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PREVIEW

**EFFECTS OF TREATMENT INTEGRITY AND RISK FOR CHILD ABUSE  
ON PARENT TRAINING OUTCOMES**

**by**

**Raymond V. Burke**

**A DISSERTATION**

**Presented to the Faculty of**

**The Graduate College at the University of Nebraska**

**In Partial Fulfillment of Requirements**

**For the Degree of Doctor of Philosophy**

**Major: Interdepartmental Area of Human Resources and Family Sciences**

**Under the Supervision of Professor William H. Meredith**

**Lincoln, Nebraska**

**May, 1995**

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PREVIEW

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DISSERTATION TITLE

Effects of Treatment Integrity and Risk for Child Abuse on

Parent Training Outcomes

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GRADUATE COLLEGE  
UNIVERSITY OF NEBRASKA

# EFFECTS OF TREATMENT INTEGRITY AND RISK FOR CHILD ABUSE ON PARENT TRAINING OUTCOMES

Raymond Victor Burke, Ph.D.

University of Nebraska, 1995

Adviser: William H. Meredith

Reports of child maltreatment have increased substantially over the past twenty years. While research suggests that prevention programs have been effective at reducing abuse, these studies have failed to monitor treatment integrity, thereby threatening internal and external validity. Parent training is frequently cited as an effective component in the treatment and prevention of child abuse, yet less than 15% of parent training experimental studies monitor and report treatment integrity. Additionally, no study has looked at the efficacy of parent training with parents of various degrees of risk for child abuse.

The purpose of this quasi experimental study was to compare the effects of low and high levels of treatment integrity and low, moderate, and high levels of risk for child abuse on child abuse potential, child behavior problems and family satisfaction for participants of a parent training program. Treatment integrity of the parent training program was monitored by videotaping training sessions with parents. Parents' level of risk for child abuse was measured using pre-scores on the Child Abuse Potential Inventory (Milner, 1986).

Results suggest that changes on the dependent measures were similar across high and low levels of treatment integrity. Parents at high risk for child physical abuse reported significant improvement on all dependent measures. While all three abuse risk groups changed in a positive direction, moderate and low risk groups changed differentially across the dependent measures. Results did not find an interaction effect for treatment integrity and parents' level of risk for child abuse.

This study contributes to the parent training and child abuse prevention literature by furthering the understanding of: 1) the relationship between integrity and effectiveness of treatment, and 2) prevention program efficacy across parents of various child abuse risk levels. This study also serves as a model for testing cost-effective methods of monitoring treatment implementation at multi-site replications of a prevention program.

PREVIEW

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## Chapter I: Introduction

Nationally, reported child abuse and neglect cases have increased by 50% from 1985 to 1992, the latest year for which data is available (McCurdy & Daro, 1994). Due to variations in definition and reporting methods, reports range from 2.9 million (McCurdy & Daro, 1994) to 6.9 million (Straus & Gelles, 1990) cases per year. It is generally agreed that there is no one solution to the problem of child maltreatment. Cohn & Daro (1987) in a review of ten years of child abuse and neglect treatment research funded by the U.S. government, found that "treatment efforts in general are not very successful (p. 440)" and that resources might be better spent on prevention programs.

In an effort to understand and prevent child maltreatment several etiological models have been proposed and studied. Recent etiological models propose that an imbalance between life stressors and compensating support systems account for child maltreatment (Belsky, 1993; Wolfe, 1991). Support systems, e.g., spouse, relatives, friends, and community centers, can help prevent child maltreatment by providing parents with personal and professional assistance to counter the effects of harmful environmental stressors. Interventions have been designed to improve these support systems and provide early assistance for at-risk families. Preliminary results indicate that home visitor programs with new parents are effective at reducing abuse of infants and young children (Hawaii Department of Health, 1992; Huxley, & Warner, 1993; Olds, 1990) while additional studies have documented the efficacy of parent training with parents who have a history of child abuse (Brunk, Henggeler, & Whelan, 1987; Lorber, Felton, & Reid, 1984; Wolfe, Sandler, & Kaufman, 1981).

