Parenting Stress and Child Diagnostic Status on BPT Engagement

- Student – Christian Olivencia
- Mentor – Dr. Holzman

- BPT = behavioral parent training
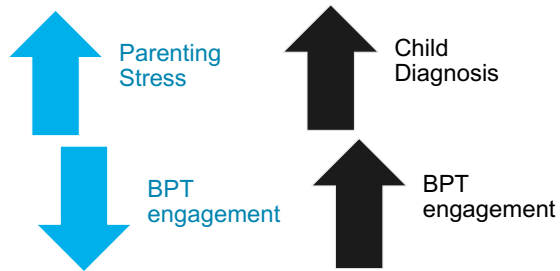
Parenting Stress and Child Diagnostic Status on BPT Engagement

Christian Olivencia, B.S. Jacob Holzman, PhD| University of Colorado Denver

Problem / Question

Does parenting stress predict engagement in BPT?

Does child diagnostic status predict engagement in BPT?

Hypotheses

- Increased parenting stress leads to **less** BPT engagement
- parents of children with comorbid diagnoses (0-1, categorical) leads to **more** engagement (attendance) in BPT.

Hypothesis Visualization

Parenting Stress

Child Diagnosis

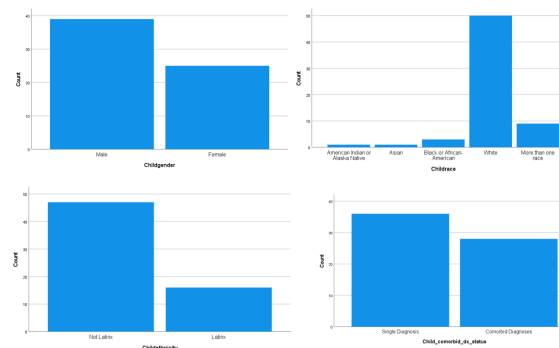BPT engagement

BPT engagement

Background

Engagement in behavioral parent training (BPT) is often classified or operationalized as; enrollment, attrition, attendance, within-session engagement, and homework completion. This study looked at telehealth and parent stress. The goal in many of these empirical studies is to improve BPT engagement and to reduce drop out by trying to understand the risks, causes, and factors associated with drop out.
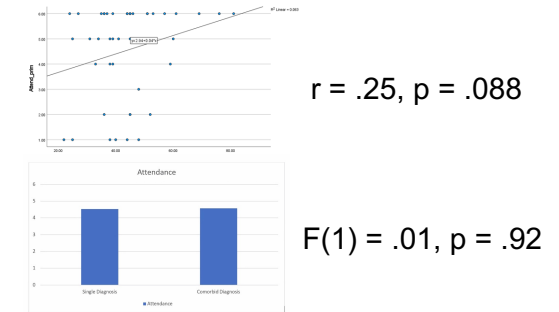
Methods

- Engagement was operationalized as attendance.
- Parent stress was measured by self report on a scale of 18 -94
- Child diagnosis was organized into 5 main categories; neurodevelopmental disorders, anxiety disorders, trauma related disorders, depressive disorders, and impulse control disorders.
- Data was collected using a retrospective design (limitation), medical charts were reviewed for sociodemographic data, child diagnostic status, pre-treatment parenting stress, and attendance.
- The data was then analyzed with SPSS

