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Does Practice Make Perfect? The Relationship Between Self-Reported Treatment Homework Completion and Parental Skill Acquisition and Child Behaviors

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The purpose of the current study was to examine whether the rate and type of parent-reported homework completion is associated with parent-report of child behavior outcomes, number of sessions to master parental skills as measured by therapist observation, and length of treatment in Parent–child Interaction Therapy (PCIT). Sixty-two parent–child dyads (primary caregiver: M_{age} = 36.35 years, female 95.20%, 81.60% White, 59.57% Hispanic; child M_{age} = 4.22 years; child gender male 64.50%) who completed PCIT were included in the study. A within-subjects hierarchical regression statistical design was used to examine the impact of parent report of homework completion on treatment processes and outcomes. A higher rate of self-reported homework completion was predictive of parental mastery of skill acquisition in fewer sessions and treatment completion in fewer sessions. Parent report of homework completion rate was not related to changes in child disruptive behavior after controlling for child behavior at baseline. Current study findings reinforce the importance of having parents regularly practice PCIT skills outside of session in order to decrease treatment length and facilitate the acquisition of parenting skills, which may reduce family burdens associated with attending a weekly treatment.

Keywords: parent–child interaction therapy; behavioral parent training; homework compliance; parent skill acquisition

DISRUPTIVE BEHAVIOR PROBLEMS are one of the most common reasons for the referral of children to outpatient and residential mental health treatment centers (Kazdin, 1995; Silverthorn & Frick, 2001), and effective treatments are often difficult to access (Dodge, 2009). Children with disruptive behavior disorders are at risk for other mental health disorders, criminal activity, financial difficulties, occupational difficulties, and substance abuse in adulthood (Fergusson, Horwood, & Ridder, 2005; Mannuzza, Klein, & Moulton, 2008; Nock, Kazdin, Hiripi, & Kessler, 2007; Reef, Diamantopoulou, van Meurs, Verhulst, & van der Ende, 2011).

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Fortunately, behavioral parent training is an effective treatment to address disruptive behavior disorders in children (Maughan, Christiansen, Jenson, Olympia, & Clark, 2005).

Parent–Child Interaction Therapy (PCIT) is a short-term behavioral parent training program empirically demonstrated to improve child disruptive behavior (Eyberg, Nelson, & Boggs, 2008; Nixon, Sweeney, Erickson, & Touyz, 2003). PCIT emphasizes parental acquisition of relationship-enhancement and behavior management skills through repeated measurement of parental skills and therapist "coaching" of the parent during interactions with his or her child (Eyberg & Funderburk, 2011, p. 44). The first phase of treatment, Child-Directed Interaction (CDI), focuses on increasing positive parent–child interactions and parental selective attention to appropriate child behavior. The second phase of treatment, Parent-Directed Interaction (PDI), focuses on effective commands, consistent follow through, and time-out to increase compliance with instructions and rules. Families graduate from treatment when parents have met mastery criteria as measured by a behavior observation system for targeted parenting skills, and report child disruptive behavior to be "within normal limits" on a standardized parent-report questionnaire. Disruptive behavior "within normal limits" indicates that the frequency and number of disruptive behaviors is within one standard deviation of the mean.

Differences exist between PCIT provided within the community and PCIT efficacy trials. Community therapists implementing PCIT report treatment lengths that vary from 10 to 38 sessions with an average of 17 sessions (Abrahamse et al., 2012; Lanier et al., 2011), while PCIT efficacy trials are typically session-limited (typically 12 sessions; Ros, Hernandez, Graziano, & Bagner, 2016). Understanding factors that increase the efficiency with which parents acquire skills is particularly valuable for clinicians who provide PCIT using graduation criteria based on parent mastery of skills and child behavior improvements. That is, PCIT efficacy trials may not give community providers information about how to tailor treatment to reduce the overall length of traditional, mastery-based PCIT. For example, a recent PCIT efficacy study indicated that parents on average did not meet mastery of CDI skills at posttreatment (Ros et al., 2016). Further, many PCIT community clinicians do not have materials available to them above and beyond the PCIT protocol (e.g., coding sheets, handouts, homework sheets) and measures of the child's disruptive behaviors to guide treatment. Many PCIT efficacy trials are limited to restrictive well-defined samples of children (e.g., oppositional-defiant disorder, physically abusive parents), whereas community PCIT providers may conduct PCIT with children with a wider variety of presenting and/or comorbid problems (e.g., children at risk for physical abuse, children with disruptive behavior problems and comorbid developmental or medical concerns). Therefore, in order to address the needs of community-based clinicians, it is important to examine diverse samples of children and the materials utilized by community-based clinicians to determine if these resources can help guide treatment success or efficiency within community settings. One way to do this is to examine homework completion rates within PCIT, as this information is readily available to community PCIT clinicians. That is, if parent-reported rates of homework completion impact treatment processes and/or outcomes, PCIT therapists may be able to utilize this information to better tailor treatment to families within community settings.

Behavioral homework, a common component of behavioral parent-training programs, is designed to help parents learn effective strategies to manage the child's behavior in the natural environment (O'Dell, 1974). Homework can take the form of written, verbal, or behavioral activities to complete between sessions (Kaminski, Valle, Filene, & Boyle, 2008). Homework is designed to promote parental skill acquisition, which has been shown to predict improvement in child externalizing behavior (Ogden & Hagen, 2008). During PCIT, parents are given weekly homework assignments for which they are asked to practice skills acquired in session for 5–15 minutes each day. Differences between parents in the acquisition of skills may partially explain differential rates in the length of PCIT services (Lindheim, Higa, Trentacosta, Herschell, & Kolko, 2014), and completion of between-session homework assignments may contribute to parental skill acquisition in PCIT.

Initial studies of PCIT homework completion rates suggest that there is significant variability in the frequency with which parents report practicing learned parenting strategies at home. In a small sample of urban, low-income mothers who participated in PCIT in a community clinic, Lyon and Budd (2010) found that mothers reported completing CDI homework on 62.7% of days, and PDI homework on 39.1% of days. In a recent study with a similar sample, parents reported completing 0% to 86% of assigned homework, and rates of homework completion varied significantly between mothers and fathers (Danko, Brown, Van Schoick, & Budd, 2015). Additionally, parents who completed treatment were more likely to complete