Engagement and Effectiveness of Parent Management Training for Solo High Risk Mothers: A Multiple Baseline Evaluation

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Abstract

Assessed the effectiveness of The Incredible Years parent training program with a small sample of four high risk parents. All families had at least one child with a history of early drop-out and poor outcomes. Mindful of resource limitations in the public setting, economical strategies were used to increase attendance rates and engagement. For the study participants' engagement and effectiveness of parent training, parent participants engaged in the weekly treatment package for twenty weeks, with booster sessions at 2 and 4 months following treatment. Participants had sons aged between 6 and 9 years diagnosed with ADHD. Family functioning was assessed at pre-treatment and at 4-month follow-up, including child behaviour and parent functioning measures. All families had a number of risk factors for early drop-out and attenuated outcomes. At post-treatment, evaluations also included additional satisfaction and program evaluation measures. Participants had a high level of satisfaction with the program, overall findings support the inclusion of low cost parent training for solo mothers in a public mental health setting. In this way, single case designs are compatible with clinic care setting needs and a “local science” model of service delivery (e.g., Blampied, 1999, 2000; Stricker & Trierwiler, 2006). The Incredible Years parent training program, designed to help parents avoid the development of serious child behaviour problems, is a highly feasible and cost effective model for public mental health settings (Nock & Kazdin, 2005). Consequently, to capitalise on an evidence-based model of parent training, it is important to improve engagement and effectiveness of parent training in high risk families while keeping costs contained.

Method

Family functioning scores were collected weekly beginning at baseline and continuing during treatment, and again at 4-month follow-up. All child and parent measures were collected at pre-treatment and at 4-month follow-up. Other data were collected at pre-treatment, post-treatment, and follow-up. At post-treatment, evaluations also included additional satisfaction and program evaluation measures. See the accompanying manuscript for more detail.

Results

The results of this study provide evidence to support the Incredible Years parent training as having a number of benefits in terms of improving engagement and effectiveness of parent training. Findings demonstrated that these mothers all engaged with the program in the sense that they attended most sessions, they all completed training and booster sessions, and they all reported high levels of satisfaction with the program. This suggests that the ABS parent training program can be carried out in a public mental health setting, but there is still a need to improve the quality of implementation of the program.

Discussion

Although, all participants reported (a) improvement in parent-child relationships, and (b) increased confidence in parenting ability. Findings demonstrated that these mothers all engaged with the program in the sense that they attended most sessions, they all completed training and booster sessions, and they all reported high levels of satisfaction with the program. Thus, the absence of impact on all indicators (e.g., daily behaviour reports), overall findings support the inclusion of low cost parent training for solo mothers in a public mental health setting, and in an overall concern of universal through targeted and intensive services.

A single participant design was chosen because it allows for the assessment of change in each participant’s behaviour over time by repeated measure of dependent variables over the course of the treatment (e.g., Boles, Olson, & Riechers, 2000). The procedure of change was assessed through interventions that varied in two ways: (a) the intervention being responsible for any change observed (Kazdin, 2003). Participants had varied baseline periods prior to commencement of treatment that ranged from 4 to 24 days. Participants served as their own controls and this is viewed as the most relevant comparison because behaviour change is measured against his or her own baseline (Morgan & Morgan, 2001). In this way, single case designs are compatible with clinic care setting needs and a “local science” model of service delivery (e.g., Blampied, 1999, 2000; Stricker & Trierwiler, 2006).

Additionally, a multiple baseline across participants design was used to assess the effectiveness of the intervention being responsible for any change observed (Kazdin, 2003). Participants had varied baseline periods prior to commencement of treatment that ranged from 4 to 24 days.