Stress Reduction Interventions for Parents as Treatment Enhancement


This article describes a clinical trial examining the effectiveness of an evidenced-based treatment enhancement developed to reduce stress in parents of children referred for aggressive and antisocial behaviors. Results suggest that such an enhancement can improve therapeutic outcomes for children, parents, and families.

A relationship between parental stress, parent behavior, and child behavior problems has been shown in previous research. For example, externalizing and internalizing behavior in children can be predicted by stress and coping in parents. Researchers have also found a connection between stress and interpersonal interactions in other types of relationships as well, such as interactions between mental health staff and clients. The aims of the study were to test the effectiveness of an intervention to reduce parental stress and the impact of stress reduction on outcomes.

**Study methods and sample**

The authors randomly assigned consecutive referrals of 127 children between the ages of 6-14 years (M = 9.8, SD = 1.8) and a primary caretaker to two conditions - a group that received a stress reduction intervention (the treatment enhancement) and one that did not. Children were European American (69.3%), African American (21.3%), Hispanic American (1.2%), Asian American, and biracial (3.1%). Oppositional defiant disorder (40.2%), conduct disorder (29.9%) and major depressive disorder (9.4%) were the most common diagnoses among children in the sample. Most children (77.7%) had co-occurring disorders (M = 2.4, SD = 1.2), such as oppositional defiant disorder with attention-deficit/hyperactivity disorder and conduct disorder with attention-deficit/hyperactivity disorder (29.9% for each). Most caregiver participants were either biological (90.%) or adoptive mothers (7.1%) with a mean age of 36.4 years (SD = 6.3, range 24-55). Thirty-seven percent were head of single-parent households and the median family income range was $2,001 to $2,500 per month. All children and their caregivers who completed the evidenced-based treatments for aggressive and antisocial behavior were included in the enhancement study. Treatments and conditions are described below.

(1) All children received cognitive problem-solving skills training (PSST). The treatment consisted of 20-25 individual sessions that focused on problem-solving skills for managing interpersonal situations. (2) All caregivers received individual parent management training (PMT) over 16 sessions during which they learned adaptive parenting skills and interaction patterns as well as how to alter child behavior at home and school. (3) Only caregivers randomly assigned to the treatment enhancement condition received parent problem-solving training (PPS) over five sessions interspersed throughout PMT. Through instruction, modeling, role-play, and practice, therapists trained caregivers to identify, recognize reactions to, and generate ideas and plan for alternative solutions to self-identified stressful situations.

**Measures**

Prepared by the Research and Training Center for Family Support and Children’s Mental Health, Portland State University, 1912 SW 6th, Rm. 120, Portland, OR 97201, (503) 725-4040 in collaboration with the Research and Training Center for Children’s Mental Health, University of South Florida.

Email: datatrends@pdx.edu; Web address: www.rtc.pdx.edu.

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Measurements of child, caregiver, and family outcomes were collected at intake and post-treatment. Measures included the Interview for Antisocial Behavior (IAB), the Parent Daily Report (PDR), and the Child Behavior Checklist (CBCL) to assess child functioning; the Beck Depression Inventory (BDI) and the Hopkins Symptom Checklist (SCL-90) to assess caregiver functioning; and the Family Environment Scale (FES) and the Sense of Social Support Scale (SSS) for family functioning. The authors also collected post-treatment data on the global influence of PPS on perceived barriers to treatment and treatment attendance.

Results

In keeping with previous research on PSST and PMT, children, caregivers, and families improved on all therapeutic measures over the course of treatment. However, the caregivers who also received PPS and their children and families showed significant improvement on all outcome measures as compared to the caregivers who did not receive PPS. This group, who received the treatment enhancement, experienced less parental stress and fewer treatment barriers, but did not report significant differences in attendance as compared to the group that did not receive the treatment enhancement.

Implications

The authors note several limitations to the study, particularly the applicability of PPS for use with other clinical populations and its long-term effects. Parental stress plays a special role in disciplinary practice, child behavior, and child outcomes for families coping with aggressive and antisocial behavior that may not be as great an issue with other clinical populations. Longitudinal follow-up measurement of outcomes is necessary to determine the long-term effects of PPS. Nevertheless, the hypothesized enhancing effect of PPS was supported. Practitioners can use PPS as a tool to enhance their evidence-based practice and optimized therapeutic outcomes for children and families.