

PARENT TRAINING: A REVISION OF ITS MAIN COMPONENTS AND APPLICATIONS

CÉSAR A. REY A.*
Universidad Católica de Colombia

Abstract

This article presents the defining aspects in the treatment of children's behavior problems and in parent training to improve upbringing. Through revision of several programs which have similar aims (including the first one, published in 1974), the article also offers a sketch of the therapeutic components and applications. Revision of the components that have been implemented in the programs indicate some divisions within the programs: 1) those aimed at optimizing parenting; and 2) those aimed at improving parental wellbeing thus facilitating the raise of children. The revision of its applications, on the other hand, indicates that this approach has been employed the most to treat children with behavior problems and aid parents at risk of having negative relationships with their children.

Key words: Parent training, upbringing, problems with child behavior, behavior modification.

* Correspondence: César Rey, facultad de psicología, Universidad Católica de Colombia, carrera13 n° 47-49, Bogotá, D. C., Colombia. E.Mail: crey@ucatolica.edu.co

Child behaviour problems, such as conduct disorder, defiant disorder negativism, enuresis, encopresis and lack of attention disorder associated with hyperactivity have been traditionally treated directly on affected children. With a training program it is possible to give mothers and fathers the knowledge and skills that allow them to successfully confront these problems of behaviour in a natural environment. This approach will allow them to strengthen their parental role, which in turn will provide their children with a healthy development and a state of wellbeing, opposite to what a treatment focused exclusively on the children does.

Parent-training programs have developed since 1970. This method present various advantages over traditional child psychotherapy (Thorley & Yule, 1982; McMahon, 1991): 1) it strengthens parent upbringing work in order to successfully confront the challenges imposed by their children and preventing forthcoming behaviour problems; 2) it uses treatment methods that have received an extensive empirical support; 3) it can be implemented on a group, which makes it more cost effective; and 4) in a sense it is more ecological than traditional methods since the treatment of the behaviour problems occur in a natural environment and is carried out by the people in charge of the children.

By strengthening parental work in fathers and mothers prone to maltreat their children, this method prevents future child behaviour problems, given the tight connection between maltreatment and behaviour problems like the ones described above (Bernazzani, Cote & Tremblay, 2001).

The aim of this work is to present definite and conceptual aspects of this approach, and also to describe its principal components and applications based on the revision of various studies published since 1974, when the first study on parent training was published.

DEFINITE ASPECTS OF PARENT TRAINING

Parent Training Definition

Parent training (PT) is a therapeutic approach that enables mothers, fathers or other guardians, techniques and strategies that allow them to understand and treat behaviour problems of their children. At first, it was developed as a form of applied conduct analysis since it used learning and conduct principles discovered through experimental analysis of behaviour.

Nevertheless, PT programs were developed later under a cognitive behavioural approach by incorporating cognitive therapies within therapeutic techniques (Azar, 1989).

Characteristics

Characteristics defining EP approach are the following:

1. *Objective.* Fundamentally, EP intends that the mother, the father or any adult legally in charge of upbringing the child treat his or her problem of behaviour

(McMahon, 1991). In order to achieve this purpose, it is expected that with training, parents or guardians learn principles of behaviour and learning that allow them to understand the behaviour of their child and implement the adequate strategies and techniques to manage their conduct problems. The principles taught are, in essence, those concerning operant and social learning; the techniques and strategies used are those that have been developed within the behaviour modification approach, such as positive reinforcement, response cost, cards economy, conduct contract, among others. As it is seen, PT uses therapeutic procedures that have an extensive empirical support.

Nevertheless, it must be emphasized, that at present, current PT programs involve other components different from the conduct principles and techniques mentioned before, that in general allow fathers and mothers to do a better job and prevent those aspects that have negative effects. Some of those components are child development training, stress managing and anger control, problem solving and social and communication skills. These characteristics will be explained later when the main components of the programs developed under this approach get reviewed.

2. *Psycho-educational character.* As seen in the first characteristic, PT programs are in essence of psycho-educational nature, not only because they permit the users to understand the origin of their children behaviour difficulties, seen from the

principles of behaviour discovered through basic investigation, but also because they provide the necessary knowledge and skills to confront this difficulties.

As it was pointed out, these skills do not refer only to children upbringing, they also refer to different areas related with upbringing. They are regularly taught using the structured learning methodology, which in essence is composed by the steps originally designed by Goldstein (1973): a) didactic instruction of the skill; b) skill moulding; c) skill practice through role playing; d) feedback; and e) home exercises.

