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Parenting Skills and Parent Readiness for Treatment Are Associated With Child Disruptive Behavior and Parent Participation in Treatment

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Parent management training programs for parents of children with disruptive behaviors are efficacious treatments; however, in order to maximize efficiency it is necessary to develop approaches to understand which parents are most likely to participate in treatment. Accordingly, the present study used a person-centered methodology to determine clinically relevant parenting profiles that capture the breadth of parents' readiness to engage in parenting treatment, and their self-reported parenting skills. Further, identified profiles were compared on the severity of children's behavior problems and used to predict participation in parent management training. One hundred and forty-three parents completed assessments at an urban children's mental health clinic. Parents were given measures to assess personal readiness to participate in parenting treatment, parenting skills, and child behavior. A subset of these parents participated in parent management training. Three profiles emerged that differed in parents' treatment readiness and level of skills. Forty-one percent of parents were classified as "ready." They showed relatively higher rates of inconsistent discipline, but also somewhat higher levels of positive parenting. Thirty-nine percent of parents were classified as "less in need." These parents reported relatively less inconsistent discipline and poor supervision skills and greater positive parenting. Finally, approximately 20% of parents were classified as "almost ready." They showed high levels of inconsistent discipline and poor supervision skills, and low levels of positive parenting. Almost ready and ready parents reported the most problems with their children's behavior. Further, parents classified as less in need participated in the fewest treatment sessions. Consideration of parent readiness and skills, in addition to symptom severity, may inform clinical decision making and screening procedures.

Keywords: child disruptive behavior disorders; parent management training; readiness for treatment

PARENT MANAGEMENT TRAINING PROGRAMS for parents of children with disruptive behavior are widely used and efficacious interventions (Lochman & Wells, 2004; Markie-Dadds & Sanders, 2006; Webster-Stratton & Reid, 2003). Rooted in behavioral and social learning theories, these interventions help parents develop specific skills in order to better

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manage their child's challenging behavior and build behavioral competencies (Kazdin, Siegel, & Bass, 1992). Although widely used, these interventions are not satisfactory for many parents (Mendez, Carpenter, LaForett, & Cohen, 2009; Miller & Prinz, 2003). A large proportion of parents choose not to participate in these treatments, and those who do show concerning rates of dropout (Frankel & Simmons, 1992; Kazdin & Wassell, 2000). Although effective for many, it is imperative that strategies be developed to better understand which parents are most and least likely to participate in parenting treatment, in order to develop intervention approaches that best engage these parents.

To date, a limited number of studies have examined variables that predict parental participation in group treatment (Mendez et al., 2009; Nock & Ferriter, 2005). The majority of these have focused on barriers to access that include logistical factors such as transportation, lack of available time, responsibility for other children, and other important factors (Cunningham et al., 2000; Kazdin, Holland, & Crowley, 1997). Others have focused on parental variables, such as parental cognitions and mental illness that predict engagement and participation in group or parent–child mental health treatment (Morrissey-Kane & Prinz, 1999). Reducing barriers has been shown to improve parent attendance in interventions (Nock & Kazdin, 2005; Shepard, Armstrong, Silver, Berger, & Seifer, 2012).

From a clinical service perspective, the need for more efficient and effective approaches for decision making is relatively clear. Children's mental health clinics are increasingly challenged by greater demands for services with diminishing resources (Lin, Goering, Offord, Campbell, & Boyle, 1996). Efficient and effective methods for screening, assessment, and treatment are necessary to maximize client benefits while minimizing costs. Group-based parent interventions provide a structured and cost-effective approach to treatment (Van De Wiel, Mathys, Cohen-Kettenis, & Van Engeland, 2003; Webster-Stratton, Hollinsworth, & Kolpacoff, 1989). Although a wide array of evidence-based parent management interventions exist, most can be distilled to a set of core behavioral and skills-development components (Chorpita, Becker, & Daleiden, 2007; Kazdin, 2011). These include positive parenting approaches (e.g., play-based, praise), strategies to build consistent parenting (i.e., natural and logical consequences, communication strategies, reinforcement schedules), and strategies for authoritative parenting (i.e., time-out, removal of privileges, response–cost programs). Other programs also target adjunctive parental cognitions that influence behaviors (Lochman & Wells, 2004; Markie-Dadds & Sanders, 2006). Although somewhat flexible in their application, parent interventions include a set of skills-building modules in a prescribed order.

Parents who present with their children for treatment show a range in experiences and skills. Given this, it is quite unclear whether this pretreatment heterogeneity is well suited to a structured approach to treatment (Nock & Ferriter, 2005; Shepard et al., 2012). Parents recommended for group-based treatments may vary considerably in their understanding of effective parenting strategies and in their ability to implement these approaches. As such, parents may feel more or less suited to an intervention that requires a multiweek commitment and skills-based discussion. Moreover, parents may not share the clinician's belief that their skills are in need of bolstering. As such, parents may show variability in their readiness to engage in group treatment and have a different perception of their readiness for treatment than the clinician (Cunningham et al., 2000; Kazdin & Wassell, 2000), which may contribute to decisions not to participate in treatment or to drop out early.

To the clinician's dismay (and possible frustration), many parents choose not to engage in evidence-based parenting groups, or choose not to continue once treatment has begun (Nock & Ferriter, 2005). However, the factors that most determine a parent's willingness to participate in treatment are still unclear. Elucidating these factors may contribute to refined approaches to fit parents with a suitable treatment, rather than a general approach in which all parents are recommended a single evidence-based treatment (regardless of their level of skills and beliefs). Client-centered approaches to treatment selection and engagement may contribute to better outcomes (Nock & Kazdin, 2005; Shepard et al., 2012).

Transtheoretical Model and Parent Readiness for Parenting Treatment

Although not well understood with respect to parenting interventions, much research has applied health-belief and decision-making models to better understand client engagement in other domains of health care (DiClemente, Schlundt, & Gemmell, 2004; Prochaska, DiClemente, & Norcross, 1992; Siqueira, Rolnitzky, & Rickert, 2001). These models attempt to clarify the factors that predict a client's readiness to participate in an intervention, with consideration of personal, family, environmental, and social factors. One well-established model of health-related beliefs that predicts client engagement in treatment is the transtheoretical model (Prochaska et al., 1992). Since its inception, this model has been tested with a variety of health populations, including diabetes education and treatment, smoking cessation