Data / Observations

Results

$r = .25$, $p = .088$

$F(1) = .01$, $p = .92$

Conclusions/Future work

Using the Pearson correlate-bivariate analysis on SPSS, we found a small to medium effect, not statistically significant but marginally significant connection between parenting stress and engagement. It is worth investigating and increasing the sample size. There was absolutely no connection between child diagnostic status and engagement, which is interesting. The takeaway here I believe, is that an issue is an issue and will bring you in regardless.
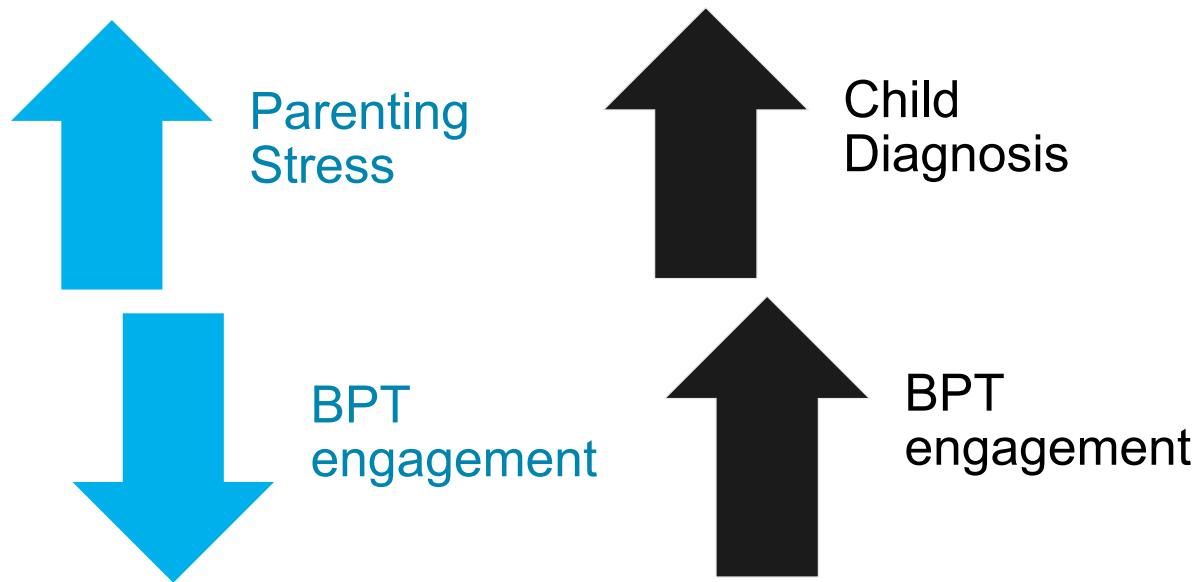
