Assessing Parental Attributes for Success or Failure in Managing Deviant Child Behavior

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INTRODUCTION

- Attention-Deficit Hyperactivity Disorder (ADHD) is estimated to occur in 3% to 5% of school-aged children (American Psychiatric Association, 1994).
- Empirically supported treatments for ADHD include (1) behavior modification, (2) stimulant medication, and (3) the combination of behavior modification and medication (Pelham, Wheel, & Chronis, 1998).
- Inherent in using these interventions is the reliance on parents (among other adult agents) to implement treatment.
- Given this, it is conceivable that parents’ cognitions and attributions about themselves will influence the success of treatment (Hoa et al., 2000).
- There has been wide empirical support for the role of parent attributions as determinants of parenting responses to children (Bugental & Johnston, 2000; Miller, 1995).
- The focus of research has been based on a social-cognitive framework that views, among other things, attributions for one’s own behavior as instrumental in predicting effectiveness of functioning (Dweck & Leggett, 1988).

Methods

- The current study involves 87 parent-child dyads in the 2002 and 2003 Summer Treatment Program (STP).
- The STP (Pelham, Grissom, & Gnagy, 1997; Pelham & Hoza, 1996) is a behavioral treatment program in which evidence-based treatments for ADHD are implemented across recreational and academic settings.
- Children in the STP were randomized to receive in counterbalanced order high behavior modification (HBM), low behavior modification (LBM), or no behavior modification (NBM), each for three-week cycles.
- In addition to manipulating the level of behavior modification, medication was manipulated using a double-blind, placebo-controlled medication assessment (Pelham, 1995).
- Parents attended parent training classes throughout the summer and were taught behavior modification techniques in the evening that corresponded to the differing levels of behavior modification in the STP.

- In this investigation we focus on parents’ use of a home-based daily report card and their attributions for success or failure in managing their child’s behavior.

Measures

- One technique that is taught is the use of a home-based daily report card (DRC). Parents define individual child behaviors in the home setting (e.g. bedtime routine, behavior with siblings, obeying adults).
- Parents reported home DRC percentage daily.
- Parents also rated daily on a Likert scale how successful or unsuccessful they felt they were in getting their child to earn positive marks on their home DRC’s (1 = not at all to 5 = very much)
- Parents also reported how much they agreed with statements of attributions for their child’s successes or failures. This ranged from 0 (not at all true) to 2 (very much true)

Participants

- 87 (77 boys, 10 girls) children and their parents
- Mean age = 9.08 (Range = 5-12)
- 54% Caucasian
- 5% Hispanic
- 15% Comet disorder: 78% comorbid CD or ODD
- Mean total income = $56,321 (Range = 10,000-151,000)

Figure 1: Mean rating of success by medication condition

<table>
<thead>
<tr>
<th>DRG Condition</th>
<th>Mean</th>
<th>S.D. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>placebo</td>
<td>4.84</td>
<td>1.60</td>
</tr>
<tr>
<td>low</td>
<td>5.38</td>
<td>1.33</td>
</tr>
<tr>
<td>medium</td>
<td>5.57</td>
<td>1.37</td>
</tr>
<tr>
<td>hi</td>
<td>5.63</td>
<td>1.31</td>
</tr>
</tbody>
</table>

Note: See source for successful

Figure 2: Mean rating of success by behavior modification condition

<table>
<thead>
<tr>
<th>BM Condition</th>
<th>Mean</th>
<th>S.D. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>no bmod</td>
<td>5.28</td>
<td>1.42</td>
</tr>
<tr>
<td>lo bmod</td>
<td>5.34</td>
<td>1.41</td>
</tr>
<tr>
<td>hi bmod</td>
<td>5.37</td>
<td>1.43</td>
</tr>
<tr>
<td>Total</td>
<td>5.33</td>
<td>1.44</td>
</tr>
</tbody>
</table>

Note: See source for successful

Figure 3: Attributes given by parents who were successful in getting their child to earn positive marks on their home DRC

<table>
<thead>
<tr>
<th>Successful / Not Successful</th>
<th>1</th>
<th>Mean</th>
<th>S.D. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental role</td>
<td>738</td>
<td>1.00</td>
<td>977.86</td>
</tr>
<tr>
<td>Responsibility</td>
<td>842</td>
<td>1.12</td>
<td>717.68</td>
</tr>
<tr>
<td>Child behavior</td>
<td>94</td>
<td>1.64</td>
<td>933.86</td>
</tr>
</tbody>
</table>

Note: These are the results of our study

Discussion

- We hypothesized that when parents were in the high behavior modification condition (in which they could use more intensive behavior modification techniques, such as time out) they would report being more successful in getting their child to earn positive marks on their home DRC.
- It is possible that parents failed because they were continually learning effective strategies for dealing with their children. While parenting techniques were manipulated in the study we have no way of measuring what parents actually did in response to their children’s negative behavior.
- Parents also rated their own success in their assessment of the child’s performance on the home DRC but these results are difficult to interpret because of the restricted range of DRC total scores.
- This is partly due to the fact that if a child is not successful in earning DRC targets, the parents are instructed to modify the criteria in which they evaluate their child to see success because the child is being assessed throughout the ongoing treatment.
- We report elsewhere (Pelham et al., 2003) that the rates of negative behavior in the home setting were very low, leading to difficulty in evaluating parent management techniques.
- Pelham et al. (2002) found that children attributed their own success to their effort and ability and attributed failure to task difficulty and medication and also did not display dysphoric attributional styles.
- It is possible that parents view their child’s behavior separate from their own parenting techniques.
- As shown in figure 3, parents in the current study on average felt that all four such conditions were somewhat true.
- The results of this study suggest that parents do not see themselves as lacking in abilities, even when their children are not successful.
- There are potentially individual differences in how parents attribute success and failure, such as maternal depression, which will be examined in further analyses.

References