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# Brief Clinical Reports

## COGNITIVELY ENHANCED PARENT TRAINING

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**Abstract.** Parent training is one of the most effective interventions for behaviour problems in young children. Most models of parent training are largely behavioural in content and have been developed from social learning theory. As with developments in treatments for adult disorders, it is proposed that parent training implementation and parental engagement may be improved by the introduction of a cognitive component. In particular, the use of the ''thoughts, feelings, behaviour cycle'' throughout parent training is proposed as a tool for challenging parental beliefs and attributions regarding children's behaviour and increasing parental uptake of the behavioural strategies that are taught. Preliminary findings are discussed with reference to clinical implications and future research.

*Keywords:* Parental cognitions, parent training, attributions, behaviour problems.

### Introduction

Behaviour problems constitute approximately a third to a half of all referrals to child mental health services, with huge cost and social implications. A review of all published studies indicates a typical finding of approximately 60% of children showing significant improvements following their parents' attendance on a parent training (PT) course (Taylor & Biglan, 1998). Social learning theory underpins PT by addressing the coercive, inconsistent and ineffective parenting styles observed in families with conduct disordered children. It identifies *parents* as the most effective agents of change for their children. The function of the therapist is to teach the parents a range of behavioural skills and techniques to help change their children's maladaptive behaviour.

Despite being a highly effective treatment, approximately 35% of families do not improve significantly after PT. In attempting to improve treatment outcomes it is often helpful to

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explore factors that impede and facilitate effective therapy. A number of these factors have been proposed, including low parental motivation and inability to implement the techniques, leading to high drop out rates. Amongst the factors that have been found to be important in the delivery of other behaviourally oriented psychotherapies, cognition is paramount. However, the role of *parental* cognition has not been studied extensively, although some authors (e.g. Johnston, 1996) have recently begun to comment on its significance. This paper will argue that parental cognition is a critical factor in the success or failure of a parent training programme, and will outline a new approach for working with cognition within a traditional behavioural parent training setting.

## Cognitive model with adults

Cognitive models have been used widely since the work of Beck and cognitive-behavioural therapy has been shown to be effective for a wide range of adult disorders. In recent years, there has been a move towards presenting behavioural techniques in a cognitive light. For example, exposure, which was traditionally a very behavioural technique, is now often presented as a ''behavioural experiment'' where the client's catastrophic beliefs about the feared stimulus are challenged. Similarly, traditional behavioural approaches to disorders such as OCD and anxiety disorders have benefited substantially from an understanding of the cognitive processes underlying the disorder (Salkovskis, 1996).

## Cognition in parent training

Johnston (1996) suggests that thoughts and feelings about being a parent and attributions regarding the causes of children's behaviour may be an important area for further development in PT programmes. She suggests that where cognitive and behavioural models are brought together, the efficacy of clinical interventions are improved. Whilst Webster-Stratton (1992) acknowledges the importance of dealing with negative cognitions as they arise within parent training groups, there is currently no formal framework to help parents identify and challenge these beliefs. This paper proposes that the integration of a cognitive model into parent training programmes, upon which parents' beliefs and attributions can be represented, improves parents' implementation of the behavioural techniques and their engagement with the programme.

## A cognitive model for parent training

This model was developed as a result of research that demonstrated that depressed mothers made more stable, internal and personal attributions about the cause of their children's behaviour problems (White & Barrowclough, 1998). Clinical experience of trying to engage depressed parents into parenting supports this proposition. The importance of cognition is recognized by good parent trainers. However, as yet, no cognitive element has been implemented within PT in any structured way. Full integration of cognitive components into behavioural programmes has had enormous benefits in adult populations. Since PT is working directly with adults, one would expect similar benefits in this population.

The authors propose a ''cognitively enhanced'' parent training package, which incorporates two main components. First, an essential component of CBT is the sharing of the model

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and a simple formulation of the problem with the client. The cognitively enhanced PT programme gives the client a cognitive framework on which many new concepts may be hung, allowing generalization, increasing opportunities for successful change and improving implementation of behavioural techniques. Second, during the cognitively enhanced programme, parents' thoughts and feelings about the new techniques are explicitly sought and addressed.

In order to meet these objectives, the authors introduce the ''thoughts, feelings, behaviour (TFB) cycle'' to parents at the first session of PT. The TFB cycle is central to the programme and is referred to throughout the remaining sessions. All new concepts are introduced with reference to the cycle.

The model is introduced using humorous stories and parents' own examples. For example, getting parents to *think* about how they would react (their parenting *behaviour*) to their child spilling juice on the carpet on a ''good'' day (positive *feelings*) versus a ''bad'' day (negative *feelings*). Giving parents a framework enables them to think differently about their children's behaviour from the outset. Understanding the causes of their children's behaviour challenges their attribution regarding their child's intention (e.g. he is making that noise to wind me up). Having an alternative belief (e.g. he wants my attention) changes parents' feelings and, subsequently, their behaviour. Used in a Socratic way, this model enables parents to begin to identify their own cognitive patterns and generalize solutions outside of the session. The TFB cycle is a tool that enables parents to implement behavioural strategies and overcome obstacles. It can also be used to challenge parental beliefs about new techniques that may seem difficult and counter-intuitive. For example, the parent knows she should praise her child but feels reluctant because ''he doesn't deserve it''. Challenging the cognitive component of this interaction allows the parent to find an alternative thought (e.g. praising him will make him better in the long run) and, therefore, implement the behavioural component of the intervention more effectively.

## Clinical implications

This model gives parents a framework for understanding how their thoughts and feelings impact on their parenting behaviour. A story telling aspect makes the model accessible and the use of humour makes it more engaging. Parents' new awareness of the impact of their own thoughts enables them to ''stop and think'' before reacting to difficult situations when dealing with their children. It also helps parents to change the way they think about their children's behaviour generally. At the end of the programme, parents are often less resistant to having to make changes themselves and more motivated to implement the techniques taught during the programme. The approach has been used by White, Agnew and Verduyn (2002) showing that a short (7 weeks compared to the usual 12) cognitively enhanced programme was effective for parents of high socio-economic disadvantage. Gains at one year follow-up remained statistically significant.

The cognitively enhanced PT programme has been found to be extremely useful in clinic settings, and parents often comment on the TFB cycle at the end of the course. Some examples taken from an anonymous parental satisfaction questionnaire include: ''This cycle ... is the main benefit I have gained from the course because if you keep telling yourself this, you look at things in a whole different way, more calm and relaxed''; ''Helps me to stay calmer''; ''Made me stop and think more instead of just shouting''. They report this

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to be a useful tool that enabled them to implement the programme more effectively. For example, one parent reported that, ''I feel much more able to control my child's difficult behaviour, because I use the thoughts, feelings, behaviour circle to help me.'' This preliminary evidence supports our proposition that cognitive change can be responsible for behavioural change in parents.

## Conclusions and future directions

This paper suggests that use of cognitively enhanced PT may improve outcomes of traditional behavioural programmes. Since these programmes work primarily with adults, it is highly appropriate that the cognitive advances made in other therapies should be implemented here. However, these findings are preliminary and further research is needed. Specifically, it would be helpful to conduct a comparison of traditional behavioural parent training programmes and the cognitively enhanced version. Second, future research needs to consider which cognitive processes are most important in parents who report difficulties with their children. To this end, the authors are currently developing a questionnaire (The Parental Attitude and Negative Thought Scale) that aims to identify the thoughts that parents have regarding their child's behaviour, their parenting and, more specifically, their beliefs about the various techniques taught by the programme. It is hoped that key beliefs will be identified, which may then be challeged in order to facilitate change.

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