However, recent compilations and reviews of prevention studies (National Research Council, 1993; Willis, Holden, & Rosenburg, 1992) fail to mention treatment integrity, i.e., treatment adherence and competence, which poses a threat to the internal

and external validity of the research. Unfortunately, lack of treatment integrity assessment is not limited to the field of child maltreatment. Literature reviews from the fields of education, clinical psychology, behavior therapy, marital and family therapy, and adolescent psychotherapy indicate that less than one in five treatment outcome studies monitor and report treatment integrity (Gresham, Gansle, Noell, Cohen, & Rosenblum, 1993; Kazdin, Bass, Ayers, & Rodgers, 1990; Moncher & Prinz, 1991; Rogers Wiese, 1992).

Prior studies have two characteristics that limit the ability to generalize their findings to the larger population of at risk and abusive families. First, outcome studies failed to assess the integrity of the provided treatment. While findings were significant, conclusions were potentially erroneous given that the independent variable was not monitored to assure that the treatment occurred as designed. Additionally, failure to specify and monitor treatment integrity undermines attempts to assess treatment effectiveness and slows the replication process by potentially duplicating proscribed and omitting prescribed treatment components.

Second, these studies typically deal with parents at high risk for abuse or with identified abusers. If interventions are truly preventive, they need to be studied with parents across varying levels of risk for child abuse. In addressing this need, it is prudent to begin with interventions, such as parent training, that have a strong empirical base in the literature.

#### Purpose of the Study

The purpose of this quasi experimental study was to relate treatment integrity and parents' risk for child abuse to the outcomes of a parent training program. Specifically, this study compared the effects of treatment integrity (low and high levels) and parent risk for child abuse (low, moderate, and high levels) on parents' child abuse potential, child behavior problems and family satisfaction with participants in a parent

training program. The parent training program was based on a social interactionist perspective (Patterson, Reid, & Dishion, 1992) with emphasis on coercion theory (Patterson, 1982). Treatment integrity was defined as the degree to which parent trainers implemented the parent training program as specified in the Common Sense Parenting Trainer's Manual (Burke & Schuchmann, 1993). Parents' risk for abuse was defined as the abuse subscale score on the pretest of the Child Abuse Potential Inventory (Milner, 1986).

The dependent measures assessed pre to post changes for program participants on the following standardized instruments: (1) parents' child abuse potential was measured by the Child Abuse Potential Inventory (CAP; Milner, 1986); (2) children's behavior problems were measured by parents' report on the Child Behavior Checklist (CBCL; Achenbach, 1991); and (3) parents' reported their level of overall satisfaction with their family on the Family Satisfaction Scale (FSS; Olson & Wilson, 1982).

Analyses examined the effects of: 1) low and high levels of treatment integrity on the dependent measures; 2) parents' risk for child abuse on the dependent measures; and 3) an interaction between levels of treatment integrity and parents' risk for child abuse on dependent measures (see Figure 1).

### Research Hypotheses

This study tested the following hypotheses.

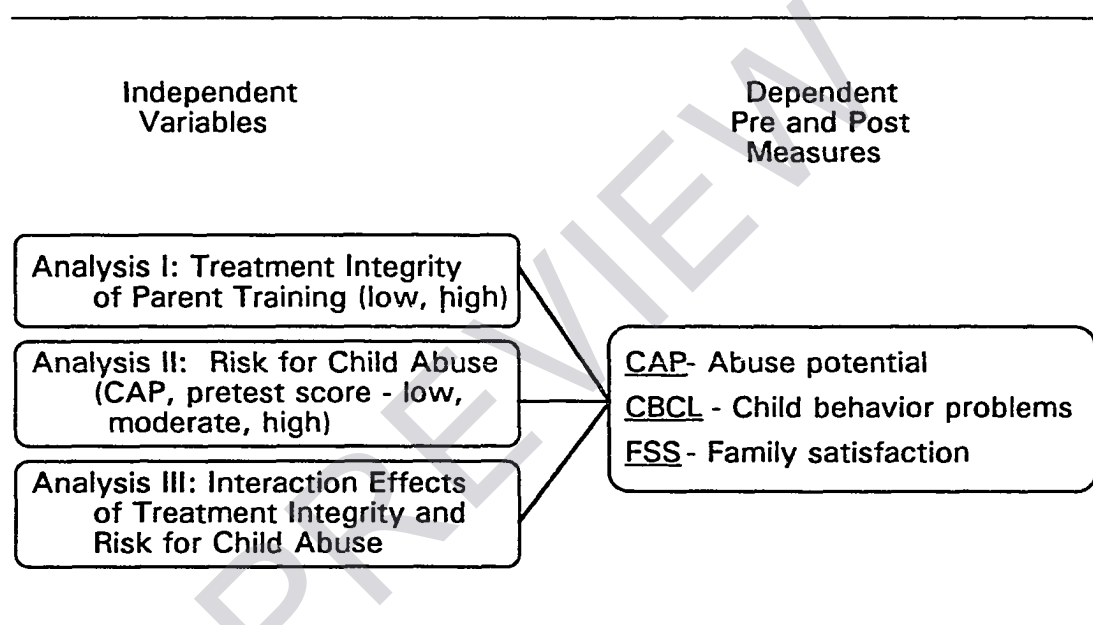
Hypothesis 1: Parents in the high treatment integrity group will report greater reductions in child abuse potential and child behavior problems and greater increases in family satisfaction after participating in the parent training program than parents in the low treatment integrity group.

