Title: Increasing Parenting Self-Efficacy and Positive Parenting Behaviors in Parents of Children with DD after Enhanced Behavioral Parenting Training

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Introduction: Children with developmental delays (DD) have higher rates of behavior problems than their typically developing peers (Baker, Blacher, Crnic, & Edelbrock, 2002; Simonoff et al, 2008). Parents of children with higher levels of behavior problems have reported lower feelings of self-efficacy in their ability to handle those problems and manage their child in stressful settings (Sanders & Woolley, 2005). Additionally, parents of children with DD often report higher levels of parenting stress than parents of typically developing children; elevated parenting stress has been correlated with increased child behavior problems, which in turn have been shown to increase parenting stress (Baker et al., 2003). Elevated parent stress has also been associated with the use of more controlling, harsh parenting behaviors (Karrass, Van Deventer, & Braungart-Riker, 2003; McLoyd, 1990), which may worsen child problem behaviors (Shawler & Sullivan, 2017). Behavioral parent training (BPT) programs may be effective in addressing these concerns. Specifically, BPT has been shown to help increase the quality of parent-child interactions, particularly when handling challenging behaviors (Forehand & McMahon, 1981; Patterson, 1982). Previous research suggests that parents’ high stress levels reduce their ability to implement the parenting techniques they learn in the BPT intervention (Strauss et al., 2012). However, by enhancing an established BPT program with an added stress reduction component, parents may be able to more effectively manage challenging behaviors. In the current study, we aim to determine the effectiveness of BPT enhanced with mindfulness (BPT-M) versus BPT enhanced with psychoeducation (BPT-E) in improving parent task-specific self-efficacy and in improving parenting behaviors.

Method: We used data from the pilot study of the Partnerships in Research for Optimizing Parenting (PRO-Parenting) project. This study was done at Loma Linda University with 27 parents of young children, ages 3 to 5, with DD. The PRO-Parenting project was a 16-week randomized control trial examining the efficacy of an enhanced BPT intervention in reducing parenting stress and behavior problems in children with DD. Parents were randomly assigned into one of two groups to receive either 6 weeks of Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1990) or psychoeducation, followed by 10 weeks of BPT. The BPT has been adapted from the original The Incredible Years Program to better fit the needs of young children with DD (McIntyre, 2008). Our analyses examined data collected at baseline and post-intervention. The Parenting Tasks Checklist was used to measure parenting self-efficacy for handling challenging behaviors (PE-B) and for handled interesting behaviors in specific settings (PE-S; Sanders & Woolley, 2001). We measured parenting behavior with the Parenting Practices Inventory (Incredible Years, 2015), a self-report measure of parenting with subscales of appropriate discipline, harsh and inconsistent discipline, positive verbal discipline, monitoring, physical punishment, praise and incentives, and clear expectations (Incredible Years, 2015).

Result: We conducted 2x2 mixed-design ANOVAs to examine whether there were differential effects of the two enhanced BPT groups (BPT-M and BPT-E) on parental efficacy and parenting practices from baseline to post-treatment. Results indicated that the Treatment Group x Time interaction marginally predicted PE-B (p = .066) and PE-S (p = .099). Specifically, PE-B increased from baseline (M = 64.64, SD = 18.90) to post-treatment (M = 77.03, SD = 14.81) for those in the BPT-M group, whereas PE-B decreased slightly from baseline (M = 66.12, SD = 16.23) to post-treatment (M = 62.21, SD = 19.93) for the BPT-E group. Similarly, PE-S increased from baseline (M = 74.86, SD = 18.09) to post-treatment (M = 82.66, SD = 11.25) for the BPT-M group, whereas PE-E remained relatively stable from baseline (M = 73.78, SD = 14.14) to post-treatment (M = 73.24, SD = 15.56) for the BPT-E group. Additionally, results indicated that parents from both intervention groups reported significant increases in parenting practices related to Positive Verbal Discipline (p < .05) and Praise and Incentives (p < .001). There were no significant changes across time for other parenting practices (p > .05).

Discussion: Our results indicate that BPT enhanced with mindfulness increases parenting SE-B and SE-S among parents of children with DD. This increase in parent self-efficacy for dealing with challenging behaviors in the BPT-M group may speak to added benefits of targeting stress reduction before participation in the BPT program. Both groups had significant increases in positive parenting behaviors from pre- to post-intervention, which is to be expected for a BPT program that highlights positive parenting skills. Additional cohorts will address concerns of insufficient sample size, reliance on self-reported data, and maintenance of positive effects over time. Future studies should look at the relationship between parenting behaviors and parenting self-efficacy in promoting positive child outcomes.
Estimated Marginal Means of PE-B

Estimated Marginal Means of PE-S
References/Citations:


