A cognitive-behavioural parenting intervention reduced problem behaviours in at-risk preschool children and improved parenting skills in socially disadvantaged families

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A community-based cognitive–behavioural parenting intervention reduced problem behaviour in at-risk preschool children and improved parenting skills in socially disadvantaged families


Does a community-based cognitive–behavioural parenting intervention reduce problem behaviour in at-risk preschool children and improve parenting skills in families from socially disadvantaged areas?

### METHODS

**Design:** randomised controlled trial.

**Allocation:** unclear concealment.

**Blinding:** blinded (participants) and data collectors.

**Follow-up period:** 6 months.

**Setting:** 11 Sure Start areas (ie, high risk, disadvantaged areas) in north and mid-Wales, UK.

**Participants:** 153 families from socially disadvantaged areas that had a 3-year-old or 4-year-old child (58% boys) who lived with the primary caregiver and was at risk for conduct disorder (Eyberg problem score ≥11 or intensity score ≥127).*

**Intervention:** Webster-Stratton Incredible Years Basic Parenting Programme (n = 104) or waiting list (n = 49). The parenting intervention was delivered in 2-hour, weekly, small group sessions for 12 weeks. Trained leaders presented a structured sequence of topics, including using praise and incentives, relationship building, limit setting, non-aggressive management strategies for non-compliance and gentle consequences for problem behaviour. The programme used role play, discussion, modelling, videotapes of family behaviour, and skills practice.

**Outcomes:** child problem behaviour (Eyberg Child Behaviour Inventory). Secondary outcomes included positive and critical parenting and child deviance behaviour (30 min home observation of parent-child interactions).

**Patient follow-up:** 87% (100% included in intention-to-treat analysis with baseline values used for those lost to follow-up) *Information provided by author

### MAIN RESULTS

At 6 months, the parenting group had greater reductions in children’s problem behaviour and showed more positive parenting behaviours (table). The groups did not differ for the other secondary outcomes reported in the table.

### CONCLUSION

A community-based, cognitive–behavioural parenting programme reduced behaviour problems in preschool children and improved parenting skills in families from socially disadvantaged areas.

### Commentary

The number of young children with behaviour problems is a growing concern that has been recognised in the fields of education, psychology, and paediatrics. As previous research has shown, these problems are not fleeting but often are predictive of later, more serious concerns, such as antisocial and violent behaviours. A reluctance to label a young child’s behaviour too early may result in postponing a diagnosis such as conduct disorder or oppositional defiant disorder. Instead, focus has understandably been directed at strengthening parenting behaviours and the potential effects of enhanced parenting skills on improving child behaviour before problems become entrenched. Webster-Stratton’s Incredible Years Basic Parenting Programme has repeatedly been recognised as an evidence-based programme that can reduce conduct problems in young children and improve parent competence. Yet like all model interventions supported by research, it must be replicated with fidelity if expected positive results are to be seen. The challenge of delivering such an intervention using a population-based approach is to reach the many children and parents who can benefit. The study by Hutchings et al applied Webster-Stratton’s Parenting Programme in a widespread community application using a UK government strategy to provide early preventive parenting support for families in high risk and disadvantaged areas. It is promising that intended outcomes were achieved using this pragmatic approach. These findings should galvanise discussions about nursing roles and the opportunities for intervention that are often overlooked in early child care settings.

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### Cognitive–behavioural parenting intervention v waiting list for behaviour problems in children

<table>
<thead>
<tr>
<th>Outcomes at 6 months (cut point)</th>
<th>Estimated mean difference between groups in follow-up scores (95% CI)</th>
<th>Effect size (95% CI)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Eyberg problem score (11)</td>
<td>4.42 (2.0 to 6.85)</td>
<td>0.63 (0.28 to 0.98)</td>
</tr>
<tr>
<td>Mean Eyberg intensity score (127)</td>
<td>25.05 (14.92 to 35.18)</td>
<td>0.89 (0.54 to 1.24)</td>
</tr>
<tr>
<td>Positive parenting observation†</td>
<td>9.59 (3.69 to 15.49)</td>
<td>0.57 (0.22 to 0.91)</td>
</tr>
<tr>
<td>Critical parenting observation‡</td>
<td>3.42 (–0.36 to 7.19)</td>
<td>0.32 (–0.03 to 0.67)†</td>
</tr>
<tr>
<td>Child deviance observation‡</td>
<td>3.16 (–1.87 to 8.41)</td>
<td>0.21 (–0.13 to 0.55)‡</td>
</tr>
</tbody>
</table>

*Adjusted for baseline score and Sure Start Area. 0.3 is considered a small effect size, 0.5 a medium effect size, and >0.5 a large effect size.
†Frequency count in 30 minutes. ‡Not statistically significant.