

Group-based parent training program “Ten steps towards improving behaviour” as tool for preventing mental health problems in children

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Abstract

Preschool and early-school children with behaviour problems pose an ongoing challenge to child mental health services, as they are at an increased risk of poor outcome. Parent training programmes have been shown to be the most cost-effective evidence-based interventions for treating behavioural disorders in children under the age of 8 years. Group-based parenting programmes despite being highly effective are not available as a treatment option within the Greek public health sector. The understaffing of the public mental health services of children and adolescents in Greece of the economic and social crisis makes it imperative to provide cost-effective evidence-based intervention for the timely treatment of behavioural problems in pre-school and early school age. Under the circumstances of constrained capacity of our clinical service to cope with the steadily increasing number of parents seeking help for their young children presenting with behaviour problems, we acknowledged a pressing need to develop a group-based parent training programme, so that more parents could access treatment within a reasonable time-frame. Thereof, drawing on existing literature from the parent training field and the empirical evidence of content and delivery components that are important for better child and parent outcomes, we developed a manual-based treatment protocol aiming at improving quality of the parent-child relationship and developing parental skills for managing challenging behaviours while promoting pre-social behaviours in young children. Our parent training programme is based on the basic principles of applied behavioral analysis, social learning theory, relationship-focused therapies, and collaborative problem solving.

The philosophy of the structured ten-session parenting programme with examples of experiential activities will be briefly presented. Given the encouraging preliminary results from the open trial clinical study, the possibility of using it in clinics and community settings as a useful treatment or primary prevention tool will be discussed.

Key words: parent training, parenting programs, pre-school, child, behaviour problems

Introduction

Disruptive behaviour disorders in childhood and adolescence represent the most common cause of referral to child and adolescent mental health services. Behavioural disorders during preschool period may be expressed in the form of any of diverse pattern of negative behaviours, ranging from frequent and intense temper tantrums and anger outbursts to markedly defiant, disobedient and disruptive, hyperactive and impulsive behavior, and to the more extreme forms of aggression and antisocial behavior¹. Epidemiological studies indicate that 7-15% of preschool population shows mild to severe behaviour problems², whereas in clinical samples approximately 25% of pre-school aged children meet the diagnostic criteria for some type of behavioural disorder, such as Attention Deficit and Hyperactivity Disorder (ADHD), Oppositional-Defiant Disorder, or Conduct Disorder^{3,4}. The comorbidity between the above disorders is high⁵. Of preschool-aged children diagnosed with behavioural disorder, more than 50% continue to meet the diagnostic criteria of some kind of behavioural disorder in middle childhood adversely and seriously impacting on their everyday functioning⁶. Longitudinal studies indicate that conduct disorder is relatively stable over time and that those with an earlier onset (under 10 years of age) have worse prognosis than those who develop such problems in adolescence^{7,8}. Certain parenting styles have been consistently shown to have a direct effect on child's behaviour and psychosocial development. Parenting that is characterised by warmth and involvement in the context of clear, consistent and reasonable limit setting and control, is associated with higher levels of child competence and pro-social behaviour, whereas parenting characterised by arbitrary, inconsistent and harsh limit setting is associated with aggressive and explosive behaviour in the child. As parenting practices have been identified as rel-

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evant aetiological and mediating factors in the development and maintenance of childhood behavioural disorders, there has been considerable interest in the use of parenting programmes as a form of prevention and treatment. A wide range of parent training (PT) programmes for prevention and treatment of behavioural problems in young children have been developed and evaluated with regards to their short- and long-term effectiveness in reducing young children's levels of aggression and non-compliance. Although parenting programmes are widely recognized as the most successful intervention in addressing early-onset conduct problems⁹ and are recommended as the first-line treatment¹⁰, only a minority of young children with disruptive behaviour problems are likely to receive this evidence-based treatment within the community child and adolescent mental health services¹¹.

What are parenting programmes?

Parent training originated in the U.S.A. in the 1960s and drew on two traditions: (a) the behavioural learning theory, which included operant and social learning¹², and (b) non-directive play therapy (as proposed by Hanf¹³), which significantly influenced the development of well-known PT programmes for the management of non-compliance and aggression in young children, aged 3-8 years^{14,15,16,17,18}. These programmes entail direct coaching of the parent aiming at changing parents' behaviour towards their children in order to establish better control over challenging behaviours. The theoretical basis of these programmes is informed by extensive empirical research and developmental perspective. Some incorporate elements from other psychotherapeutic approaches. Besides parenting programmes based on social learning theory there is also a range of non-behavioural or "relationship" programmes; e.g. humanistic, psychodynamic, transactional analysis, and family systems theory. Programmes underpinned by Adlerian theory, for example, emphasize helping parents to understand children, the ways in which children think, and the reasons or motives for their behaviour, while programmes based on family systems theory aim to help parents understand their own behaviour and that of other family members, and to locate the problem behaviour of children within the context of relationships at home and at school¹⁹.

