



One or many? Which and how many parenting variables should be targeted in interventions to reduce children's externalizing behavior?



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ABSTRACT

This research compared the efficacy of two parenting interventions that vary according to the number and the nature of variables in reducing preschoolers' externalizing behavior (EB). The goal was to identify which parenting intervention format (one-variable versus two-variable) caused higher behavioral adjustment in children. The first was a one-variable intervention manipulating parental self-efficacy beliefs. The second was a two-variable intervention manipulating both parents' self-efficacy beliefs and emotion coaching practices. The two interventions shared exactly the same design, consisting of eight parent group sessions. Effect on children's EB and observed behaviors were evaluated through a multi-method assessment at three points (pre-test, post-test and follow-up). The results highlighted that compared to the waitlist condition, the two intervention formats tended to cause a significant reduction in children's EB reported by their parent. However, the one-variable intervention was found to lead to a greater decrease in children's EB at follow-up. The opposite was reported for children's observed behavior, which was improved to a greater extent in the two-variable intervention at post-test and follow-up. The results illustrated that interventions' format cannot be considered as purely interchangeable since their impact on children's behavior modification is different. The results are discussed for their research and clinical implications.

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Often described as difficult children, preschoolers with externalizing behavior (EB) demonstrate non-compliance, aggression, hyperactivity, inattention, impulsivity and irritability (Keenan & Wakschlag, 2000). A clinical level of EB is the most common reason for referral to clinical services in childhood and results in important individual and social costs (Furlong et al., 2010). Its negative impact on children's social, emotional and learning skills as well as on family life has been demonstrated longitudinally (Campbell, Shaw, & Gilliom, 2000; Fossum, Handegård, Adolfsen, Vis, & Wynn, 2016; Wakschlag et al., 2007). It is therefore important to identify how to help children with EB and their family effectively. A large proportion of parenting interventions directly derived from the Social Learning Theory contribute to reduce preschoolers' EB. But their multimodal format prevents us to know what causes change in children behavioral adjustment.

1. Parenting program formats

Several formats of parenting interventions have been reported that vary according to two dimensions. They vary first according to the number of parenting variables which are manipulated within the program, ranging from a large number to only one, and second according to the nature of these parenting variables, which can be either cognitive or behavioral. Manipulation of parenting cognitions refers to changes in beliefs and thoughts such as causal attributions, cognitive distortions, parental perceptions of their children (Renk, 2011), self-efficacy or emotional states related to parenting such as stress (Kazdin & Whitley, 2003; Mackler et al., 2015). Manipulation of parenting behavior refers to operant learning theory, in which parents learn how to reinforce children's positive behavior (i.e. by praising) and how to ignore or introduce limit-setting (i.e. time-out) to children's negative behavior (Webster-Stratton, 2004). Parents are therefore helped to model more effective behavior in their child (Furlong et al., 2010). Alongside these two dimensions, i.e. number and nature of parenting variables manipulated, parenting programs range from

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the multimodal format, where a large number of cognitive and behavioral parenting variables are manipulated together, to the specific format, where a single cognitive or behavioral parenting variable is targeted.

The vast majority of evidence-based parenting programs are multimodal. They are typically delivered in a group format and can be viewed as the “standard of care” for child EB (Eyberg, Nelson, & Boggs, 2008; Nock, 2003). They are based on the conception that EB is associated with multiple parental risk and protective factors, requiring the manipulation of several cognitive and behavioral parenting variables to achieve efficacy (Sandler, Schoenfelder, Wolchik, & MacKinnon, 2011). This background is shared by standardized and widely implemented parenting programs across the world in diverse cultural contexts, such as Incredible Years (Webster-Stratton & Herman, 2010), Parent Child Interaction Therapy (Eyberg et al., 2008), and Triple P- Positive Parenting Program (Sanders, 1999). Multimodal parenting programs’ efficacy has been evaluated along a continuum measured by effect size (ES) rather than by distinct categories (effective or ineffective) (Menting, de Castro, & Matthys, 2013). Results of several meta-analyses and systematic reviews have reported small to moderate average effects of multimodal parenting programs in reducing child EB ($d = 0.35–0.53$) (Furlong et al., 2010; Lundahl, Risser, & Lovejoy, 2006; Piquero, Farrington, Welsh, Tremblay, & Jennings, 2009). Some meta-analytic reviews have looked exclusively at one specific program, such as Incredible Years, implemented in 50 studies (Menting et al., 2013), or Triple P, implemented in 55 studies (Nowak & Heinrichs, 2008), with the same finding of small to moderate effects ($d = 0.27–0.35$). Even for those parents who fully complete the programs, 30–50% of their children continue to show clinical levels of EB (Ollendick & King, 2012; Webster-Stratton & Reid, 2010).

