

Augmenting Behavioral Parent Training with Brief Cognitive-Behavior Therapy for Parents: Results from a Pilot Randomized Trial



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INTRODUCTION

- Young children with disruptive behavior disorders (DBDs) experience significant school readiness impairments that are associated with high levels of parenting stress.
- Although behavioral parenting training (BPT) programs can reduce DBD symptoms and parenting stress, many parents still continue to exhibit high levels of parenting stress which can impact child outcomes.
- This study explores how augmenting BPT programs with brief cognitive behavioral therapy (CBT) for parents can be implemented and more effectively target parenting stress.

METHODS

Participants

- 82 children (87.8% boys; Mean age = 5.14 yrs, 80.5% Hispanic/Latinx, 95.1% White)
- 82 parents (93.9% mothers; 79.3% Hispanic/Latinx; 91.5% White; 25.6% Preferred Spanish; 78.0% Bachelor's Degree or higher; 78.0% married)

Measures

- **Intervention Evaluation.** Attendance, treatment fidelity, and treatment satisfaction were tracked and obtained.
- **Content Knowledge.** Parents completed a survey to assess pre- and post-treatment BPT and CBT content. Subscales were derived.
- **Parenting Stress Index (PSI-SF; Abidin, 1983).** A composite score was used to measure parenting stress based on 36 items on a four-point Likert scale (0 = not at all, 3 = very much).

Interventions

- All children participated in the Summer Treatment Program for Prekindergartners (STP PreK; Graziano et al., 2014). Parents simultaneously participated in the following programs:

School Readiness Parenting Program

(SRPP; Graziano et al., 2013; $n = 82$)

Eight weekly 2-hr BPT group sessions with traditional behavioral management, school readiness (i.e., academic skills, home-school communication), and social-emotional curriculum

Extra SRPP / Control

($n = 40$)

Three biweekly 1-hr small group sessions reviewing information and assignments related to the SRPP curriculum.

CBT Modules

($n = 42$)

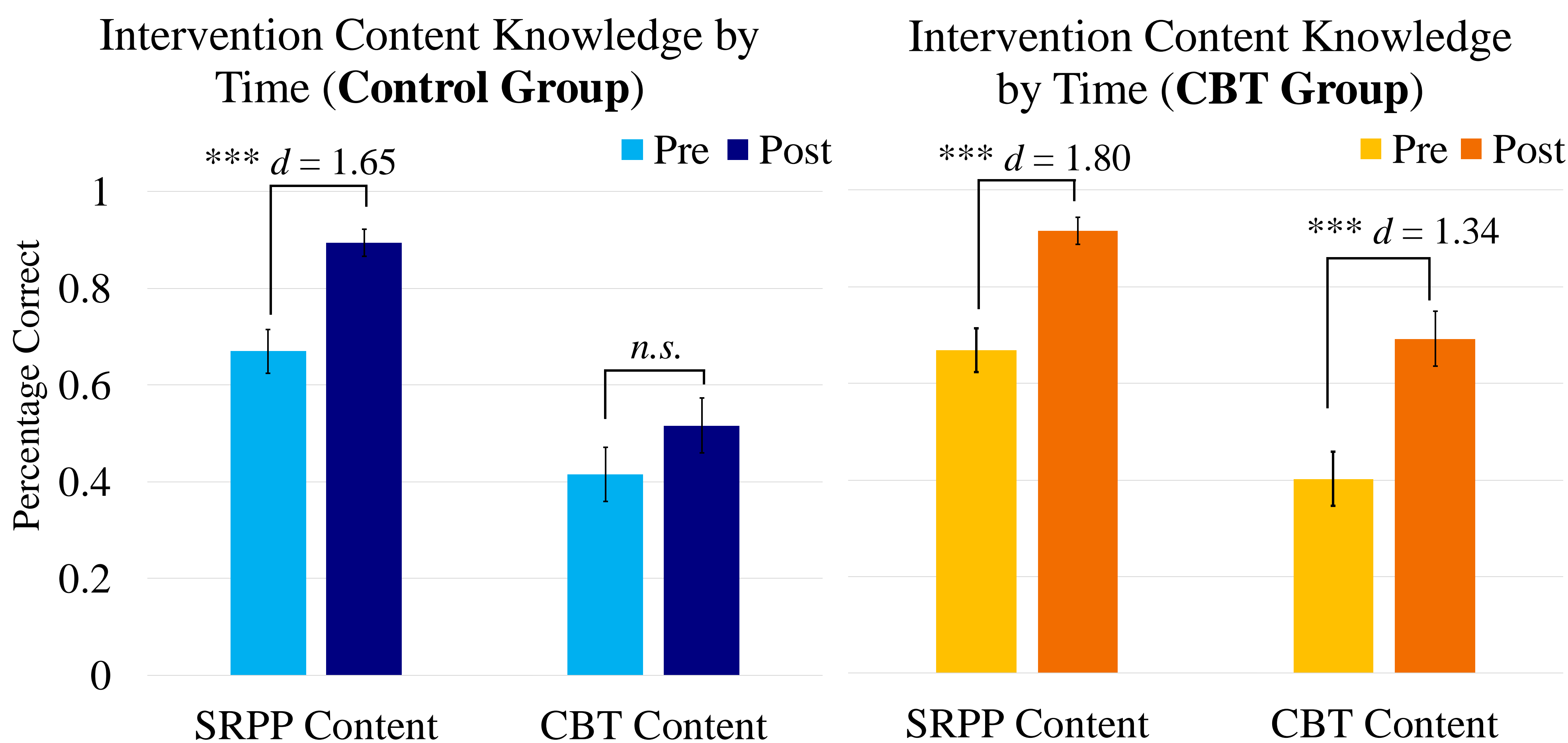
Three biweekly 1-hr small group sessions with information and assignments related to stress management, distress tolerance, acceptance, and social support.

