

Parenting Education

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Description of Parenting Education

Definitions

- “an important and effective intervention for supporting and strengthening families as they cope with changing circumstances in a changing world as well as deal with issues such as socio-economic risks, health crises, and delinquency” (Jacobson & Seward, 2011, p.1).
- “a program in which parents actively acquire parenting skills through mechanisms such as homework, modeling, or practicing skills” (National Center for Injury Prevention, 2009, p. 2).

Prevalence

- According to Barth et al. (2005), over 800,000 families receive some variation of parent training each year. Many of the parents who participate in education programs are either mandated to attend or referred by the court or a community agency. According to the U.S. Department of Health and Human Services (2009), over 295,000 parents were receiving substance abuse treatment and had one or more children removed from their care at the time of the Department’s report. This number is an increase over previous years and suggests that the 2005 data on parent education is likely a low estimate for today.

PARENT EDUCATION RESEARCH

Parent education has taken many forms over the years but the majority of parent education programs were developed to address early childhood behavior problems (e.g., oppositional, aggressive, impulsive, and inattentive behaviors). Most children exhibit behavior problems to some degree, however, persistent displays of problem behavior are related to the development of delinquent, aggressive, and risky behaviors in adolescence (Broidy et al. 2003). Because the consequences of untreated behavior problems are significant, it is important to have research-based interventions for parents so that these child behaviors may be addressed appropriately.

Wyatt Kaminski, Valle, Filene, and Boyle (2008) conducted a meta-analysis of parent education research. In general, the authors found that manualized approaches to parent education are more successful than other models. In their review of the research, they found that programs that focus on a combination of elements including intervention for internalizing and externalizing child behavioral problems; emotional communication intervention; consistent parent response, parent-child interaction, and positive reinforcement have more research-based support than others. The program interventions could be grouped into to general categories: (a) acquiring parenting skills and behaviors and (b) decreasing children’s externalizing behaviors.

It is important to note that the programs that involve active acquisition of parent skills through modeling, homework, rehearsal, and other activities result in greater attainment of program learning outcomes.

Passive learning programs (e.g., self-paced modules, videos, and lectures) do not have adequate research support to promote their use (Wyatt Kaminski, Valle, Filene, and Boyle, 2008).

ACQUIRING PARENTING SKILLS AND BEHAVIORS

In their meta-analysis, Wyatt Kaminski, Valle, Filene, and Boyle (2008) found that researchers investigating parent education produced statistically significant outcomes and adequate effect sizes related to increasing parenting skills when they include components that address parent communication skills, parent-child interaction, and active parent skills practice.

DECREASING CHILDREN'S EXTERNALIZING BEHAVIORS

Researchers investigating parent education produced statistically significant outcomes and adequate effect sizes related to decreasing children's externalizing behaviors when they include components that address the correct use of time out procedures; that teach consistent parental response; that teach positive parental response; and that provide active parent skills practice (Wyatt Kaminski, Valle, Filene, and Boyle, 2008; Reyno & McGrath, 2006).

PARENT EDUCATION STRATEGIES

The following strategies are related to positive research outcomes when included in parent education programs (Wyatt Kaminski, Valle, Filene, & Boyle, 2008; Lundahl, Nimer, & Parsons, 2006a; Lundahl, Risser, & Lovejoy, 2006b).

Communication Skills

Parental communication with children can have a significant impact on child development. Researchers (e.g., Aral, et al., 2008; Barth, et al., 2005; and Chacko, et al., 2012) have found that teaching parents the basic facilitative skills inherent in counselor training can improve the ability of parents to address the emotional needs of their children and can reduce the number of negative interactions that parents have with children through verbal communication (e.g., sarcasm, criticism, overuse of the word "no"). Parenting programs that include a communication component and provide modeling, homework, rehearsal, and other practice activities result in greater attainment of program learning outcomes (Wyatt Kaminski, Valle, Filene, and Boyle, 2008).

Resources

- Childres, J. L., Agazzi, H., & Armstrong, K. (2011). Evaluating Outcomes of a Behavioral Parent Training Program for Caregivers of Young Children: Waitlist Control vs. Immediate Treatment. *Journal of Early Childhood & Infant Psychology*, (7), 25-44.
- Wyatt Kaminski, J. W., Valle, L. A., Filene, J. H., & Boyle, C. L. (2008). A meta-analytic review of components associated with parent training program effectiveness. *Journal of Abnormal Child Psychology*, 36, 567-589. doi 10.1007/s10802-007-9201-9
- Lee, P., Niew, W., Yang, H., Chen, V., & Lin, K. (2012). A meta-analysis of behavioral parent training for children with attention deficit hyperactivity disorder. *Research in Developmental Disabilities*, 33(6), 2040-2049. doi:10.1016/j.ridd.2012.05.011

Parent-Child Interaction

Parent-Child Interaction Therapy (PCIT) is a brief, short-term therapy procedure designed both to teach effective parenting skills and to help parents interact better with their child on a daily basis. The core of PCIT is twofold: to create nurturing parent-child relationships and to model pro-social behaviors while increasing a child's appropriate, compliant behaviors (Eyberg, 2003). Parent-Child Interaction techniques are typically taught and modeled to the parents by counselors over the course of eight to ten weeks. PCIT involves teaching parents some fundamental relationship building strategies including therapeutic play techniques to use in the home environment (Galanter et al., 2012). PCIT training involves direct teaching, modeling, homework, rehearsal, and other practice activities and it is one of the most researched parent training programs (Wyatt Kaminski, Valle, Filene, and Boyle, 2008). The major components of PCIT include: (a) Praise, (b) Reflection, (c) Imitation, (d) Description, and (e) Enthusiasm.