3. *Ecological emphasis.* By training the parents or guardians in charge of the children, EP tends to treat behaviour problems as ecologically as possible. (Thorley & Yule, 1982). Both, mothers and fathers learn the principles, techniques, and strategies mentioned above at the consulting room and reply them at home so they can perform them in the environment where problems are generally created. Therefore, the relation between cost and efficacy is higher compared to traditional child psychotherapy because the cost of the treatment decreases and the parents strengthen their work by acquiring the knowledge to confront their children behaviour difficulties in the future (Barkley, 1986)

4. *Duration.* The extent of PT programs depends on the components included and the population that will be treated. They are usually carried out in weekly sessions, of two hours in average, for a period of one or two months. Although the programs are generally implemented in groups due to their cost, it is also possible to train a mother, a father or a couple individually.

5. *Preventive approach.* The PT approach may also be used as a second option when preventing child behaviour problems if it is implemented with parents whose upbringing skills have been proved to be inadequate with their small children and are at high risk of maltreat them (Bernazzani, Cote & Tremblay, 2001; Thorley & Yule, 1982). There is abundant and important evidence that indicates that inadequate upbringing practices engender child behaviour problems (Patterson, 1982; Patterson, 1999; Webster-stratton, 1998). Therefore PT could also prevent juvenile delinquency, as the children's problematic conducts generally predict teenage antisocial actions (American Psychiatric Association, 2002; Loeber & Bay, 1997; Moffitt, 19993). Summing up, if upbringing skills deficiencies are dismantled, maltreatment practices can be avoided. Consequently, child behaviour problems and teenage antisocial conduct can be prevented.

Efficiency of the Approach

The results of a state of the art of the PT approach confirmed its effectiveness and the benefits it provides to both, parents and their children, Williams, Williams y McLauhlin (1991). For example, when revising therapeutic methodologies used to treat the problems of child behaviour, it was found that PT is not only effective to treat them, but that also can prevent the manifestation of more serious conduct problems.

A similar idea was pointed out by Graziano and Diament (1992), who examined 155 empiric studies about the efficiency of PT concluding that this approach had positive effects on the quality of parents and children's life. It was also confirmed that is more

effective on disobedient and defiant children or children with minor conduct problems, such as phobias and enuresis. This revision also proved that the parents benefit from the paradigm because they acquire greater knowledge of their parental role, the skills to handle appropriately the behaviour of their children, and they also acquire positive attitudes towards their children upbringing. It was also discovered that the PT effects are greater in children with development problems; obesity, defiant disorder or that have minor conduct problems. Farmer, Compton, Burns y Robertson (2002), on the other hand, found that PT, together with the interventions carried out in the community, constituted the two most effective alternatives to treat behaviour and opposite disorders when they reviewed the literature about non-hospital treatments for children between 6 and 12 years old with these disorders.

Nevertheless, Hartman, Stage and Webster-Stratton (2003) have pointed out that a third of the children with conduct problems treated with PT are still within clinic range in the follow up measures. Therefore it is necessary to know more about the aspects that can affect the success of the intervention.

In this regard, Knouse (2005) has stated that, although PT has demonstrated to be effective in reducing disobedient behaviour in children with hyperactive attention disorder, its success depends on the characteristics of the treatments, the parents and the children. He quotes a revision (Chronis et al., 2004, in Knouse, 2005) that indicates that the factors that may affect the results of the treatment of this disorder through PT are the following:

1. *About the treatment (“Systemic”)*: treatment program format, strategies designed to maintain therapeutic benefits and the site where the program is implemented.
2. *About the parents*: the presence of psychopathologies or marital problems, single motherhood and father participation. According to the revision achieved by Knouse, there are signs that show the effectiveness of PT when treating mother depression or marital problems.
3. *About the child*: results can improve if a treatment program in social skills is included and it encompasses different environments (especially at school).

Brief historic review

Since 1970 parent training have been offered following Patterson findings (Patterson, Reid, Jones & Conger, 1975; Patterson, 1982). Many of these programs have targeted the interactions among family members of children with behaviour problems. Patterson and his team found that these children tend to show forms of coercive and passive-aggressive behaviour (such as tantrums, negativity and disobedience), due to the behaviour of their own parents and other members of the family, who convey and reinforce this conduct in positive and negative ways. For this reason they concluded that the best way to treat those child behaviour problems was inducing the parents to identify how their own behaviour was conveying and reinforcing their children behaviour. Thus, implement strategies to debilitate that type of conducts.

The first successful program developed under this premise was published by Patterson in 1974. It was called “Intervention for children with conduct problems”. In total 27 boys ranging from 5 to 12 years old participated in the program and were treated at school and at home through parent training. Patterson’s program was based on the principles and techniques of operational conditioning and the theory of social learning. This trial was successfully replicated by Flischman in 1981 with 29 boys and 7 girls ranging from 3 to 12 years old.