Effective parenting programmes put emphasis on promoting sociable, self-reliant child behaviour and calm parenting, which is seen as a set of skills to be deployed in a relationship. Besides training parents in using social-learning and behavioural principles, most parenting programmes focus on teaching parents how to develop problem-solving and conflict resolution skills, and pro-social behaviours in their young children. The PT programmes use direct and collaborative approach to address parenting skills, through acknowledging parents'

feelings and beliefs, and making constant reference to parent's own experience and predicament.

Most basic parenting programmes take 8-12 sessions, lasting 2-2 ½ hours each; present structured sequence of topics, which are introduced in a set order. The curriculum includes play, praise, rewards, setting limits and discipline. Homework is set to promote generalization. Detailed manual is available to enable replicability. With regards to format delivery, strong efforts are made to engage parents, through practicing new skills/approaches during session and through homework.²⁰

To date, a variety of PT programmes are available, but the most empirically supported parenting interventions are: (a) Helping the Noncompliant Child (HNC) delivered in individual families (with parent/-s and the child) rather than in groups²¹, (b) the Incredible Years (IY) parenting program that includes Group Discussion Videotape Modelling^{22,23}, (c) the Parent Management Training - Oregon Model (PMTO)²⁴ delivered in single families or group sessions, (d) the Parent-Child Interaction Therapy (PCIT)^{25,26}, in which parent and child are seen together, and (e) the Triple P-Positive Parenting Program^{27,28}, which includes a multilevel structure to provide parents with varying degrees of intervention, according to the families needs. All the above PT programmes share a common theoretical basis in social learning theory and incorporate behavioural, cognitive, and developmental principles and concepts, as well as relationship-based approaches, aiming at improving parent-child interactions. The efficacy of some of the existing group-based PT programmes has been evaluated cross-culturally, mainly in Anglo-Saxon countries^{29,30,31} and Scandinavian countries^{32,23}.

The parent training programme "Ten steps towards improving behaviour"

Group-based PT parenting interventions despite being highly effective are not available as a treatment option within public child and adolescents mental health services in Greece. Employing evidence-based packaged programme in different cultural and linguistic settings requires, besides the certified training, adaptation that comes from cross-cultural differences in child rearing practices, norms and values³⁴. Taking into account Greece's economic crisis, with rapidly and drastically decreasing public health expenditure affecting seriously mental health services, as well as the scarcity of funding³⁵, a replication study of an existing evidence-based PT programmes, in order to examine its feasibility, acceptability and effectiveness with a Greek population was not considered a viable option. Under the circumstances of constrained capacity of the Community Mental Health Centre of Peristeri with a catchment area of approximately 200,000 young people, under the age of 18 to cope with the steadily increasing number of parents seek-

ing help for their young children with behaviour problems, we acknowledged a pressing need to design a group-based PT programme for use in the clinics, so that more parents can access treatment services within a reasonable time-frame. Thereof, drawing on existing literature from the parent training field^{36,37,38,39} and the empirical evidence of content and delivery components that are important for better child and parent outcomes⁴⁰, we developed a manualised PT programme “Ten steps towards improving behaviour” for Greek parents of young children with behaviour problems presenting to our service. The efficacy of an 8-session and an extended 10-session PT programme were evaluated with 38 parents of 24 children, aged 4-7 years old. The results revealed significant reductions in parent reported child behaviour problems and significant improvement in child psychosocial functioning for both parenting programs, though with better intervention effects for the extended 10-session programme⁴¹, the outline of which is presented briefly.

What is the theoretical base of the PT programme “Ten steps towards improving of behaviour”?

The programme is based on the theoretical model of Cognitive-Behavioural Therapy (CBT); however, it incorporates Adlerian approaches, as in the Parent Effectiveness Training (PET)⁴², humanistic approach as in the Systematic Training for Effective Parenting (STEP)⁴³ and the Parent-Child Game^{21,36}. The primary aim of this programme is to provide a range of clear and practical strategies to help parents develop skills to forming positive relationships and managing child’s challenging behaviours. Recognizing parents’ strengths in working towards positive change is an important component of the intervention. Enhancing their knowledge and understanding of developmental tasks their children face and placing behaviour manifestations into a developmental context is a backbone of the programme. From the first two sessions, the intervention aims to change parental perspective of their child that is to say how they perceive and interpret the child’s behaviour, and to improve parent-child interaction through establishing child-centred activities. By the end of the intervention, parents, through experiential learning, are taught to provide direct, easy-to-understand commands to the child, with clear, consistent repercussions for obedience (e.g. positive reinforcement) and disobedience (e.g. time-out), and to follow a more calm tactic for solving problems (individual and interpersonal).

What is the structure of the programme?

