

## A Randomized Controlled Trial of a Parent Training and Emotion Socialization Program for Families of Hyperactive Preschool-Aged Children

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The present study evaluated the effectiveness of a parent training and emotion socialization program designed specifically for hyperactive preschoolers. Participants were 31 preschool-aged children whose parents were randomly assigned to a parent training (PT) or waitlist (WL) control group. PT parents took part in a 14-week parenting program that involved teaching parenting strategies for managing hyperactive and disruptive behavior as well as emotion socialization strategies for improving children's emotion regulation. Compared to WL mothers, PT mothers reported significantly less child inattention, hyperactivity, oppositional defiance, and emotional lability; were observed using significantly more positive and less negative parenting; and reported significantly less maternal verbosity and unsupportive emotion socialization practices. Results provide some support for the effectiveness of this parenting program for reducing attention-deficit hyperactivity disorder (ADHD) symptoms and associated problems in preschool-aged children.

*Keywords:* parent training; ADHD; emotion socialization; preschool-aged children

ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD) is characterized by developmentally deviant levels

of inattention and/or hyperactivity/impulsivity that interfere with functioning at home, in the classroom, and with peers (American Psychiatric Association [APA], 2000). Children with ADHD are at increased risk for a host of difficulties (Barkley, 2006), and it is estimated that half develop comorbid oppositional-defiant disorder (ODD; Waschbusch, 2002). Although ADHD is typically not diagnosed until elementary school age, there is growing evidence that symptoms often emerge during the preschool years (Applegate et al., 1997). In fact, the American Academy of Pediatrics (AAP) has recently extended the age range covered by its guidelines for diagnosing and treating ADHD down to age 4 (AAP, 2011).

With this growing recognition that ADHD often emerges during the preschool years has come a striking increase in the use of stimulant medications in preschool-aged children (Zito et al., 2000), which has motivated researchers to examine the efficacy of psychopharmacological interventions for preschoolers (e.g., the Preschoolers with Attention-Deficit/Hyperactivity Disorder Treatment Study [PATS]; Kollins et al., 2006). Although the PATS (Greenhill et al., 2006) and other studies (e.g., Short, Manos, Findling, & Schubel, 2004) found some evidence that stimulant medication is efficacious in this age group, effects varied by outcome measure, with changes observed on some measures of ADHD symptoms (Greenhill et al., 2006), but not on others (Abikoff et al., 2007). In addition, effect sizes appear to be lower for preschool-aged children (PATS were .35 for parents and .43 for teachers) than for

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school-aged children (Multimodal Treatment Study of Children with ADHD [MTA] were .52 for parents and .75 for teachers; Greenhill et al., 2006). Moreover, psychopharmacological treatment in preschool-aged children has been associated with declines in growth rates (Swanson et al., 2006), moderate to severe adverse events (e.g., emotional outbursts, difficulty falling asleep, repetitive behavior/thoughts, decreased appetite) in almost one-third of preschoolers (Wigal et al., 2006), and much higher rates of children discontinuing medication (11% in PATS) compared to school-aged children (less than 1% in the MTA study; Wigal et al.). These results, coupled with the fact that little is known about the long-term effects of psychopharmacological agents on brain development in young children, signal the need for further study, as well as exploration of alternatives to drug therapy.

Although psychopharmacological interventions for preschoolers have received increased attention, the AAP recommends that behavioral treatments such as parent training should be the first line of treatment (AAP, 2011). Parent training, a short-term intervention that teaches appropriate responses to poor conduct, has long been shown to be an effective treatment for preschool-aged children with conduct and oppositional problems (e.g., Cunningham, Bremner, & Boyle, 1995; Reid, Webster-Stratton, & Baydar, 2004; Schuhmann, Foote, Eyberg, Boggs, & Algina, 1998), and a few studies (e.g., Drugli & Larsson, 2006) have found that parent training can reduce symptoms of ADHD among children with conduct problems. A smaller body of research has evaluated the effectiveness of parent training for preschool-aged children with significant ADHD symptoms. Six of these studies (Huang, Chao, Tu, & Yang, 2003; Kern et al., 2007; Matos, Bauermeister, & Bernal, 2009; Sonuga-Barke, Daley, Thompson, Laver-Bradbury, & Weeks, 2001; Strayhorn & Weidman, 1989; Webster-Stratton, Reid, & Beauchaine, 2011) found significant reductions in ADHD symptoms immediately following parent training, and the four studies (Bor, Sanders, & Markie-Dadds, 2002; Pisterman et al., 1989; Pisterman et al., 1992; Strayhorn & Weidman, 1991) that conducted follow-up assessments discovered that improvement in children's behavior could be observed as much as 1-year posttreatment. Moreover, a number of these studies have found improvement in symptoms associated with ODD (e.g., Bor et al., 2002; Huang et al., 2003; Pisterman et al., 1989; Pisterman et al., 1992), which are often comorbid with ADHD symptoms even in the preschool years (Harvey, Friedman-Weieneth, Goldstein, & Sherman, 2007). These studies suggest that parent training may be a promising treatment for

preschool ADHD and point to the need for more research to develop and evaluate effective parent training programs designed for this population.

Parent training programs that have been used with hyperactive preschoolers share many curricular and format features, with most programs emphasizing the increase of positive parent-child interactions, the reinforcement of positive behavior, differential attention (praising positive behaviors and ignoring negative behaviors), as well as use of effective commands, tangible rewards, and appropriate consequences (e.g., Bor et al., 2002; Huang et al., 2003; Kern et al., 2007; Pisterman et al., 1992; Strayhorn & Weidman, 1989). These strategies may be helpful in managing ADHD symptoms as well as commonly co-occurring symptoms of ODD. However, although these components have been shown to be crucial to the success of many parenting programs, parent training may be improved by teaching parents emotional socialization strategies to help children develop better emotion regulation.

Parents' emotion socialization practices play a key role in children's development of emotional competence (i.e., emotional knowledge/understanding, emotion regulation, expression of emotion). Three categories of parental emotion socialization behaviors are thought to guide the regulation of emotions, the acquisition of regulation strategies, and the understanding of emotions and regulation: (a) parental expressivity of emotion, (b) parental discussion of emotion, and (c) parental reaction to children's emotion (Eisenberg, Cumberland, & Spinrad, 1998). By contributing to children's understanding of which experiences and expressions of emotion are appropriate, parental emotional expressivity is thought to affect children's evaluation of their own emotional experience and expression (Dunsmore & Halberstadt, 1997). Parents' discussion of emotion is also thought to contribute to emotion regulation by sharpening children's awareness of emotional states (Melzi & Fernández, 2004). Finally, parents' reactions to children's emotions can either assist children in maintaining proper levels of arousal or contribute to children's emotional overarousal. In particular, parents' nonsupportive reactions to children's negative emotions are linked to negative social and emotional outcomes for children, and parental reactions that are supportive are related to better child outcomes (e.g., McElwain, Halberstadt, & Volling, 2007). Explicitly teaching parents these emotion socialization practices may be important in helping hyperactive preschool children develop better emotion regulation.

Emotion regulation consists of monitoring, evaluating, and modifying one's emotional reactions (Cole, Martin, & Dennis, 2004) and is essential for positive social behavior (Domitrovich, Cortes, &

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