After the report of Patterson’s 1974 trial, various studies revising the effectiveness of EP approach using different variants were published. Most of them were carried out by former members of Patterson’s team. For example, McMahon, Forehand and Griest (1981) examined if teaching the principles of the social learning theory were really determinant in the efficiency of PT and could led to the generalization of its effects. They compared two groups of participants, just one of the two were taught with the principles. After a two-months follow up (home observation), surveys of pre and post-treatment indicated that the group trained with social learning principles obtained best results than the one who didn’t receive training. The former according with the parent’s reports and consumer satisfaction tests submitted to the sample.

According to McMahon (1991), the development of first PT programs was possible because, up to that moment, behaviour modification techniques had evolved and their effectiveness had been widely tested. There was also a need of resorting to novel treatment approaches different from traditional child psychotherapy in the sense of being

less expensive and more effective to treat child behaviour problems. The author identified three stages of development for this approach. The first stage took place during the 70's, the concern about this subject was limited to the publication of clinical cases that use PT approach to target child behaviour problems. The second stage began in the 80's; then the main concern was to test the capability of the approach, thus it would be possible to generalise positive outcomes from the children treated to other contexts (school for example), to the brothers and sisters of the treated child and to other conducts that had not been considered at first. During this period, it was also important to evaluate treatment outcomes. PT programs developed later included other components different from those used by Paterson during the 70's. Finally, the last stage started at the end of the 80's and the beginning of the 90's, the main concern of this period was to identify the most determining components and their efficiency.

Currently, the PT approach can be applied to child behaviour problems different from the ones originally studied by Patterson and his team. Additionally, the approach has been extended to other populations of parents and children that could possibly benefit from it, like fathers and mothers at risk of maltreating their children, divorced parents and adoptive parents.

REVISION OF FUNDAMENTAL COMPONENTS OF THE PT PROGRAM

With the purpose of unravelling the main components used in the PT programs, some the programs were reviewed, including the one developed by Patterson in 1974 (see Chart 1).

The revision showed that these programs have been implemented based on two main axes.

The first one refers to upbringing training, fathers and mothers acquire the knowledge and the skills to understand and confront problematic behaviours of their children; to comprehend the changes they experience throughout development; and to recognize the effects of their upbringing patterns on their children.

The other axis deals with the mother or father that receive training, it aims to their personal strengthening, under the assumption that this will reverberate positively on their parental role (Morrison & Lee, 1999). To achieve more adequately everyday life demands, parents got trained in problem solving, stress handling, anger control and social skills. The revision of these programs show that, although at the beginning of the 80's programs only included the elements of the first axis, at the end of that decade there was a raising interest about including the components of the second axis.

As it is shown in chart 1, the components of the contemporary PT programs depend on the population of parents and children the program is oriented. PT programs are being developed to serve a wide range of populations such as divorced mothers (Martínez & Forgatch, 2001), mothers with some kind of mental illness (Brunette & Dean, 2002), adoptive mothers and fathers (McNeil, Herschell, Gurwitch & Clemens-Mowrer, 2005) and mistreating parents (Cortés & Figueroa, 1991; Rey & Rodríguez, 1999). For this reason, Matthews & Hudson (2001) have suggested that to assure successfulness of a PT program, it must be planned according to the user's particular necessities. Further on,

some of these programs will be reviewed to give ideas about suitable components according to the case.

Chart1. Review of various PT programs developed since 1974

AUTHORS	PARTICIPANTS	COMPONENTS	PRIMARY RESULTS
Kazdin, Diegel and Bass (1992)	The families of 97 children between 7 and 13 years old with antisocial behaviour problems divided in three exp conditions	TCB, PSTC, combined treatment	The combined option showed better ef separated treatments
Harrold, Lutzker, Campbell and Touchette (1992)	4 mothers of children mentally retarded and moderate	TCB, planning of group activities	Improved the mother-child interactions
Gatewood, Thomas, Musteen and Castleberry (1992)	Deaf fathers and mothers	TCB, CP	(the program is only described)
Sayger, Horne and Glasser (1993)	43 children with problems of aggressiveness and their families, 21 assigned to experimental condition and 22 assigned to a control group	TCB, self-control, family communication	Improvement in the children's behavior teacher's report, increasing of the parent decreasing of their depression levels, in cohesion, among other results.
Scott and Stradling	Single mothers with children with behaviour problems	TCB	Reduction in the number and the perce behaviour problems, impulsiveness and children, and the depression and irritab
Schultz et al. (1993)	15 couples of parents with mentally retarded children compared to 39 couples of a control group.	TCB and behavioural	Positive effects in the experimental gro emotions and attitude.
Rey and Rodriguez (1996)	9 mistreating parents, assigned to an experimental group and a control group	PST, TCB, CP, TAC, TSM	Improvement of parent-child interactio the attitude towards maltreatment in th and one control group ECI, EME exper
Martinez and Forgatch (2001)	238 divorced mothers and their children (level 1-3)	TCB	Improvement of the upraising skills an children
Hartman, Stage, and Webster-Stratton (2003)	Mothers of 81 boys between 4 and 7 years old with conduct problems (some percentages with attention disorders)	TCB	Decreasing of the negative interactions and their children and their behaviour p
McNeil, Herschell, Gurwitch and Clemens-Mowrer (2005)	30 children with behaviour problems and one of their foster parents	TCB	Decreasing of the behaviour problems participating showed great satisfaction

