

Parent training.

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Helping parents help troubled children

Sad experience has shown that the problems created by misbehaving children and delinquent adolescents cannot be solved by treating the children alone. They often reject or resist psychotherapy and behavior therapy. Group treatment -- "boot camps," special schools, group therapy -- can be ineffective or even harmful, because delinquents in groups are often the problem rather than the solution. Instead of changing, they may follow the most charismatic leaders and compete to show how reckless and aggressive they can be.

To help these children, mental health professionals have been turning to the family. Sometimes a child's problems are disrupting the family, and sometimes inept parenting or a bad family situation is affecting the child's behavior. Either way, behavioral parent training may be useful.

Parents of misbehaving children often underreact or overreact. They may ignore the behavior until it becomes intolerable, then become angry and punish the child harshly. The child concludes that bad behavior attracts attention, the parent concludes that being tough brings temporary relief, and the cycle begins again.

In behavioral parent training, parents learn to avoid accumulation of grievances followed by angry explosions, and substitute systematic for arbitrary discipline. They are taught that when they feel they're about to lose control, they should take a couple of deep breaths and walk away. Parent training shows them how to avoid vague and unclear commands; how to set rules and define the consequences of disobeying them; how to discuss and negotiate with older children and adolescents; how to follow through on warnings. They are taught to shape a child's behavior in stages, rewarding one action at a time. They learn to identify early signs of trouble such as irritability and argumentativeness; to cope with whining, tantrums, threats, hitting, grabbing, and persistent disobedience; to talk to children about problems and express their own feelings. They are encouraged to spend time with the child visiting a park, reading, or playing a game.

A particularly important lesson is responding to good behavior with attention, praise, and encouragement instead of ignoring it because it causes no trouble. Parents may learn how to award points for good behavior, or simply for refraining from bad behavior, and use the scoring to provide rewards without conveying the impression that they are bribing the child. They are taught to speak in positive terms: "Tell the truth, play nicely, use a big girl voice," rather than "Don't lie, don't fight, don't whine." They learn to suggest alternatives instead of just telling the child to stop; to point out what the child is doing right before discussing what needs **criticism**; to notice when

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the child behaves well without prompting and show their approval. They may be asked to list several things they would like the child to do and praise her each time she does them. The praise and other rewards should come as soon as possible after the good behavior. Punishment, too, should be immediate but as brief and mild as possible -- withdrawal of privileges, doing chores, timeouts (going to a corner). It's important to avoid repeated scolding and corporal punishment. Consistency is what counts.

If the treatment succeeds, parents criticize less and need to punish less, children obey more often and behave better, and everyone feels less stress and anxiety.

The original format for behavioral parent training, called parent **management** training, was developed at Yale, chiefly for children up to age 13. In a program lasting several months, the therapist explains behavioral principles and methods, demonstrates them, and coaches the parents, who practice at home. Parents observe and record troublesome behavior, noting when and where it occurs and what precedes it. Then they apply the principles they have learned -- at first to relatively simple issues like doing household chores, later to more serious problems like truancy, stealing, tantrums, and fighting. The therapist stays in touch by telephone between sessions to help keep the parents on course.

The Incredible Years Training Series was conceived at the University of Washington, originally for parents of misbehaving children aged 2-9. Programs have since been introduced for parents of older children, for teachers, and for the children themselves. The training has also been tested as a way to prevent problems from developing in preschool children who are at risk. The program makes use of videotapes that illustrate difficult situations and suggest ways to handle them. The videos are shown to parents who observe the child's behavior at home, record their thoughts and feelings, try out new strategies, and discuss them in group meetings that follow the video presentations. The therapist also provides demonstrations, rehearsals, home visits, telephone contact, and a training manual.

Multisystemic therapy, perhaps the most widely known type of parent training, was developed at the Medical University of South Carolina mainly for older children and adolescents who are in serious trouble, often at risk of being placed in group homes or juvenile detention centers. The program makes use of family therapy and cognitive behavioral therapy as well as parent training. It operates at an individual, family, and sometimes neighborhood level, and is adapted to the needs of individual families.

Parents meet several times a week in homes, schools, or recreational centers. They define their own goals, working with guidance from therapists, including a case manager who coordinates services with social workers, schools, and probation officers. Because of the community setting, and because the case manager is available 24 hours a day, parents have easy access to the program and find it easy to cooperate. Therapists may also work with parents on the parents' own problems, including domestic violence, alcoholism, and psychiatric disorders.

Parent training is being supported and promoted by many agencies, including the National Institute on Drug Abuse and the Office of Juvenile Justice and Delinquency Prevention of the United States Department of Justice, because in most studies it has been found superior to other approaches.

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For serious juvenile offenders, multisystemic therapy seems to be more effective than alternatives such as individual therapy and group treatment. One study found that in children who had already been arrested an average of three times or more by age 14, it reduced the rate of incarceration by 64% in the first year. Another study found that even after 14 years, people whose parents had undergone the therapy were much less likely to be arrested and jailed as adults.

A meta-analysis of 63 controlled studies published in 2006 found that behavioral parent training generally improved children's behavior and parents' competence and confidence. The effects were significant although not spectacular. Children in poor and single-parent families did worse, but those with more serious problems improved more. The effectiveness of parent training declined with time but was still noticeable at follow-ups an average of seven months after treatment. Surprisingly, programs that treated children separately proved less effective than ones in which only parents were helped.

Individual parent training was superior to group training, especially for families that had the worst problems, so the reviewers conclude that its extra expense is justified. But the meta-analysis also suggested that direct contact with a therapist might not be necessary. When parents simply read a manual, watched videos, or used a computer, the training was just as effective.

There are difficulties. The training can be demanding. Parents must be prepared to cooperate with each other and therapists. The dropout rate is high, especially among parents who have the most problems of their own. Many studies have been conducted as demonstration programs in university clinics, and the programs may not work as well in everyday practice. But results might be improved by longer-lasting treatment, booster sessions, and prevention programs, as well as more use of videotapes, manuals, and computers. Despite the limitations of parent training, nothing else has shown as much promise for helping children with behavior problems and their families.

Resources

American Academy of Child and Adolescent Psychiatry 202-966-7300 www.aacap.org

Family Studies Program and Clinic Duke University Medical Center 919-416-2431
psychiatry.mc.duke.edu/clinical/familystudies.html

Multisystemic Therapy -- Family Services Research Center Medical University of South Carolina
www.mstservices.com

Parenting Clinic University of Washington School of Nursing 206-543-6010
www.son.washington.edu/centers/parenting-clinic

Yale Child Study Center Parenting Center and Child Conduct Clinic 203-432-9993
www.childconductclinic.yale.edu

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For more references, please see www.health.harvard.edu/mentalextra.

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