RESULTS

CBT Modules can be **feasibly implemented** within BPT. Both BPT and supplementation with CBT can **improve content knowledge** and **reduce parenting stress**.

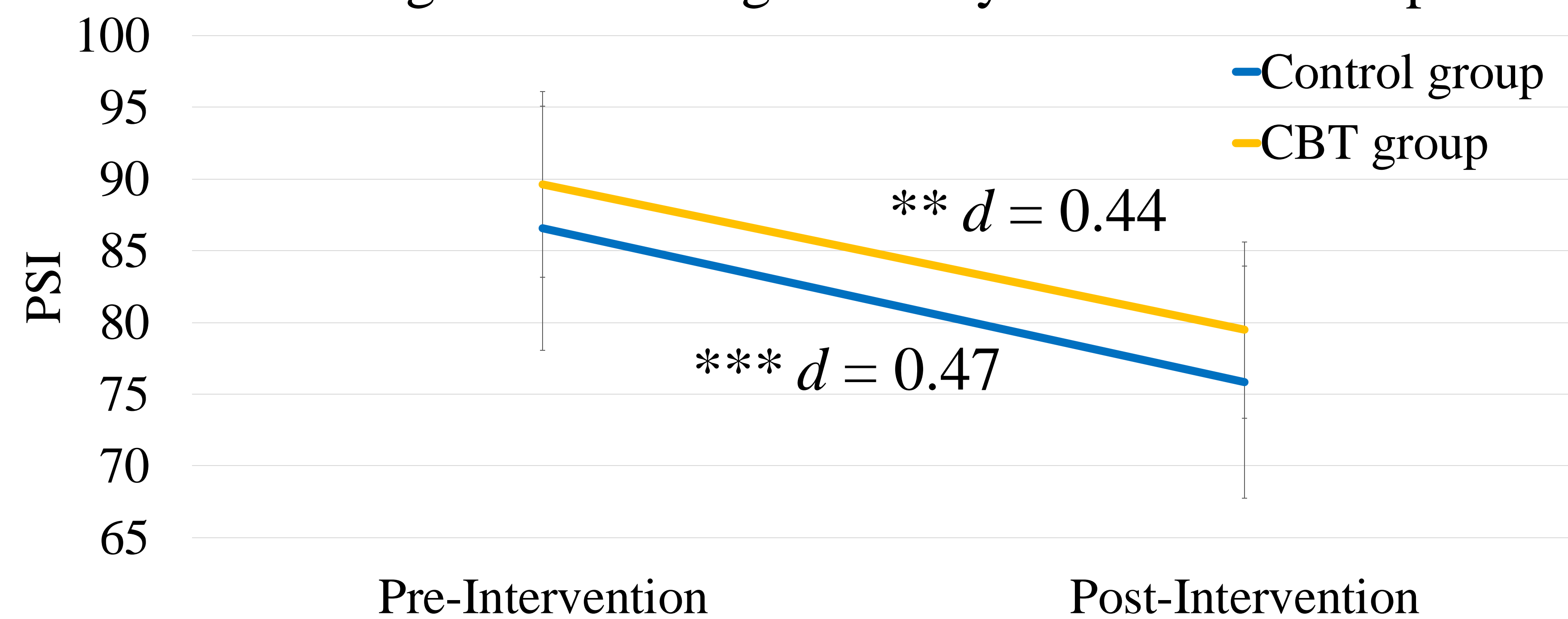
Group	Core SRPP Attendance	Group Attendance	Fidelity	Satisfaction
Control	$M = 6.03$ (32.5% attended all 8 sessions)	$M = 1.18$ (30.0% attended all 3 sessions)	$M = 89.12\%$	$M = 4.84$; 96.8%
CBT	$M = 6.52$ (40.5% attended all 8 sessions)	$M = 2.07^*$ (66.7% attended all 3 sessions)	$M = 100\%$	$M = 4.95$; 100%

Note. * The CBT group attended more of their supplemental sessions than the Control group did ($p < .01$).



Note. ** $p < .01$, *** $p < .001$, *n.s.* = not statistically significant, d = Cohen's effect size. There was time by group interaction for CBT content ($p < .001$).

Change in Parenting Stress by Treatment Group



DISCUSSION & IMPLICATIONS

- This marks the first STP-related study, to our knowledge, to examine the feasibility of supplementary CBT for parents.
- Supplementing BPT with CBT can be feasibly implemented with high levels of treatment satisfaction.
- Greater attendance in CBT modules facilitates increased learning of CBT skills and knowledge for parents.
- Both treatment groups saw significant decreases in parent stress from pre- to post-intervention. There was no interaction effect, suggesting that CBT supplementation may not be necessary. Rather, participation in BPT is sufficient for reducing parenting stress among those with young children with DBDs.
- Surprisingly, increases in CBT knowledge corresponded with increases in parenting stress, suggesting that parents may have become more aware of their stress levels. Follow up will be important to identify if there is "sleeper effect" for the CBT group regarding parenting stress and/or children's functioning.

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