Aggression and Violent Behavior 14 (2009) 295–305

Contents lists available at ScienceDirect

Aggression and Violent Behavior

# Parent management training for reducing oppositional and aggressive behavior in preschoolers

Erica S. Pearl *

*Cincinnati Children's Hospital Medical Center, Mayerson Center for Safe and Healthy Children, 3333 Burnet Avenue, MLC 3008, Cincinnati, Ohio 45229-3039, United States*

ARTICLE INFO

*Article history:*
Received 16 September 2008
Received in revised form 13 March 2009
Accepted 13 March 2009
Available online 26 March 2009

*Keywords:*
Parent management training
Child behavior problems
Oppositional and conduct disorder

ABSTRACT

This article provides an overview of parent management training (PMT) for preschool-age children with aggressive and oppositional behaviors. Assessment strategies and basic concepts of PMT are provided. Theoretical underpinnings and research outcomes are highlighted for some variations of PMT programs that have strong empirical support. These programs include Helping the Noncompliant Child, Parent–Child Interaction Therapy, Incredible Years Training Series, Triple P-Positive Parenting Program, and Oregon Early Intervention Foster Care.

© 2009 Elsevier Ltd. All rights reserved.

**Contents**

1. Introduction . . . 295
2. Parent management training-Oregon Model (PMT)/Living With Children . . . 296
3. Overview of the assessment process for parent training . . . 296
4. Overview of key components in parent management training . . . 297
5. Variations of parent management training . . . 298
   5.1. Helping the Noncompliant Child . . . 298
   5.2. Parent–Child Interaction Therapy . . . 298
   5.3. Incredible Years Training Series . . . 299
      5.3.1. The parent program . . . 299
      5.3.2. The child training program . . . 299
      5.3.3. The Teacher Training program . . . 300
   5.4. Triple P-Positive Parenting Program . . . 300
      5.4.1. Level 1 . . . 300
      5.4.2. Level 2 . . . 300
      5.4.3. Level 3 . . . 301
      5.4.4. Level 4: (intensive parenting skills training) . . . 301
      5.4.5. Level 5: enhanced Triple P (family intervention) . . . 301
   5.5. Oregon Early Intervention Foster Care . . . 301
   5.6. Cost effectiveness of parent management training . . . 302
6. Summary . . . 303
References . . . 303

## 1. Introduction

Over 20 million children under the age of 5 reside in the United States (US Bureau, 2007). Parents who have raised a young child can usually relate quite easily to other parents when stories are told about recent tempter tantrums, constant whining, hitting siblings, and refusing to listen. Diagnosing preschool-age children with disruptive behavior disorders has been a source of controversy. Some experts believe that disruptive behaviors in young children should not be pathologized because aggressive, destructive, and defiant behaviors are thought to be common and developmentally normative in the preschool period (Kim-Cohen et al., 2005). Regardless of whether children meet a formal

* Tel.: +1 513 636 1734; fax: +1 513 636 0204.
*E-mail address:* erica.pearl@cchmc.org.

1359-1789/$ – see front matter © 2009 Elsevier Ltd. All rights reserved.
doi:10.1016/j.avb.2009.03.007

diagnosis or whether it is believed they will outgrow these symptoms, an entire family may be negatively affected by these behaviors. There are various opinions of how to discipline children who are having behavior problems, and parents tend to use similar parenting strategies they themselves received in childhood (Chen & Kaplan, 2001; Putallaz, Costanzo, Grimes, & Sherman, 1998). However, during this age of technology, many parents have relied on getting advice for dealing with challenging behavior from the internet or popular reality television programs, such as Supernanny and Nanny 911. The average television viewer most likely could point out mistakes parents are making as these programs often show extreme examples of ineffective discipline the “Supernanny” will change. However, some of the most effective parenting strategies are not always intuitive. And, parents who actually go to seek professional help will not necessarily get advice that is grounded in research.

## 2. Parent management training-Oregon Model (PMT)/Living With Children

Parent management training (PMT) refers to treatment procedures in which parents are trained to alter their child's behavior at home. The procedures are based on social learning principles that are used to develop positive, prosocial behaviors, and to decrease deviant behaviors (Kazdin, 1997). Although development of PMT can be traced to many influences, B.F. Skinner's theory of operant conditioning and Patterson's research on the role of inept discipline practices on child aggression have provided some of the main theoretical underpinnings of PMT (Kazdin, 1997). Developed at the University of Oregon in the early 1960s (Patterson, Reid, & Eddy, 2002), parent training programs based on Patterson and Guillion's (1968) *Living With Children* teach parents basic behavior principals to modify their child's behavior (Brestan & Eyberg, 1998). Parents learn how to positively reinforce behaviors they want to see more frequently and also learn how to be aware of how they can accidentally reinforce children to do things they do not like (Patterson & Gullion, 1968).

