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Self-Administered Behavioral Family Intervention for Parents of Toddlers: Part I. Efficacy

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### 1.1 Aim

The aim of the current study was to examine the effects of a self-administered BFI for parents of difficult toddlers. Such research would not only extend the literature in the BFI field but also contribute to the evidence base for the efficacy of early parenting interventions. Furthermore, the study aimed to examine the effects of varying levels of intervention, with a particular focus on the effects of brief therapist assistance in enhancing the effects of self-administered interventions.

### 2.1 Hypotheses

Two levels of intervention (self administered intervention alone or with the addition of telephone consultations) and a wait-list control (WLC) group were examined. It was predicted that immediately post-intervention, telephone assisted self-directed BFI (TASD-BFI) would achieve superior improvements compared with self-directed BFI (SD-BFI):-

1. In observed and self-reported child disruptive behavior;
2. On measures of dysfunctional parenting style, parenting efficacy, and parental anger;
3. In its effects on parental adjustment, as measured by reduced maternal stress and depression and, in two-parent families, fewer conflicts over parenting and improved marital satisfaction; and
4. That these effects would be maintained at follow-up; and
5. Would produce clinically significant effects across measures.
6. Parents in the TASD-BFI group would derive greater satisfaction from the program than parents in the SD-BFI group.

### 3.1 Results

The results of the present study provide support for the efficacy of a self-administered form of BFI. There were significant short term effects of intervention in terms of parent-reported child behavior problems and maternal parenting style, confidence, and anger, and there were some differences between the two intervention conditions, providing support for our first and second hypotheses.

Participants in the SD-BFI condition made statistical gains similar to those in the TASD-BFI condition; however, the TASD-BFI condition led to clearly superior outcomes in clinical terms. Participants in the TASD-BFI condition changed reliably, and there was a shift away from the clinical range for this group. Furthermore, the effects reported in this study were confirmed by more conservative intent-to-treat analyses, which controlled for the effects of attrition. These effects were maintained over the longer term, providing support for our fourth hypothesis.

Finally, parents in the TASD-BFI group were more satisfied with the program than those in the SD-BFI condition, supporting our sixth hypothesis. Differences in satisfaction may explain the differential level of attrition at the follow-up assessment, with almost all participants in the TASD-BFI condition completing the assessment compared with those in the SD-BFI condition. Parents in SD-BFI condition received less clinical input, reported poorer outcomes, and were less satisfied with the program; thus, they may have felt less committed to completing the follow-up assessments.

### 4.1 Summary and Implications

The results of this study provide support for the efficacy of self-administered BFIs. It was demonstrated that even minimal clinician input, within a self-regulatory framework, led to significant, clinically meaningful changes in maternal report of children's behavior and parenting confidence and skills. Given the paucity of methodologically sound research in the area of self-administered interventions, these results provide a significant contribution to the literature in the area. Furthermore, this research informs the area of telephone counseling and support, which is a burgeoning form of therapy and support. However, although the effects of the intervention were significant, it is important to consider the issue of dissemination and delivery of this efficacious intervention to clinicians and, ultimately, more families.

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