have shown that this type of behavior has untoward, long-term, harmful consequences, including mental and physical health problems and maladaptive functioning in everyday life.^{1–4} Studies have estimated that 6% to 9% of preschool children meet the diagnostic criteria for oppositional defiant disorder (ODD), but that a much higher percentage display ODD symptoms.⁵ Children with ODD face increased risks of developing lifelong disorders in relation to conduct, mood, anxiety, impulse control, suicidality, and substance abuse.^{3,4,6,7}

Parent training has been reported to be the most effective approach to the psychosocial treatment of disruptive behavioral problems,^{8–11} and it is one of the best-validated therapeutic techniques.¹² Training interventions

that use video modeling demonstrations, practical exercises, and homework, and that encourage positive behavior, have been shown to help parents respond effectively when their children exhibit defiant, aggressive behavior. These interventions can also reduce conflicts that could otherwise escalate into more serious problems. During these interventions, parents typically learn to identify, define, and observe problem behaviors in new ways and acquire strategies to prevent and respond to their child's oppositional behavior.⁹ However, a number of barriers to receiving these evidence-based treatment programs have been identified: these include a lack of trained staff to deliver the programs, the stigma related to receiving mental health treatment, difficulties of accessing and engaging in treatment programs due to associated family costs such as travel, the time involved, and the locations where the programs are provided.^{13,14} These barriers lead to poor-quality care for

children with disruptive behavior.¹⁵⁻²¹ Studies have identified that internet-assisted treatment programs offer many benefits over traditional interventions: these include high levels of support, greater accessibility, convenience, and reduced costs.²²

We previously reported the 12-month follow-up study of the first randomized controlled trial (RCT) to provide an internet-based and telephone-assisted parent training program, the Strongest Families Smart Website (SFSW), using a population-based sample.²³ The target population for the SFSW was children who displayed a high level of disruptive behavior and who were screened at the age of 4 years when they attended their annual child health clinic check-ups in centers across Southwest Finland. The children and their parents were randomized to receive either the SFSW intervention, which included either a web-based program with weekly telephone coaching, or the more basic education control (EC). The 12-month follow-up study showed that the SFSW intervention group demonstrated significant improvements in the children's disruptive behavior symptoms, as well as improvements in other psychiatric symptom domains and parenting skills, when it was compared with the EC group.

Very few studies have reported long-term follow-ups of RCTs featuring face-to-face parent training programs, and no long-term follow-up studies exist covering

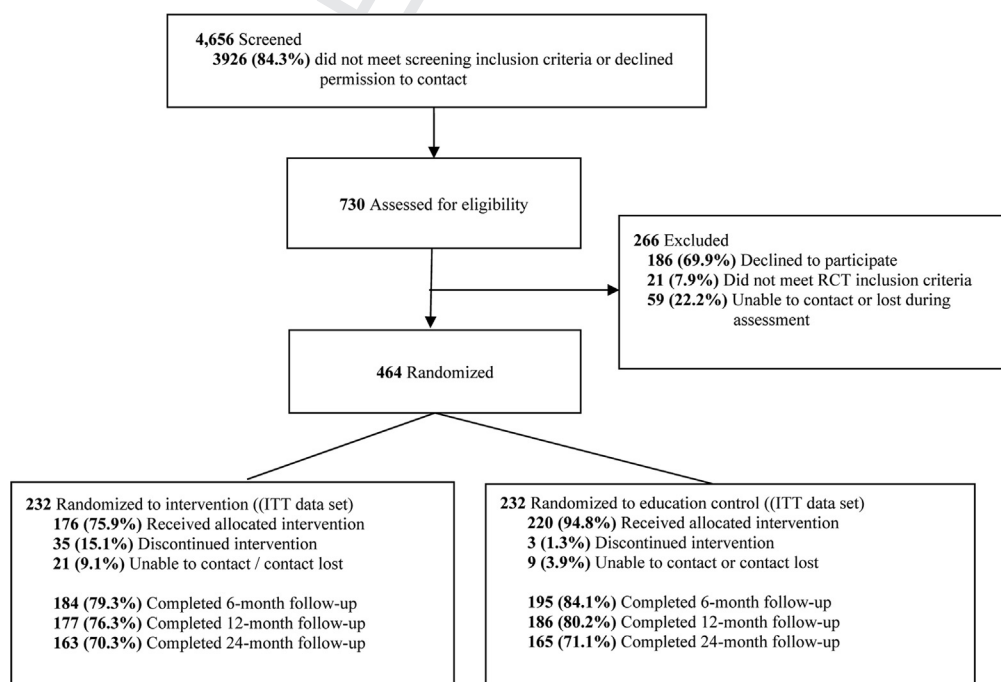
internet-assisted parental training programs, to the best of our knowledge.²⁴ This latest study adds to previous data on the program by providing further follow-up data 24 months after the families were enrolled. Our primary hypothesis was that the 11-week internet-assisted parent training program, with additional weekly telephone coaching, would reduce the child's externalizing symptoms at 24 months compared to those in the EC control group. Our secondary hypothesis was that the participants who were randomized to the intervention group would show improved parenting skills and reduced distress compared to the control group. Changes in outcome measures between baseline and the 6-month and 12-month follow-up stages have previously been reported.²³

METHOD

Study Design

This study focused on the 24-month follow up of children who demonstrated a high level of disruptive behavior disorder symptoms at the age of 4 years and whose parents were randomly divided into 2 study groups. Of the 4,656 children 4 years of age who were screened, 730 met the criteria for high-level disruptive behavioral problems; 266 of these children were excluded, as 186 parents did not want to take part, 21 families did not meet the inclusion criteria, and 59 could not be contacted (Figure 1). Approximately

FIGURE 1 Flowchart of the Study



Note: ITT = intent to treat; RCT = randomized control trial.

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