Parent management training (PMT) has been evaluated in scores of randomized controlled outcome trials with children ranging in age from 2–17 (Kazdin, 1997) and has produced some of the most impressive research results on treatment efficacy of disruptive behavior disorders, with one-third to two-thirds of children typically showing clinically significant improvement (Kronenberger & Meyer, 2001) (p103–106). This treatment was reported to have met the very stringent criteria for a “well-established” treatment for disruptive behaviors in two meta-analyses (Brestan & Eyberg, 1998; Eyberg, Nelson, & Boggs, 2008). In the Oregon Model of PMT, therapists often meet individually with the parents of children in the 3–12-year-old range, and the length of time in treatment varies, averaging 10–17 one-hour sessions (Eyberg et al., 2008).

## 3. Overview of the assessment process for parent training

Parent management training (PMT) programs begin with an assessment of symptoms and current functioning, with continued monitoring of these symptoms throughout treatment. Thorough assessment of both child behavior and parenting skills can aid in treatment planning and also be used to monitor treatment effects (Hupp, Reitman, Forde, Shriver, & Lou Kelley, 2008). Careful specification of the problem is essential for evaluating whether the program is achieving the desired goals. Ongoing assessment may be every session, every other session, or some other regimen that allows one to see any patterns or trends over time (Kazdin, 2005a,b). In the assessment stage, the therapist typically administers parent-report and teacher-report measures and a clinical interview. Some commonly used measures include the following:

1) Eyberg Child Behavior Inventory (ECBI). The ECBI is a 36-item parent-report measure designed to assess disruptive behavior exhibited by young children (Eyberg & Pincus, 1999). The Sutter-Eyberg Behavior Inventory is a teacher-report measure designed as a companion measure to the ECBI to measure conduct problems in the classroom (Funderburk et al., 1998).
2) Child Behavior Checklist (CBCL). The CBCL is a 99-item instrument used to assess internalizing and externalizing problems. Parent-report, teacher-report, and youth self-report versions are available (Achenbach, 1991,1992).
3) Parenting Stress Index (PSI). The PSI is a parent-report measure inventory designed to identify parent–child dyads who are experiencing stress and are at risk of developing dysfunctional parenting and child behavior problems (Abidin, 1990).
4) Parent Daily Report (PDR). The PDR is a 34-item parent observation measure that is typically administered during brief telephone interviews. Parents are asked which problem behaviors have occurred in the last 24 h (Chamberlain & Reid, 1987; McMahon & Frick, 2005).

Because questionnaires are limited by reporter bias and recall, direct-observation systems have been developed which are less susceptible to some of the threats to reliability and validity inherent in self-report and parent-report measures (Hupp et al., 2008). There is a variety of coding systems, developed for use in both natural and structured observational settings. Two widely-used, structured, observation procedures available for assessing parental interactions with younger children in the clinic and in the home are the Behavioral Coding System and the Dyadic Parent–Child Interaction Coding System (DPICS) (McMahon & Frick, 2005). These systems place the parent–child dyad in standard situations that vary in the degree to which parental control is required, ranging from a free-play situation to one in which the parent directs the child's activity, either in the context of parent-directed play or in cleaning up the toys (McMahon & Frick, 2005). The Behavior Coding System (BCS) (Forehand & McMahon, 1981) is an observational system for use during both parent and child-directed play situations. During the “Child's Game,” parents are instructed to let their child play whatever he or she would like for 5 min, and parents play along. During the “Parent's Game,” parents are instructed to direct a 5-minute interaction with their children. During the observation, parent behaviors, such as commands, warnings, questions, attending, rewarding, and time-out, are coded. Children's compliance and other behaviors are also coded. Other than instructing parents to direct the interaction, the Parent's Game is a relatively unstructured situation, and modifications have been made to increase structure (Forehand & McMahon, 1981).

The DPICS is a behavioral observation system designed to assess the quality of parent–child social interactions (Eyberg & Robinson, 1983). The DPICS observations are conducted in three standard parent–child interaction situations (child-led play, parent-led play, clean-up), in which verbalization, vocalization, and physical behavior categories are coded for both child and parent (Eyberg, 2005). Clinicians and researchers have often used the DPICS to guide treatment and evaluate change in Parent–Child Interaction Therapy and other parent training interventions for young children with disruptive behavior (e.g., The Incredible Years).

Additionally, Brumfield and Roberts (1998) developed the Home Task Analogue and the Clinic Task Analogue, both of which use the BCS during clean-up tasks at the home and clinic. During the Home Task Analogue, parents disperse toys in 20 locations and instruct their child to clean up the toys. Similarly, during the Clinic Task Analogue parents instruct their children to place toys in containers (Hupp et al., 2008). Roberts and Powers' (1988) Compliance Test evaluates a child's

Download English Version:

https://daneshyari.com/en/article/94876

Download Persian Version:

https://daneshyari.com/article/94876

Daneshyari.com