TECHNIQUES TO HANDLE CHILD'S PROBLEMATIC BEHAVIOUR

The main component of most PT programs is training on behaviour modification techniques oriented to successfully confront behaviour problems of the children. Although trained techniques depend on the specific behaviour problems of the children, generally the parents are trained to 1) favour appropriate conducts; 2) disfavour inappropriate conducts; and 3) teach their children to acquire the appropriate skills according with their level of development. The first group (techniques to stimulate appropriate conducts) includes all the functions based on positive reinforcement such as conduct contract and ticket system.

The main principles of the intermittent reinforcement program and the gradual diminishing program can also be taught in order to achieve that appropriate behaviour lasts for long (Ross, 1991; Sulzer-Azaroff & Mayer, 1991).

Some of the techniques to avoid inappropriate conducts are those of differential reinforcement of other conducts (DRO), conditioned extinction, attention withdrawal, response cost and time out of the reinforcement. Finally, there are those related to moulding learning, moulding through successive approximations and enchainment. It is also possible to train the parents on behaviour registration procedures so they can monitor the improvements of their children.

Although there is a large number of assessments that show that the techniques mentioned are effective in treating child behaviour problems (Williams, Williams & McLauhlin, 1991; O'Reilly & Dillebunger, 2000), it is important to point out that when using PT not only its technical approach should be considered. On the contrary, it must be complemented with the particular characteristics and needs of the parents and children in order to favour their well being (Matthews & Hudson, 2001). Achenbach and Edelbrock (1984) have shown that the treatment for childhood psychopathologic disorders should acknowledge the following:

1. When the parents or other guardians ask for help to treat a particular behaviour of their child that is considered by them as negative or unstable, it should be carefully examined why they judge it like that, because in any intervention practiced on the child's conduct, his wellbeing should come before the wellbeing of their parents or other people.
2. Any evaluation or intervention practiced on a boy or a girl must consider his or her stage, because most behaviour perceived as negative are normal at certain ages. Besides, compared to adults, children experience rough changes in their development in short periods of time.
3. Children's behaviour, as growing up individuals, depends on the environment.

For this reason, is it convenient that in PT programs they learn the principles of apprenticeship and conduct, not only to understand the way their children developed their

problem of behaviour, but also to be able to distinguish which was their role in that process. Thus they are able to modify their behaviour yielding positively on their child behaviour.

Matthews and Hudson (2001) have shown some ethical considerations concerning PT programs design. Besides evaluating the importance of the intervention favouring the welfare and healthy development of the child, these authors suggest that the parents' cultural values and customs should be considered because they could influence the way they interpret and implement the techniques they have learnt. They also state that the training should be focused on strengthening the positive behaviours of the child rather than simply weakening the negative ones. In this way, it is essential to teach the parents techniques to strengthen and weaken conducts, so they can teach their children new ways to behave.

TRAINING ON CHILD DEVELOPMENT

As it can be inferred, it is necessary for the parents to know the capabilities and limitations of their children according to their level of development. For this reason, it is frequent that PT programs provide guidance on that subject. Training on child development can include everything related to the physical, behavioural and cognitive characteristics of the boys or girls in each stage of their development, emphasizing the ways parents can help to encourage them to have a healthy development in all areas (Botero, 1994; Cortés & Figueroa, 1991; Wolfe, Sandler & Kaufman, 1981).

TRAINING ON PROBLEM SOLVING SKILLS

This component was first used by Wolfe, Sandler and Kaufman (1981), under the assumption that parents tend to mistreat their children and show a lack of skills in problem solving, evident when they must confront the behaviour problems of their children.

