

# Parent Training for Children With or at Risk for Developmental Delay: The Role of Parental Homework Completion

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This study investigated the extent to which parental homework completion during behavioral parent training (BPT) for children with or at risk for developmental delay contributed to parenting and child outcomes. Parents of 48 children ( $M_{\text{age}} = 44.17$  months,  $SD = 14.29$ ; 73% male; 72% White) with developmental delay ( $IQ < 75$ ) or at risk for developmental delay (due to premature birth) with co-occurring clinically elevated externalizing behavior problems received Parent-Child Interaction Therapy (PCIT) as part of two previously completed randomized controlled trials. Parental homework completion was measured using parental report of home practice of treatment skills collected weekly by therapists. Parents also reported on child externalizing behavior problems and levels of parenting stress, while parenting skills were observed during a 5-min child directed play and child compliance was observed during a 5-min cleanup situation. Results indicated that higher rates of parental homework completion predicted parenting outcomes (i.e., increased positive parenting skills and decreased levels of parenting stress) and child outcomes (i.e., lower levels of externalizing behavior problems). Additionally, although limited by temporal precedence, there was an indirect effect of reductions in parenting stress on the negative association between parental homework completion and child externalizing behavior problems. These findings high-

light the importance of parents practicing skills learned during BPT for optimizing treatment outcome. Parenting stress was also identified as a potential mechanism by which high levels of parental homework completion contributed to reductions in child externalizing behavior problems.

*Keywords:* Parent-Child Interaction Therapy; homework; externalizing behavior problems; developmental delay; parenting stress

EXTERNALIZING BEHAVIOR PROBLEMS, including aggression, defiance, impulsivity, and hyperactivity, have been found to be among the most common difficulties for young children, with prevalence rates ranging from 15% to 30% (Upshur, Wenz-Gross, & Reed, 2009). Externalizing behavior problems are especially common in children with developmental delay and intellectual disability, as they are three to four times more likely to present with clinically significant behavioral problems (Baker, Blacher, Crnic, & Edelbrock, 2002; Dekker, Koot, van der Ende, & Verhulst, 2002). In addition to impairments typically associated with developmental delay (e.g., delayed language, difficulties learning), children with co-occurring behavior problems experience a host of additional negative outcomes attributed to behavior problems (Baker et al., 2002; Baker et al., 2003). For example, children with intellectual disability and comorbid attention-deficit hyperactivity disorder (ADHD) are at increased risk for other forms of psychopathology, academic impairment, and deficits in social functioning when compared to children with intellectual disability without ADHD (Pearson et al., 2000). Despite the negative outcomes associated with

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behavior problems among children with developmental delay, a growing body of research has demonstrated that behavioral parent-training (BPT), an evidence-based treatment for young children with externalizing behavior problems (Eyberg, Nelson, & Boggs, 2008; Pelham & Fabiano, 2008), is effective for children with developmental delay and comorbid behavior problems (Bagner & Eyberg, 2007; McIntyre & Abbeduto, 2008; Roberts, Mazzucchelli, Studman, & Sanders, 2006).

Despite the evident benefits of BPT, parental adherence presents a significant challenge for the attainment and maintenance of treatment gains. In the case of BPT, treatment adherence broadly refers to the enactment of therapist-prescribed behaviors performed by parents within or between sessions in order to produce favorable treatment outcomes (Nock & Ferriter, 2005). Parental homework completion, which refers to parental practice of treatment skills outside of treatment, is often conceptualized as a measure of treatment adherence. BPT programs typically include parental homework assignments that involve regular practicing of specific skills learned in treatment in between sessions (Kazantzis, Deane, Ronan, & L'Abate, 2005). Homework completion has often been used as a proxy for parental adherence to treatment and is positively associated with session attendance (Clarke et al., 2013). However, given previous findings demonstrating that homework completion is a stronger predictor of treatment response compared to session attendance (Clarke et al.; Nix, Bierman, McMahan, 2009), it has also been conceptualized as a measure of quality of parental treatment adherence (Baydar, Reid, & Webster-Stratton, 2003; Nix et al., 2009). Current research on homework completion, however, is limited to prevention efforts for low-income populations and treatments for behavioral problems among typically developing children. To our knowledge, no study has examined the effect of homework completion in parent training on reducing behavior problems in children with developmental delay.

In addition to the lack of research on the effect of homework completion in parent training for children with developmental delay, it is important to consider differences among BPT interventions, such as the extent to which skills are practiced during treatment sessions. Given previous research showing that in-session practice and coaching are beneficial components of BPT (Kaminski, Valle, Filene, & Boyle, 2008), it may be especially valuable to examine the additive effects of homework completion in Parent-Child Interaction Therapy (PCIT), a BPT program for young children with disruptive behavior disorders that incorporates the practice of parenting skills through live coaching during sessions

(Eyberg et al., 2008). Only one study to date has examined the role of homework during PCIT and found that in a community sample, families that dropped out of treatment were less likely to complete homework, cancel, or no-show more frequently to sessions, and reported more barriers to treatment participation (Lyon & Budd, 2010). This study, however, did not examine whether homework completion affected child outcomes, parenting skills, or parenting stress, but rather examined homework completion as an outcome.

While previous work suggests homework completion to be an indicator of treatment adherence, active participation in the form of homework completion may also serve as an important mechanism by which BPT interventions reduce child problem behaviors. Indeed, Kling and colleagues (2010) found that within the context of BPT, homework completion mediates changes in conduct problems, such that parents who received an enhanced BPT intervention completed more homework than parents receiving a standard BPT intervention, which resulted in larger decreases in conduct problems (Kling et al., 2010; Tynan, Chew, & Algermissen, 2004). The mediating effect of homework completion may be due to increases in positive and supportive parenting practices (Baydar et al., 2003), which are typically targeted in treatment. Taken together, these findings highlight parents as the agents of change for reducing children's behavior problems, with active homework completion providing an avenue for parents to hone in on parenting strategies learned in BPT. However, it is unclear as to which mechanisms may explain the effect of homework completion on treatment response.

Despite the aforementioned benefits of parental homework completion, parents from high-risk samples report a host of barriers to homework completion (Chacko, Anderson, Wymbs, & Wymbs, 2013). One key factor that may be associated with barriers to homework completion is parenting stress, which has also been implicated as a predictor of treatment dropout (see Reyno & McGrath, 2006, for a review) and is especially high in parents of children with developmental delay (Baker et al., 2002, 2003). Although numerous studies have shown that BPT interventions are effective at reducing parenting stress (Anastopoulos, Shelton, DuPaul, & Guevremont, 1993; see Chronis, Chacko, Fabiano, Wymbs, & Pelham, 2004, for a review; Pisterman et al., 1992), research is limited in identifying how stress may serve as a potential mechanism by which homework completion affects treatment outcomes.

Previous research has demonstrated links between parental treatment adherence and parenting self-efficacy (Mah & Johnston, 2008), which also has

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