

## A Comparison of Behavioral Parent Training Programs for Fathers of Children With Attention-Deficit/Hyperactivity Disorder

Gregory A. Fabiano, Anil Chacko, William E. Pelham Jr., Jessica Robb, Kathryn S. Walker, Frances Wymbs, Amber L. Sastry, Lizette Flammer, Jenna K. Keenan, Hema Visweswaraiiah, Simon Shulman, Laura Herbst, Lauma Pirvics  
University at Buffalo, State University of New York

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Few behavioral parent training (BPT) treatment studies for attention-deficit/hyperactivity disorder (ADHD) have included and measured outcomes with fathers. In this study, fathers were randomly assigned to attend a standard BPT program or the Coaching Our Acting-Out Children: Heightening Essential Skills (COACHES) program. The COACHES program included BPT plus sports skills

training for the children and parent-child interactions in the context of a soccer game. Groups did not differ at baseline, and father ratings of treatment outcome indicated improvement at posttreatment for both groups on measures of child behavior. There was no significant difference between groups on ADHD-related measures of child outcome. However, at posttreatment, fathers who participated in the COACHES program rated children as more improved, and they were significantly more engaged in the treatment process (e.g., greater attendance and arrival on time at sessions, more homework completion, greater consumer satisfaction). The implications for these findings and father-related treatment efforts are discussed.

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Dr. Chacko is now an assistant professor in the Psychiatry Department at Mount Sinai School of Medicine and the Department of Psychology, Queens College, City University of New York. Ms. Sastry is now a program specialist at the International AIDS Vaccine Initiative. Ms. Flammer is a school psychology graduate student at Lehigh University. Ms. Keenan works as a prosecutor in Brooklyn Family court. Ms. Visweswaraiiah, Ms. Herbst, and Ms. Pirvics are employed as teachers at the Rita Gold Early Childhood Center, Teacher's College, Columbia University, the School District of Philadelphia, and the Greece Central School District, respectively. Mr. Shulman currently works for a company that promotes on-line learning.

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Address correspondence to Gregory A. Fabiano, University at Buffalo, State University of New York, Department of Counseling, School, and Educational Psychology, 106 Diefendorf Hall, Buffalo, NY 14214; e-mail: [fabiano@buffalo.edu](mailto:fabiano@buffalo.edu).

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FATHERS CONTRIBUTE TO MANY aspects of a child's development. Fathers positively involved with their children (i.e., spending time with a child, supporting the child, and having a close/warm relationship) have children with fewer behavior problems (Amato & Rivera, 1999; Hurt, Hoza, & Pelham, 2007). Fathers also contribute uniquely to their child's academic achievement and academic sense of competence (Amato & Gilbreth, 1999; Forehand, Long, Brody, & Fauber, 1986). Further, positive father involvement is related to the development of emotion regulation, social cognition, and focused attention, and perhaps due to these factors, appropriate peer relationships (Parke et al., 2002). Importantly, these are aspects of functioning that are among the most pronounced areas of impairment in children with attention-deficit/hyperactivity disorder (ADHD; Fabiano et al., 2006), a chronic disorder characterized by developmentally inappropriate levels of inattention, overactivity, and

impulsivity. Thus, for children with ADHD, positive father involvement may be an important treatment-related goal.

The inattentive, impulsive, and overactive behaviors characteristic of ADHD challenge parents to effectively manage child behaviors, and over time, parents may develop a parenting approach that includes poor monitoring and inconsistent or punitive discipline strategies. Unfortunately, this type of approach predicts a number of negative adolescent and adult outcomes, including alcohol and substance abuse, delinquency, and academic failure (e.g., [Lochman & Wells, 2002](#)). In addition to predicting negative outcomes for children, noncontingent and inconsistent parental discipline predicts the development of future maladaptive parenting strategies ([Granic & Patterson, 2006](#)). Therefore, to promote effective parenting skills, behavioral parent training (BPT) interventions have been developed and studied. A typical BPT program teaches the child's parent how to effectively modify antecedents (e.g., rules, commands) and consequences (e.g., time-out, rewards) for target behaviors (e.g., compliance, noncompliance) as well as modify maladaptive cognitions related to parenting. BPT is an evidence-based treatment for a number of childhood externalizing and internalizing mental health problems ([Chorpita et al., 2002](#)).