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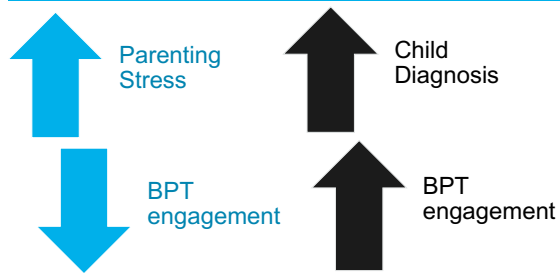
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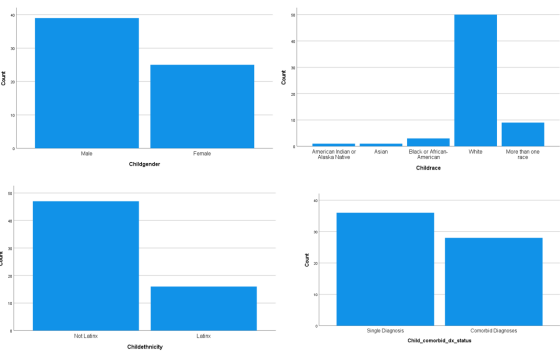
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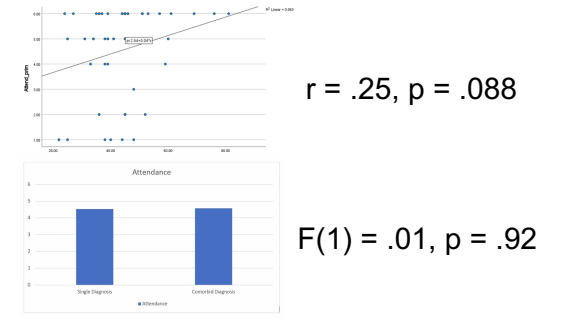
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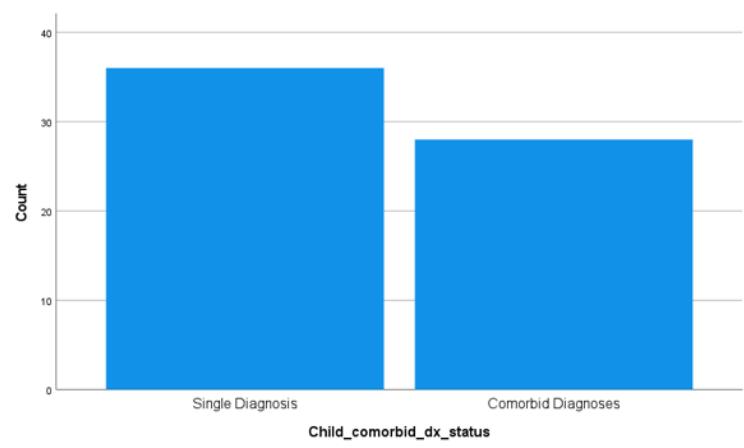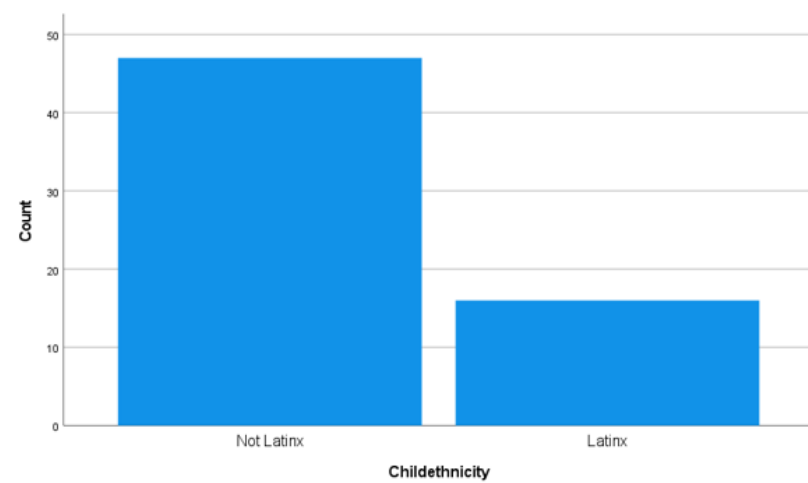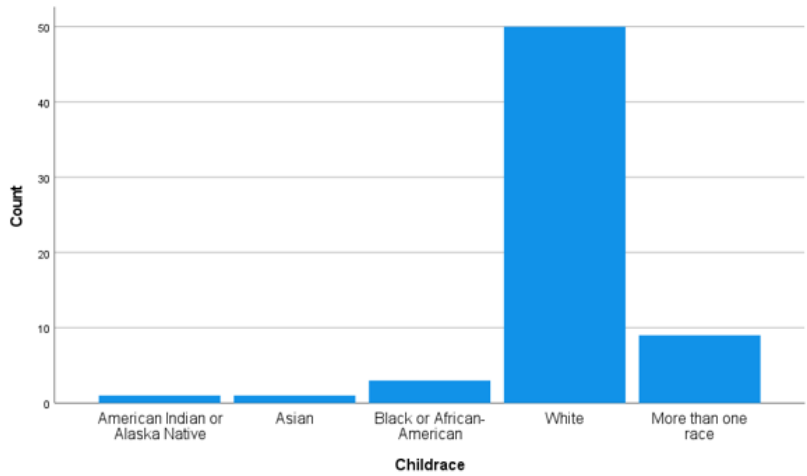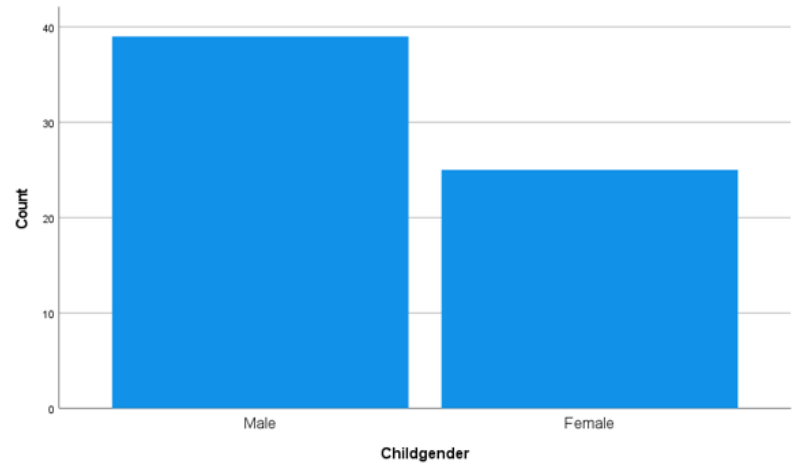
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Background

