

Improving Parenting Skills and Strategies by Engaging Fathers of Children with ADHD in Behavioral Parent Training

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INTRODUCTION

- Behavioral parent training (BPT) is an evidence-based treatment for attention-deficit/hyperactivity disorder (ADHD; Pelham, Wheeler, & Chronis, 1998).
- The effectiveness of BPT is tempered by the fact that adherence to BPT programs is often less than optimal.
- For example, it is estimated that up to half of families who enroll in clinical parent training programs discontinue treatment prematurely or attend sporadically (e.g., Barkley et al., 2000; Kazdin, Holland, & Crowley, 1997; Miller & Prinz, 1990).
- Others may show up late for treatment, fail to complete homework assignments, and/or miss a significant number of sessions (Cunningham, Davis, Bremner, Dunn, & Rzaia, 1999).
- One group of individuals that is often neglected in treatment, and underrepresented in studies of treatment outcome for parent training groups, is fathers (Levine, 1993; Phares, 1996).
- The lack of father participation in parent training is concerning, given that some evidence suggests treatment outcomes are better in families where fathers participate (Clark & Baker, 1983; Webster-Stratton, 1980) and that fathers and their children benefit from parent training (Schulman et al., 1998).

RATIONALE FOR CONDUCTING FATHER-FOCUSED PARENT TRAINING

- Although BPT is an evidence-based treatment for ADHD, no study on the effectiveness for fathers of children with ADHD exists (Fabiano, Pelham, Coles, Gnagy, & Chronis, in preparation).
- Studies of fathers of children with other disruptive behavior disorders yielded equivocal results of BPT (Adesso & Lipson, 1981; Firestone, Kelly, & Fike, 1980; Martin, 1977; Schulman et al., 1998; Webster-Stratton, 1980).
- In addition, men are less likely to seek help from mental health professionals (Addis & Mahalik, 2003), typically interact with their children in settings and contexts distinct from those of mothers (Pleck, 1997; Russell & Russell, 1987), and report no problems with their parenting (Hozo et al., 2000), in spite of the fact that observations of interactions with a child exhibiting problematic behaviors clearly indicate that fathers struggle with parenting (Pelham et al., 1997; Schulman et al., 1998).
- For all these reasons, studies on father participation in clinical programs appear to be sorely needed, and although this need has been highlighted in the literature for decades (e.g., Budd & O'Brein, 1982; Miller & Prinz, 1990; Phares, 1996), no research on father treatment for ADHD exists.

THE COACHING OUR ACTING-OUT CHILDREN: HEIGHTENING ESSENTIAL SKILLS (COACHES) PROGRAM

- In an effort to address the lack of father participation in BPT programs, the COACHES program was developed.
- The COACHES program is a manualized, eight-week behavioral parent training program held for two hours each week (Fabiano, Chacko, & Pelham, 2001).
- The COACHES program was created based on the premise that including a recreational, sports activity within the context of BPT would increase the palatability of a parent training program both because of the framing of the treatment as a program intended to help "coach children," rather than as a program to "train parents," and the sports activities may serve as a reinforcing component of the program for both parents and children.
- During the first hour, fathers review how to implement effective parenting strategies (e.g., using praise, using time out) in a group setting using a coping-modeling approach (Cunningham, Bremner, & Secord-Gilbert, 1997).
- Concurrently, children practice soccer skill drills with para-professional counselors, to increase competencies in the sports domain (Hupp & Reitman, 1999; Pelham et al., 1990); Pelham, Greiner, & Gnagy, 1997; Pelham & Hoza, 1996; Pelham et al., 1990).
- During the second hour, the parent and child groups join together for a soccer game. The soccer game provides a context for the fathers to interact with their children and practice the parenting strategies taught in the classroom (e.g., praise, using effective commands), and for clinicians to provide feedback on-line to the fathers as the game progresses.
- Fathers are assigned weekly homework assignments to review the week's material with their partner (if present) and practice the techniques with their child at home during the week. See table 1 for a description of activities.

PARTICIPANTS AND SETTING

- The COACHES program was piloted with fathers of children with ADHD during the 2001 Summer Treatment Program conducted at the University at Buffalo in lieu of the traditional parent training class offered during the program.
- Nineteen fathers chose to attend the class. Out of these nineteen, four terminated treatment early (one had too many work conflicts with the time of the class, two decided they preferred a parenting class with their wife, and one was recently separated from his wife, and thought a parenting class with other mothers might be helpful since he now had sole care-taking responsibilities for his child).
- The children of the fifteen fathers who completed treatment were 93% boys, and the average age was 10.02 years (range = six years, zero months to twelve years, ten months).
- All the children were diagnosed with ADHD per parent and teacher report on standardized interviews and rating scales.



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MEASURES

- FATHER/CHILD BEHAVIORAL MEASURES**
- Weekly Father and child attendance was used as a measure of engagement in the program.
- FATHER BEHAVIOR RATINGS**
- Fathers completed the following rating scales before and immediately following the eight-week COACHES program:
 - Disruptive Behavior Disorder scale (DBD; Pelham, Gnagy, Greenslade, & Milich, 1992)
 - Pittsburgh Modified Connors scale (Loney & Milich, 1982; Pelham, Milich, Murphy, & Murphy, 1989)
 - Impairment Rating Scale (IRS; Fabiano et al., 1999).
- FATHER CONSUMER SATISFACTION**
- Following the COACHES program, the fathers and children also completed a brief measure of consumer satisfaction.

