Parenting Stress and Child Diagnostic Status on BPT Engagement

- Student – Christian Olivencia
- Mentor – Dr. Holzman

- BPT = behavioral parent training
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.

Method

- 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

Results

- 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.

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.
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Hypothesis Visualization

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Conclusions / Future work

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BPT engagement

Child Diagnosis

BPT engagement

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

r = .25, p = .088
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Christian Olivencia, B.S. Jacob Holzman, PhD | University of Colorado Denver

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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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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?

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