The finding that parent training is an effective treatment is tempered by the fact that adherence to parent training programs is often poor. For example, more than half of the families who enroll in clinical parent training programs never attend treatment or discontinue treatment prematurely (e.g., [Barkley et al., 2000](#); [Helfenbaum-Kun & Oritz, 2007](#); [Kazdin, 1996](#); [Miller & Prinz, 1990](#); [Prinz & Miller, 1994](#)). Even participants who do regularly attend BPT sessions may arrive late for treatment sessions, fail to complete homework assignments, and/or miss a significant number of sessions ([Cunningham, Davis, Bremner, Dunn, & Rzasa, 1993](#)). These rates of attendance and adherence are problematic due to the fact that ADHD is now conceptualized as a chronic condition, and therefore ongoing engagement of families in treatment is necessary ([American Academy of Pediatrics, 2001](#)). Researchers have therefore directed attention toward increasing the engagement of parents in BPT ([Chronis, Chacko, Fabiano, Wymbs, & Pelham, 2004](#)), and fathers of children with ADHD are a specific group that may be targeted by engagement efforts.

#### STUDIES OF FATHERS IN PARENT TRAINING FOR ADHD

Traditionally, men do not engage in help-seeking behavior, be it for medical or mental health services

([Addis & Mahalik, 2003](#)). These findings appear to generalize to participation in BPT programs ([Fabiano, 2007](#); [Tiano & McNeil, 2005](#)). Overall, fathers (defined broadly as any primary male caregiver) are underrepresented in studies of treatment outcome for BPT ([Fabiano, 2007](#); [Lee & Hunsley, 2006](#); [Phares, 1996a](#); [Phares, 1996b](#); [Tiano & McNeil, 2005](#)). Indeed, when ADHD is considered, there are only three peer-reviewed studies that directly investigate the effectiveness of parenting interventions for fathers ([Barkley et al., 2001](#); [Danforth et al., 2006](#); [Schuhmann et al., 1998](#); see [Fabiano, 2007](#), for a review).

[Barkley et al. \(2001\)](#) compared a parenting program that used a contingency management approach ([Barkley, 1997](#)) to a parenting group that combined problem-solving communication training with a contingency management approach for families with an adolescent with ADHD. In this study, fathers in both groups exhibited improvement during active treatment but had some worsening in behavior during a follow-up assessment. In addition, there was a considerable rate of attrition in the study, with the highest rates in the group that did not include contingency management training. However, this study is limited because the sample of ADHD participants included only adolescents; how the results might differ with school-age children is unknown.

[Danforth et al. \(2006\)](#) conducted a BPT study with 46 mothers and 26 fathers and evaluated outcome by measuring child and parenting behaviors before the intervention and after it ended 8 weeks later. Mothers and fathers reported significant decreases in their child's ADHD-related behaviors. However, on self-report and objective measures of parenting, fathers did not appear to benefit as much from the intervention as mothers. Mothers' self-reports indicated improvement on all parenting domains assessed, whereas fathers rated a more inconsistent pattern of results. On an objective measure of parenting—tape-recorded parent and child behaviors during a typical home situation—mothers' parenting behaviors and mother-child interactions were improved. However, none of these objective measures were significantly improved for fathers. Along with [Barkley et al. \(2001\)](#), [Danforth et al. \(2006\)](#) highlight the need to measure fathers as distinct participants from mothers and children, as their response to interventions and treatment outcomes may be different.

Finally, [Schuhmann et al. \(1998\)](#) reported on fathers who participated in a BPT intervention that used Parent-Child Interaction Therapy with young children with ADHD and/or other disruptive behavior disorders. Fathers clearly benefited, with

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