What is actually at stake in multimodal parenting interventions was examined in a recent meta-analysis (Mouton, Loop, Stievenart, & Roskam, 2017). The multimodal format in fact makes it impossible to disentangle the specific effect of each of the parenting variables involved in children’s behavioral issues (Ma, Champion, & Eisenberg, 2004). This problem prevents us from determining which component among the cognitive and behavioral variables is responsible for the greater change in children’s EB. In response to this, another specific parenting intervention format has recently been proposed, in which the number of parenting variables manipulated is limited and the nature of these variables is clearly identified (Howe, Beach, & Brody, 2010; Leijten et al., 2015). Specific parenting interventions have been presented by the authors as micro-trials. These are defined by Howe et al. (2010) as “randomized experiments testing the effects of relatively brief and focused environmental manipulations designed to suppress specific risk mechanisms or enhance specific protective mechanisms, but not to bring about full treatment or prevention effects in distal outcomes”. Such a focused manipulation offers the opportunity to isolate a variable and disentangle its impact from that of covariates. In this way, micro-trials help to distinguish between the less and more efficacious elements of parenting interventions, to ascertain for whom and in what conditions these elements are the most efficacious and to explore the potentialities of tailoring interventions to families’ needs (Leijten et al., 2015). From this point of view, they appear to be a promising method of discovering the optimal number and the ideal nature of parenting variables to be addressed by interventions.

Recent micro-trials have targeted cognitive (Mouton & Roskam, 2015; Roskam, 2015) or behavioral parenting variables (Brassart & Schelstraete, 2015b; Loop & Roskam, 2016) in a specific one-variable format. The efficacy of specific parenting interventions has also been tested among parents of clinically referred children

(Brassart & Schelstraete, 2015a). A cognitive micro-trial demonstrated a positive impact of the manipulation of parental self-efficacy beliefs (8-week intervention) on children’s EB with a moderate to high effect size ($d = 0.61$ at post-test and $d = 1.15$ at follow-up) (Roskam et al., 2016). The behavioral micro-trials of Brassart and Schelstraete (2015a) highlighted the efficacy of the manipulation of parental verbal responsiveness (8-week intervention) on children’s EB, with a moderate effect size ($d = 0.58$ at post-test and $d = 0.65$ at follow-up).

In sum, effect sizes reported for multimodal and specific parenting interventions suggest slightly higher efficacy for the micro-trial format compared to the multimodal one. This may be due to different duration because multimodal are mainly longer than specific parenting interventions. And programs with longer duration result in smaller effect (Bakermans-Kranenburg, Van Ijzendoorn, & Juffer, 2008). Beside duration, it may also raise the question of the number and nature of parenting variables to be tackled by programs. With regard to the number of variables, increasing this number could lead to additional gains, and better behavioral adaptation in children. This assumption is in line with the concept of equifinality (Cicchetti & Rogosch, 1996; Von Bertalanffy, 1968), which considers child behavioral problems as heterogeneous and multiply determined. With regard to this approach, no single mechanism would be sufficient to explain intervention effects on EB reduction (Burke & Loeber, 2015). However, a recent study (Roskam, Brassart, Loop, Mouton, & Schelstraete, 2016) demonstrated that stimulating one parenting variable could have not only a specific effect on this target variable, but also a widespread effect on other parenting variables thanks to positive cascading effects. This would be consistent with the model claiming that because parents’ psychological states are composed of interacting cognitive and behavioral elements, any treatment which effectively targets one of these systems may lead to a change in all of them (Borkovec, Newman, Pincus, & Lytle, 2002). Identifying parenting variables that have the power to trigger positive cascading effects in parent-child interaction is therefore important. It also leads to a consideration of the nature of the parenting variables as well as their number. Few studies have actually addressed the extent to which the nature of the manipulated parenting variables influences children’s EB. One previous study provided direct comparisons between two one-variable interventions that differed in the nature of the manipulated parenting variable (cognitive or behavioral) (Roskam, Brassart, Loop, Mouton, & Schelstraete, 2015). Similar efficacy was reported for the two specific interventions, suggesting that variations in the nature of the variable manipulated could be insufficient to cause variations in EB reduction. The contribution of the current study is therefore its comparison of two parenting interventions that varied according to both the number and the nature of the variables involved. The first manipulated one cognitive parenting variable, i.e. self-efficacy beliefs, and the second manipulated two parenting variables, one cognitive and the other behavioral, i.e. self-efficacy beliefs and emotion coaching practices. In this way, the current study contributes to the need for comparisons between parenting interventions that vary according to the number and/or the nature of parenting variables manipulated in order to provide evidence of which parenting program format improves child behavior more effectively.

2. Parental self-efficacy beliefs and children’s behavioral outcomes

Parental self-efficacy beliefs (SEBs) are defined as parents’ self-perceived competence in their role, covering the beliefs, thoughts, values and expectations which are activated in those responsible for raising children (Coleman & Karraker, 2003). SEBs

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