Training in problem solving teaches mother and/or father to use an orientation that helps finding solutions to the problematic situations concerning their child's behaviour (Walker, 1988). The basic structure of this training follows, in general, the sequence traced by D'Zurilla & Goldfried (1971): a) general orientation towards the problem; b) definition and formulation of the problem; c) creating alternatives for a solution; d) decision making evaluating the pros and cons of each alternative; and e) evaluation of the results of the alternative chose.

Training works common problems, typical of child upbringing. During the first session parents are encouraged to apply the step sequence that acknowledges their children problems. In the next session results of the alternatives applied are monitored and the use of other alternatives is considered and left for analysis for the following session (Walker, 1988). In the Group Parent Training developed by Wolfe and his colleagues (1981), various videotapes were used showing different problems of child behaviour, parents had

to come up with different solutions and discuss them with the group. The tape also presents a solution that is discussed by the group.

The assessment of this component has demonstrated more effective results when is not only applied to children behaviour problems in particular (as done by Wolfe et al., 1981), but to the everyday problems of the parents. For example, in the investigation made by Pfiffner et al. (1990) he compared a PT program focused on developing abilities to handle children behaviour with one that also included training on abilities to solve different everyday problems, not necessarily related to their children. The mothers of each of the treatments applied (eleven single mothers of children with behaviour problems) reported a significant reduction in the behaviour problems of their children in post-treatment evaluation and four months later (follow-up). However, the evaluation of the second group of mothers reported a significant decrease in the follow up results compared with the mothers of the first group.

Kazdin, Siegel and Bass (1992) trained in problem solving not the parents, but the children themselves. The program combined that treatment with PT and was oriented to train children with serious antisocial behaviour problems. This program was compared to one that only included training on problem solving abilities and another one that only had PT. The trial was applied to the families of 97 children in a range of 7 and 13 years old presenting this type of behavioural difficulties. Researchers found that the combined treatment offered better post-treatment benefits; these findings were confirmed with the follow-up carried out a year later.

TRAINING ON SOCIAL SKILLS

Another way of benefiting the parents on the personal aspect, in a way it reflects on their parental role, is to strengthen their network of social support by training them on classic and advanced social skills. According to Azar (1989), the enrichment of this interpersonal support network is important in the case of fathers and mothers at risk of mistreating their children due to their social isolation. An example of the incorporation of this component for mistreating mothers is the twelve week program developed by Lowell, Reid and Richey (1992) that integrated a wide range of interpersonal interaction abilities, including basic conversation skills, rights defence and assertiveness.

Some programs have included an element on parent-child communication skills (Botero, 1994; Cortés & Figueroa, 1991), with the purpose of favouring better interactions between them. The following are some of the abilities that can be worked: developing listening skills, expressing complaints, asking for favours, problem solving and learning proper conditions to communicate.

TRAINING ON STRESS MANAGEMENT AND ANGER CONTROL

Training on stress management seeks to reduce the level of stress generated by the demands of the parents' everyday life. They are thought with series of confrontation and self-control techniques under the assumption that this will yield on the quality of the

relationship between the parents and their children. The training on anger management, on the other hand, provides them conventions on self-control to be able to confront their children's behaviour problems in a non-aggressive way. According to Weisinger (1988), this training may involve two areas: 1) the identification of behavioural, physiological and cognitive signs of anger and the situations they are commonly generated (in this case the ones related to the children); and 2) learning self-control abilities to manage anger of physiological type (e.g. relaxation through breathing), behavioural type (e.g. timeout and the assertive expression of complaints) and cognitive type (e.g. replacing thoughts that increase anger for others that decrease it by analysing the origin of anger). This component has been implemented on programs oriented to mistreating fathers and mothers giving satisfactory results (Rey & Rodríguez, 1999; Wolfe, Sandler & Kaufman, 1981).

APPLICATION OF THE PT APPROACH

The appraisals of the programs that appear in Chart 1 show that the applications of PT approach have been diverse. Nevertheless, these programs could be classified, based on their fundamental objective, in two main types: a) those directed to treat child behaviour problems; and b) those oriented to fathers and mothers because they are in a special situation that compromises their parental role and that could put them at risk of mistreating their children. This division can be seen in Chart 2.

CHART 2. TYPIFYING PROPOSAL OF PT APPROACH APPLICATIONS

TYPE	APPLICATION
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Programs oriented to treat child behaviour problems	Disruptive behaviour, attention deficit disorder with or without hyperactivity, academic performance, linguistics disorder, disruptive sleep, anxious feeding, enuresis, encopresis, obesity.
Programs oriented to parents at risk	Parents of children with special needs, mentally retarded parents and other disabilities, maternal preparation, divorced parents, foster parents, mistreating parents, imprisoned parents.