Parenting Stress through the Lens of Different Clinical Groups: a Systematic Review & Meta-Analysis

Nicole E. Barroso[1], Lucybel Mendez[2], Paulo A. Graziano[1], and Daniel M. Bagner[1]

[1]Florida International University, Miami, FL, USA

[2]University of Utah, Salt Lake City, UT, USA

- Family Stress Processes can alter the trajectory of children's development in a negative way

- The literature indicates that increased stress does in fact acts as a barrier and decreases B.P.T. engagement (Kazdin, 1997). In that study, engagement in BPT was classified or operationalized as; enrollment, attrition, attendance, within-session engagement, and homework completion.

- Daily tasks can be even more stressful when the child exhibits challenging behaviors, such as defiance and avoidance. Research studies have documented a significant association between parenting stress and child behavior problems

Methods

Dr. Holzman's parenting stress retrospective study was accessed to see diagnosis that have developed since the study.

The children were ages 3-7 at the time. For May 2020 – 2021 there were 64 total child participants

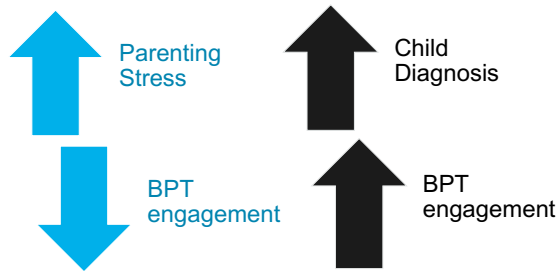SPSS was used, specifically Pearson bivariate correlation and 2-way ANOVA

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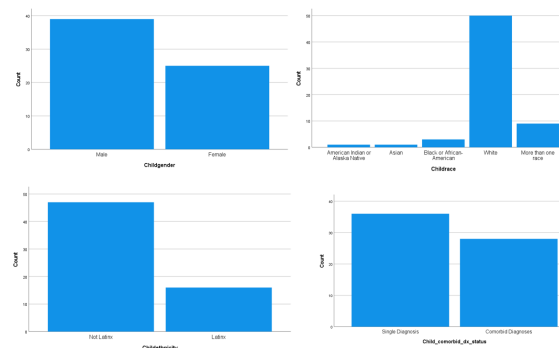
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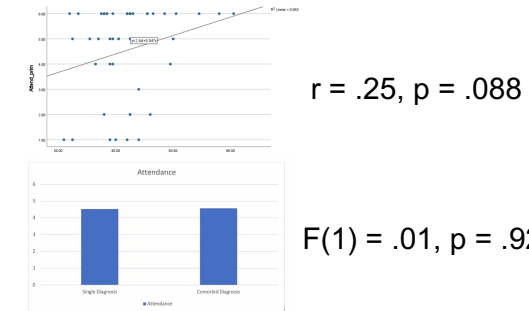
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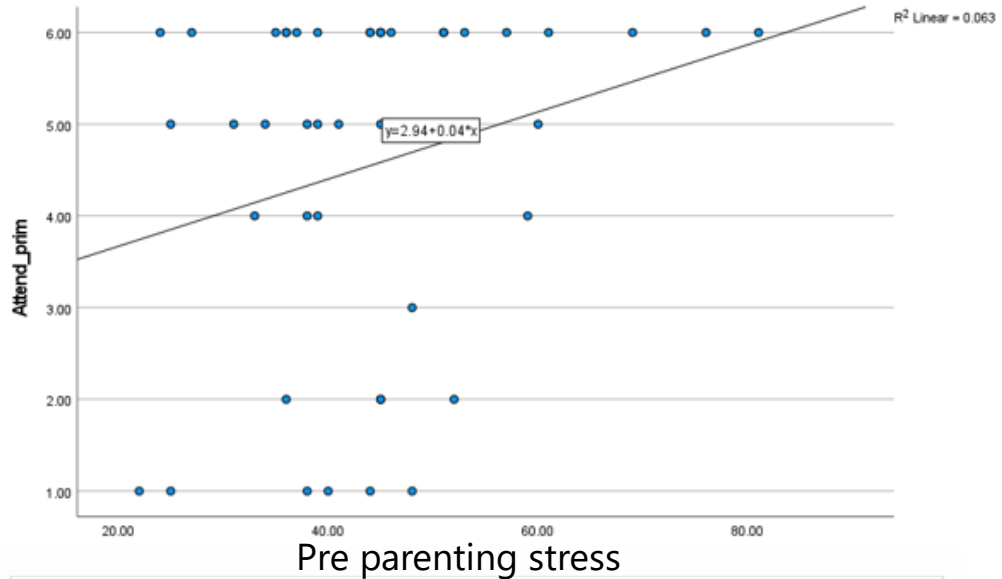
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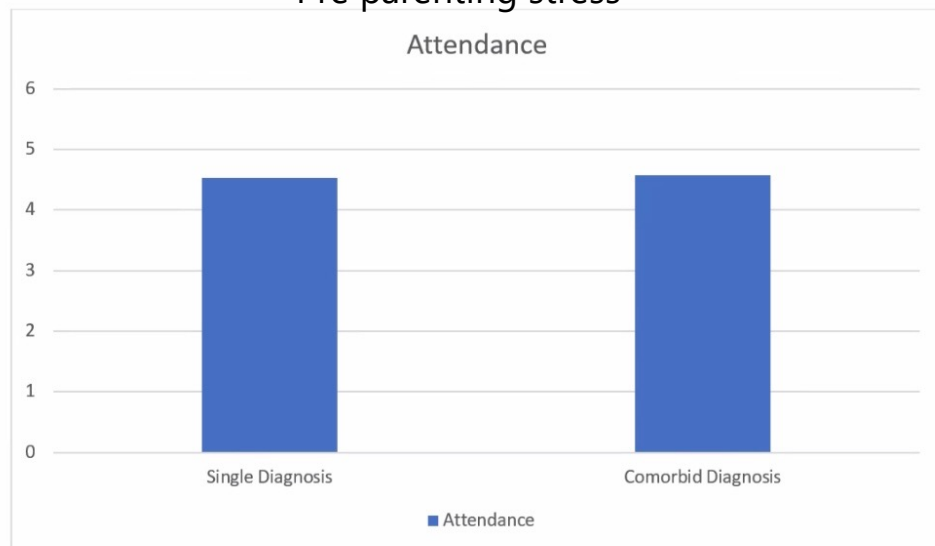
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Pre parenting stress