Resources

- Allen, J., & Marshall, C. R. (2011). Parent-Child Interaction Therapy (PCIT) in school-aged children with specific language impairment. *International Journal of Language & Communication Disorders*, 46(4), 397-410.
- Hembree-Kigin, T. L., & Bodiford McNeil, C. (1995). Parent-child interaction therapy. New York, NY: Plenum.
- Thomas, R., & Zimmer-Gembeck, M. J. (2012). Parent-Child Interaction Therapy: An evidence-based treatment for child maltreatment. *Child Maltreatment*, 17(3), 253-266
doi:10.1177/1077559512459555

Time Out

Time out is a common procedure taught in parenting classes and has been shown to be an effective technique when used correctly (Eaves, Sheperis, Blanchard, Baylot, & Doggett, 2005). Unfortunately, time out is often taught incorrectly. There are numerous books and articles that provide direction for implementing time out but few are based on empirical data. For example, time out is often used as a punishment, but often lacks the essential components to make it effective. In order for time out to be effective, a child should be removed from a stimulating environment for a brief period immediately following the display of inappropriate behavior (2005). The procedures for time out are brief but complex (see Eaves, Sheperis, Blanchard, Baylot, and Doggett, 2005 for specific details for implementing time out procedures).

Researchers (e.g., Donaldson & Vollmer, 2012; Warzak, Floress, Kellen, Kazmerski, & Chopko, 2012) have shown that time out is effective for a variety of behavioral issues ranging from basic disobedient behaviors to more severe behavioral problems (i.e., aggression, self-injurious behavior, and inappropriate social behaviors). When parents learn appropriate time out procedures and are able to practice those procedures during parent training, the results are positive (Warzak, Floress, Kellen, Kazmerski, & Chopko, 2012).

Resources

- Donaldson, J. M., & Vollmer, T. R. (2012). A procedure for thinning the schedule of time-out. *Journal of Applied Behavior Analysis*, 45(3), 625-630. doi:10.1901/jaba.2012.45-625
- Donaldson J. M, Vollmer T. R. (2011). An evaluation and comparison of time-out procedures with and without release contingencies. *Journal of Applied Behavior Analysis*, 44, 693-705.
- Warzak, W. J., Floress, M. T., Kellen, M., Kazmerski, J. S., & Chopko, S. (2012). Trends in time-out research: Are we focusing our efforts where our efforts are needed?. *The Behavior Therapist*, 35(2), 30-33

Consistency

Regardless of the quality of a parent education program, the long term impact of the training will be poor if it does not emphasize consistency in parental responses. Each of the components identified by Wyatt Kaminski, Valle, Filene, and Boyle (2008) are only effective if the parent trainers provide the opportunity for practice. The aim is to train parents to implement the components consistently and effectively. Parents should also be taught that the skills must be continued in a consistent manner outside of training. The goal is to generalize the training to various types of outside environments. For example, if a parent has established a rule that children should keep their hands to themselves (a common command in PCIT training), then children should be held to that rule regardless of setting. If a child violates that rule in a community setting, then the parent should implement a punishment procedure like time out. The setting should not influence the consistent enforcement of rules.

Resources

- Landry, S. H., Smith, K. E., Swank, P. R., Assel, M. A., & Vellet, S. (2001). Does early responsive parenting have a special importance for children's development or is consistency across early childhood necessary? *Developmental Psychology*, 37(3), 387-403. doi:10.1037/0012-1649.37.3.387
- Pauli-Pott, U. (2008). Mothers with depressive symptoms: Cross-situational consistency and temporal stability of their parenting behavior. *Infant Behavior & Development*, 31(4), 679-687. doi:10.1016/j.infbeh.2008.04.010
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Positive Interaction

As was discussed in the Parent-Child Interaction Therapy area, positive interaction is a critical component of effective parenting. Any parent training program should put an emphasis on positive behavioral reinforcement. While parents believe that they are effective at positive interaction, behavioral observation data related to PCIT has not supported this notion. In fact, few parents demonstrate positive interactions during non-directive parent-child behavior observation periods (Eaves, Sheperis, Blanchard, Baylot, & Doggett, 2005). Effective training of positive interaction requires the opportunity for practice. Parents should be exposed to modeling, feedback, and should have the chance to practice with homework.

LESS EFFECTIVE ELEMENTS OF PARENT EDUCATION

Barth et al. (2005) reviewed numerous elements of parent education. In this brief, the primary focus was on elements that should be included in parent education programs. However, Barth et al. also identified elements of parent education research that produced small effect sizes when researched. In general, problem solving about child behaviors; attempting to promote cognitive and academic skills; an attempting to promote social skills were not found to be as effective as the other elements we discussed. Counselors should use caution in implementing any of these elements and should consider eliminating them from current parent education programs. Because time is limited in working with parents, the programs should include the elements that have the most research support.

IMPLICATIONS FOR PRACTICE

In today's world of counseling practice, it is important to demonstrate accountability and to use available resources effectively. Any programs delivered should have some evidence basis in order to insure the best use of limited resources (National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention, 2009). Because this practice brief was aimed at identifying components of parent education that had the most research support, counselors can use the brief to either select appropriate programs or to modify current programs (Barth, et al., 2005). We strongly suggest reviewing some of the meta-analyses we included in the brief and to select the components with the highest effect sizes (see: Aral, et al., 2008; Barth, et al., 2005; and Chacko, et al., 2012). We also suggest that counselors review the components that did not have research support and remove them from current parent education programs. By using the elements in this brief and allowing for active training, parent education programs should be more effective. While meta-analyses do not provide evidence of causation, the research related to the elements included in this brief resulted in the highest effect sizes.

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