PROGRAMS ORIENTED TO TREAT CHILD BEHAVIOUR PROBLEMS

These types of programs expect mothers and fathers acquire knowledge, strategies and techniques that will allow them to treat their children's behaviour problems. It is based on two fundamental components: techniques to confront the behaviour of the children and training on child development.

The approach of PT has been used to treat a great selection of child problems. The most important will be listed as follows:

1. *Disruptive behaviour*. Disruptive behaviour, or behaviour problem, as it is simply called, defines all behaviours falling under the diagnosed categories of dissocial disorder (aggression toward people or animals, property destruction, frauds, theft, law breaking) and negative defiant disorders (excessive disobedience, negativism, constant tantrums, among others) (American Psychiatric Association, 2002). As it was mentioned, these behaviours constitute the fundamental objective of the first PT programs and are the most

effective applications of this approach (Bernazzani et al., 2001; Farmer et al., 2002; Knouse, 2005; O'Reilly & Dillenburger, 2000).

The programs developed to treat child behaviour problems showed that their effects benefit both children and parents. For example, the efficiency of the program carried out by Scott and Stradling (1993) with single mothers whose children had behaviour problems was compared with the program applied to a control group of the waiting list.

The evaluation of the self-report and the report of children's behaviour pre and post treatment showed that the program reduced significantly the number and intensity of the behaviour problems and the impulsiveness and anxiety of the child, as well as the depression and irritability of the mothers. According to the follow-up, these results were the same three months after the program was executed.

Parent-Child Interaction Therapy (Neary & Eyberg, 2002), is a prototypic program of PT directed to the intervention of externalizing behaviour problems of the children between two and seven years old. This program has shown to be effective in treating these difficulties, as it improves upbringing abilities and reduces the levels of stress of the parents (Herschell & McNeil, 2005). The program consists of two stages; the first teaches the parents to use differential attention (RDO) through a series of five abilities. The goals of this stage are to strengthen the parent-child relationship, to strengthen the self-esteem of the boy or girl and their pro-social behaviour, and to improve parent upbringing skills. The second stage educates the parents in the principles of behaviour modification, aiming

to reduce their children's behaviour problems, especially disobedience. The methodology of this program is based on the reviewed methodology of structured learning (didactic instructions, moulding and role playing), but it includes direct training in the natural environment using an earpiece through which the therapist instructs the parents while they interact with their child (Herschell & McNeil, 2005).

Although this program lasts an average of 10 to 14 weeks (an hour per week), the time depends on the severity of the behaviour problems of the boy or girl and the ability level of the father or mother because the implementation of the program depends on the necessities of each parent-child dyad. According to Neary and Eyberg (2002), it can be successfully implemented on divorced or separated parents, mistreating or intellectually limited parents.

1. *Attention deficit disorder with hyperactivity.* Another diagnosed category that has been widely examined by the PT approach is the attention deficit disorder with hyperactivity. Although, the results obtained with this programs show that they help to reduce the behaviours of this disorder, they aren't that different from the ones obtained with pharmacotherapy with stimulants (Anastopoulos, DuPaul & Barkley, 1991). In this sense, Ialongo and his colleagues (1992), compared the efficiency of pharmacotherapy with methylphenidate, with the combined treatment of this pharmacotherapy, the PT and self-control instruction, and didn't find significant differences in the post-treatment evaluation nor the in follow-up nine months later.

Other revisions have indicated that the PT approach is not very effective in treating this disorder (e.g., Graziano & Diament, 1992; Farmer et al., 2002), while other demonstrate the opposite (e.g., Barkley, 1986; Pelham Wheeler & Chrinis, 1998). Pelham and his colleagues (1998), for example, found that PT together with behavioural treatment in the classroom, were the pro-social treatment alternatives that follow the “well based” treatment criteria for this disorder. Hartman and his colleagues (2003), on the other hand, implemented a PT program with the mothers of eighty-one boys between four and seven years old that had behaviour problems with and without attention disorder (inattention, impulsiveness and hyperactivity). They informed that the program reduced the negative interactions between the mothers and their children, as well as the behaviour problems of the children with and without attention disorders.

This results show that PT can reduce the disturbing behaviour problems of the children with deficit disorders with hyperactivity.

2. *Other Child Behaviour problems.* Some parents have also been trained to be tutors of their children with the purpose of improving their academic performance (Thurston & Dasta, 1990), to be language teachers for their children with linguistic disorders (Alpert & Kaiser, 1992), to reduce the disruptive sleeping of small children (Seymour, Brock, During & Poole, 1989) and to help children refusing to eat (Werle, Murphy & Budd, 1993). All this programs reported positive results. The PT approach has also been implemented in the treatment of enuresis, encopresis and child obesity (Graziano & Diamment, 1992).