Hypothesis 2: Parents' level of risk for child abuse will have an effect on reported reductions in child behavior problems and child abuse potential and increases in family satisfaction after participating in the program.

Hypothesis 3: There will be an interaction effect for treatment integrity and parents' level of risk for child abuse on reported reductions in child behavior problems and child abuse potential, and increases in family satisfaction after participating in the program.

Figure 1.

Data analyses in the study



Theoretical Perspective

Early explanations for parent or caretaker child abuse proposed a deviant or psychopathological process (see Wolfe, 1991). In the recent past, ecological theories were presented that project a more complex picture of child abuse (Belsky, 1980; Bronfenbrenner, 1977; Garbarino, 1977). These ecological models posit that individual (ontogenetic), family (microsystem), community (exosystem), and cultural

(macrosystem) factors interact in such a way as to set the stage for abusive parenting practices (Belsky, 1980).

Currently, developmental and transitional models prevail as explanations for child maltreatment (Belsky, 1993; Wolfe, 1987). These models maintain that over time the environment supports increasingly aversive interaction patterns resulting in abusive practices. According to Wolfe (1987) abusive parents are likely to follow a reasonably predictable path through a three stage process in which they become more accepting of aggressive behavior, manage parent-child crises poorly, and habitually use aggressive interactions with family members if interventions (e.g., parent training, support from family and friends) and mediating factors (e.g., improvements in children's behavior, reduced stress at work) are not available to counter the effects of stressors in the environment.

A substantive theory that has undergone rigorous testing with parents and children was chosen for this study given that the majority of child abuse occurs within the context of parent-child discipline (Gil, 1970; Kadushin & Martin, 1981). Coercion theory (Patterson, 1982) draws on the extensive research of Patterson and his colleagues at the Oregon Social Learning Center (see Patterson, Reid, & Dishion, 1992). Coercion theory has evolved from social learning and social interactional theories (see Cairns, 1979; Patterson, Reid, & Dishion, 1992) and proposes that individuals use aversive behaviors to avoid unpleasant interactions with others. Research at the Oregon Social Learning Center and the development of coercion theory grew out of a desire to understand aggressive children. The principles that help explain the performance and stability of aggression in children have also been used effectively to examine abusive behavior in adults (see Kavanagh, Youngblade, Reid, & Fagot, 1988; Lorber, Felton, & Reid, 1984; Reid, Taplin, & Lorber, 1981).

Several studies have noted significant differences in the observed interaction patterns of abusive and nonabusive parents (Alessandri, 1992; Bousha & Twentyman, 1984; Burgess & Conger, 1978; Kavanagh, Youngblade, Reid, & Fagot, 1988; Lorber, Felton, & Reid, 1984; Reid, Taplin, & Lorber, 1981). The current study was based on a widely accepted assumption (see Wolfe, 1985) that these differences are due, in part, to abusive parents' skill deficits, i.e., these parents lack the knowledge and experience of using effective, yet less aversive, child discipline practices. Studies have demonstrated that parents who rely on aversive interactions to discipline their children can be taught to use fewer aversive and more positive behaviors when interacting with their children (e.g., Lorber, Felton, & Reid, 1984; Wolfe, Sandler, & Kaufman, 1981).