PROCEDURES

- The COACHES program was piloted using a pre-post design. Father ratings were collected before the COACHES program and immediately after it was completed. The topics covered in each week of the COACHES program are listed in Table 1.

Table 1.

Schedule	COACHES
10 minutes	Review of homework from previous session (Introductions first week)
50 minutes	Small and large group discussions of weekly parenting program topic. Discussions include direct instruction, group discussions, and role plays. Discussion is facilitated by viewing videos of exaggerated errors in parenting taken from Cunningham et al., 1998. Children learn about and practice soccer skills in drills.
5 minutes	Break
50 minutes	Fathers participate with child in soccer game. During the game fathers practice the skills taught during the class with their child, and receive on-line feedback from the parent trainer and para-professional counselors.
5 minutes	Explain homework procedures for the week and handout tracking sheets

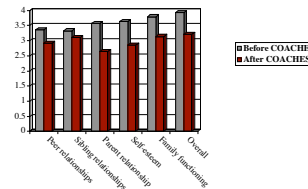
Table 2.

Session Number	Topic
1	Introduction to social learning theory and constructing a home behavior management plan and home rewards
2	Positive Attending and Praise
3	Ignoring Mild, inappropriate behaviors
4	Using effective commands/instructions
5	Premack contingencies and transitional warnings
6	Time out
7	Problem Solving
8	Programming for maintenance

RESULTS

- Attendance**
- Four terminated treatment early (one's work conflicted with the class time, two decided they preferred a parenting class with their wife, and one was recently separated from his wife, and thought a parenting class with other mothers might be helpful)
 - No significant differences on pre-treatment measures between treatment completers and non-completers.
 - Of the 15 fathers who completed treatment, all completed at least 75% of the sessions and 53% attended all eight sessions.
- CHILD BEHAVIOR**
- Inattentive/Overactive Behavior:** At post treatment, the fathers reported reduction of inattentive symptoms on IOWA Connors Inattentive/Overactivity factor ($p = .03$), hyperactive/inattentive symptoms on the DBD ($p = .04$). There was a trend toward reducing inattentive symptoms on the DBD ($p = .053$).
 - Oppositional/Defiant Behavior:** Oppositional/Defiant behaviors were also reduced as evidenced by a decrease in DSM symptom ratings on the DBD ($p = .01$) and ratings on the Oppositional/Defiant factor of the IOWA Connors ($p = .03$).
 - Impairment:** Fathers were asked to rate their child's impairment in the domains of peer, sibling and parent relationships, family functioning, self-esteem, and overall need for treatment and special services. Scores greater than three are in the clinically deviant range (Fabiano et al., under review).

Figure 1: Impairment Rating Scale Scores Pre and Post Treatment



CONSUMER SATISFACTION

- 65% of fathers reported that they liked the activities during the classroom-based component of treatment "pretty much" or "very much."
- 93% reported they liked the soccer game component.
- 71% of fathers reported that they improved their parenting skills "pretty much" or "very much."
- 93% reported that their child enjoyed the activities during the program.

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DISCUSSION

- This study is the first to explicitly investigate the effectiveness of BPT for fathers of children with ADHD.
 - Results indicated that fathers attended the COACHES program consistently, with all fathers participating in at least six of eight sessions. These attendance rates are far better than those frequently cited in the literature for families (e.g., Barkley et al., 2000; Kazdin et al., 1997).
 - Fathers reported reductions in ADHD symptoms, Oppositional-Defiant Disorder symptoms, and psychosocial impairment at the end of the COACHES program.
 - Notably, ratings of psychosocial impairment went from the clinically deviant to non-clinical range in the areas of peer relationships, parent relationships, and self-esteem. Ratings of impairment in other areas were reduced, and moved toward the non-clinical range.
 - Finally, one goal of the COACHES program was to encourage fathers to participate in a parenting program and engage them in treatment. Fathers and children overwhelmingly endorsed the sports-based component of the COACHES program, and about two-thirds of parents endorsed the BPT component of the COACHES program. These results raise the possibility that the sports component of the program was responsible for the fathers' satisfaction with the program, and therefore continued attendance. Had only the classroom-based component been conducted, attendance may have been less consistent across fathers.
- LIMITATIONS**
- Limitations of this study include the small sample size, the reliance on self-report measures, and the lack of a control group.
 - An additional limitation of this study is the fact that the COACHES program was conducted concurrently with the intensive summer treatment program. Had the parenting program been conducted without the background treatment, the results of the program may have been different.
- FUTURE DIRECTIONS**
- Ongoing studies are now being conducted to compare the COACHES program to a no-treatment control group to determine the effect size of the influence of the program and to compare the COACHES program to traditional BPT classes to determine whether the COACHES program results in greater father/child attendance, engagement (e.g., homework completion), and consumer satisfaction.

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