TRAINING PROGRAMS DIRECTED TO PARENTS AT RISK

Other types of applications of PT programs are the ones directed to the parents who are in a situation that could put at risk the quality of the relationship with their children.

The most outstanding applications will be reviewed next.

PARENTS OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

The boys and girls with special educational needs require a higher level of attention compared to the *normal* children. For this reason, various programs have been implemented for these parents. These programs generally give support by training parents in techniques that include, at the same time, specialized psycho educative content to confront their children's behaviour. This way, they allow preventing child mistreatment in certain conditions, due to the behaviour characteristics of the boys and girls. Next, we will review some of the programs that have been designed for the parents of boys and girls with intellectual deficits, brain paralysis and autism.

1. *Mentally retarded children.* In the program developed by Harrold, Campbell & Touchette (1992), additionally to training in techniques to confront child behaviour, they also worked on performing activities between mother and child, where participated four couples of mothers with their child, whose intellectual functioning oscillated between low and moderate. The results showed that the program improved the interaction of these couples.

- Shultz and his colleagues (1993) carried out a program with 15 couples of parents, comparing its efficiency with a control group of thirty-nine couples. They found positive emotional, behavioural and attitudinal aspects in the parents from the experimental group, without any differences between the genders.
2. *Children with brain paralysis*. The instruction program by Hanzlik (1989), designed for mothers of children with brain paralysis, had the purpose of improving the quality of the verbal and non verbal interactions between the mothers and their children. When he compared an experimental group with a control group that only received occupational therapy, he found that the program worked significantly in modifying the non verbal interaction of the mothers with their children from this group.
 3. *Autistic children*. In the program by Anderson et al. (1987), the parents of some autistic children were trained on techniques to teach behaviours. The majority of the children that participated in this program showed advances in their language, their self-care behaviour and their social and academic development.

PARENTS WITH MENTAL RETARDATION AND OTHER DISSABILITIES

Having a father or mother with mental retardation has been also considered a situation at risk. For this reason, programs have been developed to strengthen their parental role. For example, in the program developed by Feldman et al. (1989) they taught three retarded mothers various techniques including verbal, moulding and feedback instruction, and compared its effects with seventeen mothers from a control group that were not retarded.

The program achieved its objective of improving mother affection and sensibility increasing as well their physical affection, flattering and the imitation of the verbalizations of their children, in similar levels as the ones observed in the mother from the control group.

Some programs have been developed for parents with other disabilities. For example, the program developed by Gatewood, Thomas, Musteen & Castleberry (1992) was oriented to deaf fathers and mothers, including pregnant, divorced and single women. Its content was focused on training in development and learning techniques to confront their children's behaviour.

Brunette & Dean (2002) defended PT services for women with severe mental illnesses. According to these authors, these women can have problems upbringing their children due to the mental symptoms they suffer and to the lack of knowledge and skills, and their poor social support networks.

MATERNAL PREPARATION

Another population at risk is composed by first time and teenage mothers due to their lack of experience in maternal labour (Guzmán, 1989; Weinman, Schreiber & Robinson, 1992). For this reason, programs on maternal preparation have been developed, in which the mothers and their partners are given scientific information concerning health, nutrition and the adequate stimulation that the child should receive from its conception, during prenatal and neonatal stages and during early childhood (Guzmán, 1989).

The program for maternal preparation by Hamilton-Dodd et al. (1989) offered material on physiological changes experienced by the mother, daily activity planning, child development, individual differences and mother-child relationships. When it was used with eight mothers and compared to another eight mothers from a control group that didn't take the program, the first group showed greater satisfaction with their obstetric care and the maternal preparation they received.

DIVORCED PARENTS

The programs for father and mother that are divorced can strengthen their upbringing abilities and their relationship with their children after the divorce, preventing the development of behaviour problems in the future. Martinez & Forgatch (2001), reported positive effects of a program that worked on three aspects: the use of corrective discipline, the proper upbringing methods and child disobedience, implemented with 238 divorced mothers and their children.

Some of these programs are used as preparation for post-divorce and, in countries like the United States (Petersen & Steinman, 1994), they are compelled by the court in divorce processes. In one of these preparation programs (Lehner, 1994), parents weren't only trained to improve their parental abilities after the divorce, but also prepared for mediating sessions.