The present study used the Common Sense Parenting ® program as a parent training intervention. The Common Sense Parenting (CSP) program helps parents learn skills to increase positive behaviors and reduce problem behaviors in their children. Prior studies have indicated that parents who complete the program report significant reductions in child behavior problems and increases in family satisfaction and that these results maintain at three months follow-up (Thompson, Grow, Ruma, Daly, & Burke, 1993). These results have been replicated with parents who differ significantly on parent race, age, employment, referral source, and age of target child (Burke, Martinez, Ruma, Schuchmann, & Thompson, 1993); parents of low and middle income levels (Thompson et al., 1993); and with parents who have a history of child abuse and neglect (Burke, Thompson, Martinez, & Ruma, 1992). Therefore, it was hypothesized that parents would report a decrease in children's problem behaviors following participation in this study's replicated CSP programs. Since the majority of child abuse occurs during child discipline situations (Gil, 1970; Kadushin & Martin, 1981), it was hypothesized that giving parents effective alternatives to corporal



punishment and verbally abusive discipline practices would also decrease their risk for child abuse.

Finally, while there appears to be a direct relationship between teaching parents effective discipline skills and subsequent reductions in child behavior problems and potential for child abuse, it was hypothesized that there would be an indirect effect on overall family functioning after parents completed this study's replicated CSP programs.

Effects of treatment integrity and risk for child abuse. Studies have reported moderate to high correlations between treatment integrity and effect size (Gresham, Gansle, Noell, 1993; Happe, 1983). Few parent training outcome studies have examined treatment integrity (Rogers Wiese, 1992). A recent study examining treatment integrity with replications of the CSP program suggest that there may be support for a relationship between treatment integrity and parents' ability to demonstrate the skills during role-play, although the effects of treatment integrity on outcome measures were not assessed (Burke, Thompson, Ruma, & Schuchmann, 1994). The current study is the first to examine the relationship between treatment integrity with replications of the CSP program and reported improvements on the dependent measures. It was hypothesized that parents who participate in parent training programs with high degrees of treatment integrity will report greater improvements on the dependent measures than those parents who participate in low integrity programs.

Studies have reported a negative relationship between treatment outcomes and maternal depression, insularity, and low socioeconomic status (Dumas & Wahler, 1983; Griest, Wells, & Forehand, 1979). These findings have implications for the current study. Parents with a high abuse potential are likely to report more child externalizing behavior problems, greater personal stress, and more family problems than parents at a low risk for child abuse (Kolko, Kazdin, Thomas, & Day, 1993).

The likely conclusion would be that parents at high risk for abuse would report fewer improvements after completing the program than those at less risk for abuse.

Conversely, it could also be argued that those parents with the highest abuse scores also have the greatest potential for improvement, whereas parents closer to, or functioning in, the "normal" range have less potential for improvement due to their proximity to the floor of the scoring range. As a result of these potentially conflicting assumptions and the lack of previous study in this area, it was hypothesized that risk for child abuse would have an effect on treatment outcomes, but it was not hypothesized as to what direction that effect would take.

#### Definition of Terms

*Treatment Integrity* is often defined as the degree to which treatment is delivered as designed (Yeaton & Sechrest, 1981). Treatment integrity has included reference to both treatment adherence and treatment competence. Treatment adherence refers to whether the prescribed treatment protocol was implemented. Treatment competence refers to the quality of the provided treatment (Walz, Addis, Koerner, & Jacobson, 1993). In this study, *treatment integrity* referred to treatment adherence; treatment competence was not assessed.

*Treatment adherence* was used interchangeably with the term *treatment integrity* in this study. Both referred to the degree to which the treatment agent implemented the parent training program as prescribed in the Common Sense Parenting Trainer's Manual (Burke & Schuchmann, 1993). Integrity was measured using an occurrence/nonoccurrence coding system (Gresham, Gansle, Noell, Cohen, & Rosenblum, 1993b).

*Parent training* differs from parent education in that parent training involves the teaching of specific skills whereas parent education typically refers to a broader process of sharing information about parenting (Dembo, Sweitzer, & Lauritzen, 1985).