The programme comprises ten 2 to 2 ½ -hour weekly sessions with no break. Its primary goal is skill development. Thereof, the active participation and direct involvement of parents is sought, as it allows the participants, through experiential learning, to process and

gain understanding of the topics covered in each session, and to reflect on their own past experiences that may form their perceptions, beliefs and values, which often reflect intergenerational patterns in their family. The facilitator needs to be able to connect and engage directly and successfully together. One of the fundamental challenges of this programme is to find a balance between providing clear structure and goals, but at the same time being able to respond flexibly and responsively to what the carers themselves bring to the session. The facilitator uses a range of educational techniques, such as short presentation of the key concepts, brain storming, role-play, question-and-answer discussion, and work in pairs or small groups, observation and discussion with an observer. Each session is structured and includes the following components: (a) an opening round followed by an overview of the aims of the day’s session, (b) feedback on home practice focusing on how parents got on with the skills they have been using at home (success or difficulties, what they might have done differently), (c) introduction of new skill or strategy with the use of a variety of teaching techniques, (d) preparation to use new skill/s at home through assigning home practice activities (homework). The sessions are introduced in set order, as each step is built on the previous one. The curriculum includes besides praise, rewards, setting limits and discipline, parenting skills aiming at regulating child’s emotions (i.e., validating, accepting, and expressing feelings, reflective listening, “I” messages, and problem solving skills, modeling problem solving for children, and managing parental negative thoughts and emotions). Parents are also taught how to play with their child in a non-directive way, how to identify and reward children’s pro-social behaviours through praise and positive attention, and how to refrain from using negative words in telling their child what to stop doing (such as don’t, can’t, no, etc.), and avoid criticism and sarcasm. Parents are encouraged to engage in a non-directive play with their child for 20-30 minutes on a daily basis, and practice ignoring negative behaviors that are not serious or harmful.

Detailed manual⁴⁴ is available and serves as a methodological tool for the implementation of the programme. It also enables the replicability of the intervention and evaluation of its effectiveness. It is aimed at mental health practitioners and counsellors, whose psychotherapeutic training is not a pre-requisite. Some may be familiar with the basic behavioural principles or social learning theory concepts but others may not, and that is the reason why the manual provides a detailed description of each session in three corresponding sections. The first section (the theoretical part) provides the theoretical framework for the content of the session, analyzes concepts and topics that parents will work on during the session. The second section (the practical part) outlines the structure and the steps to be followed. In particular, it includes directions to the points that should be highlighted during presentation/demonstration or should emerge through brain storming, discussion in the large group, etc.

It also provides instructions for structured activities (tasks in small groups or pairs, role-play scenarios, vignettes, experiential exercises), through which participants are given the opportunity to process the relevant information, and to practice skills and techniques, in order to achieve a change in their attitude and behaviour towards the child. Indicative times are given for each subsection or activity, in order to ensure that all the objectives of the session are met. The third section includes an auxiliary material aiding the presentation of the session topic. This can be used in different ways, depending on the available means (e.g. posting on the panel, photocopies, Power Point presentation, etc.). The worksheets can be used either for individual or group activities or for homework. In the Appendix, guides for parents, including a list of games and activities, are provided on fostering children's language, attention skills, inhibitory control and enhancing child's school readiness, which can be incorporated in the sessions or be used, according to the needs of the group, in an additional session. The bibliography set out at the end of the book contains key references for those who wish to enrich their knowledge.

What is the role of the group facilitator?

A group of 10-16 parents can be manageable by a facilitator with experience in child behavioural problems and parent counselling. Two facilitators are required for running larger groups but also when the facilitators lack sufficient experience and therapist skills. In any case, regular supervision is considered necessary to ensure adherence to specific components of the model and for developing skills and competence with which the facilitator performs the tasks, in particular if they had no previous experience in CBT type interventions.

Epilogue

Although the effectiveness of the presented PT training programme delivered in our clinical service has been with "no treatment controls", both reduction in negative parenting and improved child outcome, provide some tentative evidence that this program might hold some promise as a cost-effective approach for use with parents of young children with behavior problems presenting to "busy" clinical settings in Greece. The acceptability of the group-format and the content of the intervention were supported by good attendance and completion rates as well as the qualitative feedback provided by the participants at the end of the intervention. Parents reported satisfaction with the quality of service provided by the programme (well organized, structured, interactive, active nature of role play exercises, helpful hand-outs, free of charge) and perceived the group format as an opportunity to normalize parenting experience, to get support and feedback on helpful ideas and

strategies from other parents⁴¹. Previous research has shown that parental subjective perceptions of the usefulness of parenting programs are associated with changes in children's behaviour problems and the parenting sense of competence. Common themes identified from the qualitative feedback were: a better understanding of child's developmental issues and the factors involved in precipitating and perpetuating child's misbehaviour, an improved parent-child relationship, and an improved confidence in their parenting⁴⁵. It needs though to be stressed that parents who attended our PT were motivated to receive help and their parenting difficulties were not related to multiple social problems, marital problems, and serious mental health issues. Dysfunctional families with complex and multiple problems need a more intensive multimodal and multi-level intervention tailored to their specific needs. A parenting skills-training program, incorporating the Parent-Child Game³⁶, which is carried out in a clinic room equipped with a one-way mirror, whereby the therapist from behind the screen and via a microphone to ear-bug link directly coaches or prompts the parent during play in order to shape-up the parent's interaction with their child might be a more powerful approach for families with psychosocial adversities.

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