FOSTER PARENTS

According to McNeil et al. (2005), an important percentage of boys and girls that are adopted have behaviour problems. For this reason, they implemented the previously reviewed “parent-child interaction therapy” on thirty children that had these problems together with their adoptive parents (in this case, twenty-nine mothers and one father). The version of the therapy implemented by these authors consisted of a two-day group assignment, in which the parent-child couples weren’t trained directly in their environment as it was done in the standard format of this therapy (Neary & Eyberg, 2002). The results showed the reduction of the behaviour problems and the satisfaction of the parents in post-treatment and in the follow-up one month later.

MISTREATING PARENTS

The main objective of the PT programs for this population is to attack the fundamental factors that crucially influence the persistence of mistreating and negligent behaviours towards children. Among these factors are counted lack of knowledge about proper upraising methods, overconfidence in the use of coercion to confront their children’s behaviour problems, inadequate and deficient knowledge on child development that makes them demand the children beyond their capabilities, a negative vision of the boy or girl that is mistreated and high level of stress and social isolation of the parents (Azar, 1989; Browne & Saqi, 1991; Mattaini, McGowan & Williams, 2002; Mejía, 1994; Paisley, 1987; Stiwel & Manley, 1990).

For this reason, this program uses the majority of the treatments components that have been reviewed (e.g., Cortés & Figueroa, 1991; Rey & Rodríguez, 1999) and includes

other components, such as, individual counseling (e.g., Jamieson, Shemeley & Dimotoff, 1988) and the activation of community resources and other support groups that can help the parents (e.g., Bruno, 1988; Stiwell & Manley, 1990). Azar (1989) has confirmed, as well, the use of cognitive restructuring with the purpose of fighting the unreal expectations and the negative attribution that mistreating parents usually have of the child's behaviour.

Since the PT approach is directed to strengthen parent upbringing skills, some authors (Browne & Herbert, 1997; Webster-Stratton, 1998) have considered that this therapeutic perspective may be used to prevent secondary child mistreatment. The programs for parents with social disadvantages (e.g., Kline, Grayson & Mathie, 1990) or teenage or inexperienced mothers (e.g., Weinman, Schreiber & Robinson, 1992) have been developed, from this point of view, with positive results. Due to these results, nowadays it is very common to find parents remitted to these programs when cases of child ill-treatment or negligence are discovered (Morrison & Lee, 1999). In a revision on the efficiency of the intervention approximations directed to families where there has been child negligence (Gaudin, 1993), it was determined that the strategies of PT can help the parents in these families to raise and interact with their children in more adequate ways.

Herschell & McNeil (2005), on the other hand, have pointed out that "Parent-child Interaction Therapy" has shown promising results in populations of mothers and fathers that physically hurt their children because these behaviours are owed to a lack of upbringing skills that cause more behaviour problems in the children.

IMPRISONED PARENTS

Landreth & Lobaugh (1998) tested the efficiency of a ten week PT program on 16 imprisoned parents between 22 and 46 year old by comparing to them with a group of 16 parents between 24 and 46 year olds from a control group. The result demonstrated that this program made the parents from the experimental group accept and show more empathy towards their children. They also demonstrated lower levels of stress towards their parental role and their children, improving their relationship with their self-concept.

CONCLUSIONS

As it has been shown, the construction of a PT program depends fundamentally on the population of parents and children the program is directed to because that determines the components and strategies that will be implemented in the treatment. Although the central focus of the PT programs has been the use of the therapy's own techniques and behaviour modification, this doesn't imply that other components can't be implemented if they are considered appropriate for the intended population of parents and children.

The first PT programs were directed to the treatment of child behaviour problems and showed better benefits than traditional children treatments. Its efficiency in improving parent competences to give better care and wellbeing to their children has allowed it to develop in populations of parents at risk living in unlike ambiances like the ones reviewed.

The approach is so versatile that it could be applied to any population of parents that need to strengthen their parent labour in order to prevent problems in their children's behaviour and favour their healthy development. In spite of the promising results of the approach, it's still not clear which components (in the case of multi-component programs), mechanisms and factors determine the successes of these programs, aspect that should be considered during the revision of programs evolving (Nock, 2003).

It is possible, for example, that the preparation and professionalism displayed by the therapists are crucial aspects in the success of the intervention, as well as its planning based on the particular necessities of the recipient families. Another possible factor of success is to consider during the planning and execution of the program, the social and cultural origin of the recipient families, which are especially important in the case of immigrant families or refugees, two situations that, in theory, can increase the levels of stress in the family members and lead to difficulties in children's behaviour.

Towards the future it can be expected that in the development of PT programs the social and historical changes of the modern societies will be more acknowledged, such as, the access to new technologies and the current change of roles in the family structure. Although, the effect of these circumstances in the family's dynamic are not clear, they are becoming more evident in new families and for sure they should be included in the services that the programs provide.

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