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1. I am happy in my role as a parent.
2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.
3. Caring for my child(ren) sometimes takes more time and energy than I have to give.
4. I sometimes worry whether I am doing enough for my child(ren).
5. I feel close to my child(ren).
6. I enjoy spending time with my child(ren).
7. My child(ren) is (are) an important source of affection for me.
8. Having children gives me a more certain and optimistic view for the future.
9. The major source of stress in my life is my child(ren).
10. Having children leaves little time and flexibility in my life.
11. Having children has been a financial burden.
12. It is difficult to balance different responsibilities because of my child(ren).
13. The behavior of my child(ren) is often embarrassing or stressful to me.
14. If I had it to do over again, I might decide not to have children.
15. I feel overwhelmed by the responsibility of being a parent.
16. Having children has meant having too few choices and too little control over my life.
17. I am satisfied as a parent.
18. I find my child(ren) enjoyable.

To compute the parental stress score, Items 1,2, 5, 6, 7, 8, 7, and 18 should be reverse scored as follows: (1 = 5), (2 = 4), = 3), (4 = 2), and (5 = 1). The item scores are then summed.

1   Stressors and Obstacles that Compete with Treatment (20 items, Scored 1–5)
2. Transportation (getting a ride, driving, taking a bus) to the clinic for a session
3. My child was in other activities (sports, music lessons) that made it hard to come to a session
4. Scheduling of appointment times for treatment
6. Treatment was in conflict with another of my activities (classes, job, friends)
14. During the course of treatment I experienced a lot of stress in my life
16. I was sick on the day when treatment was scheduled
17. My child was sick on the day when treatment was scheduled
18. Crises at home made it hard for me to get to a session
20. Treatment added another stressor to my life
31. There was bad weather and this made coming to treatment a problem
34. I did not have time for the assigned work
35. My child was never home to do the assigned homework
36. There was always someone sick in my home
38. Getting a baby-sitter so I could come to the sessions
39. Finding a place to park at the clinic
40. I had a disagreement with my husband, boyfriend, or partner about whether we should come to treatment at all
41. I was too tired after work to come to a session
42. My job got in the way of coming to a session
43. Treatment took time away from spending time with my children
44. I had trouble with other children at home which made it hard to come to treatment

Limitations

- Our data was more recent, from 2020, in our local Hospital, and was telehealth. This was also during the COVID 19 pandemic. Our study looked at parent stress specifically.

Conclusion

The fact that every analysis we ran on child diagnosis and BPT was so insignificant said something. Further investigation would be needed, but it is very possible that parents are not more motivated by one issue over another, but by an issue in general.

A way to think of this could be that while a missing arm is more severe than a broken arm, both will motivate you to go to the ER.

Child diagnostic status **does not** have an effect on BPT engagement, but it **does** have a small effect on parenting stress which in turn has a small effect on BPT engagement.

Essentially, when children display issues ranging from the inability to focus and complete tasks (ADHD) to having intermittent explosive disorder, their parents simply recognize an issue as an issue and go to BPT to help.

Thank you!!

- Questions?