BARRIERS TO SUCCESSFUL TRAINING IN POSITIVE BEHAVIOR SUPPORT: PREDICTORS OF ATTRITION AND SUCCESS
Melissa L. Zona, Kristin V. Christodulu, V. Mark Durand, & Meme Hieneman

Introduction
Parents of children with developmental disabilities have been taught to use positive behavior support (PBS) approaches in their homes to successfully reduce and eliminate the challenging behaviors of their children and to help their children live more productive lives (Lucyshyn, Dunlap, & Allin, 2002). Despite the success of these training programs, many parents and treatment prematurely, not reaping the benefits of the programs.

The current study is part of a larger research project, The Positive Family Intervention Project (Durand, 2007; see also Durand, Hieneman, Clarke, & Zona, in press). For the project, parents of children with developmental disabilities between the ages of three and five with significant challenging behaviors were randomly assigned to one of two treatment conditions.

The first condition was traditional positive behavior support (PBS). In the second condition, in addition to PBS, parents also received optimism training, or positive family intervention (PFI). Parental pessimism, therapy adherence and attendance, and the severity of the child’s challenging behaviors were all assessed prior to and following treatment. In addition, the parents’ perceived barriers-to-treatment were also assessed at the conclusion of treatment.

The present study examined the relationship between these variables across treatment conditions.

Method
Participants
Families were recruited to participate in this study through the Center for Autism and Related Disabilities (CARD) at the University at Albany and the University of South Florida, St. Petersburg. In order to qualify for the study, the child was required to meet the following criteria: 1) have a developmental disability, 2) be between the ages of three and five, and 3) have identified challenging behaviors. In addition, for the family to qualify, the primary caregiver needed to score highly on a measure of pessimism. Twenty-six families meeting the above criteria were selected to participate in the study. Eight individuals served as therapists in the study.

Measures
Attendance at the treatment sessions was monitored weekly to track the percentage of sessions attended. Attrition was defined as a participant informing the therapist or experimenter that they are no longer interested in participating, or not attending treatment sessions for three consecutive weeks and not responding to weekly phone calls by the experimenter. Parental pessimism and depressive symptoms were assessed prior to treatment and immediately following treatment using the Scales of Independent Behavior-R (SIB-R; Bruininks et al., 1996). Barriers to treatment perceived by the parent were assessed using the Barriers to Treatment Participation Scale (BTTP; Kazdin et al., 1997a; Kazdin et al., 1997b), administered to the parent and their therapist following treatment.

Treatment
The overall goal of the interventions used was to decrease the frequency of the child’s challenging behaviors. Participants were randomly assigned to one of two treatment conditions, the Positive Behavior Support (PBS) condition and the Positive Family Intervention (PFI) condition.

Treatment in both groups consisted of eight individual 1½ hour weekly sessions. Participants in both groups received training in PBS. Parents in the PFI condition received an additional component incorporated into their training. Each week, the therapist discussed the parent’s thoughts and feelings, and how their pessimistic thoughts may be interfering with their ability to implement the behavior plan. Parents were asked to dispute their pessimistic thoughts and to reframe their thinking into more-realistic thoughts and expectations. The goal of the PFI condition was to teach parents to recognize when they were thinking pessimistically and how to substitute more adaptive thinking.

Results
Attrition
60% of families completed treatment and 40% left treatment early. No significant difference was found between the treatment condition assigned (PBS vs. PFI) and the family’s status (completed vs. dropped out). No significant differences were found between participants that dropped out of therapy and participants that completed therapy. Only two of the families that dropped out completed post-test measures.

Parental Pessimism and Depressive Symptoms
The results suggest higher levels of parental depression following treatment are associated with lower child support scores (e.g. more support is needed) following treatment and more child behavior problems observed following treatment. In addition, results suggest that the greater the change in depression scores from pre- to post- treatment, the higher the support scores reported (e.g. less support is needed) following treatment and the fewer behavior problems observed following treatment.

Discussion
The hypotheses that the barriers to treatment and measures of parental pessimism would be associated with attrition and attendance rates, the child’s behaviors post-treatment, and treatment outcomes were not met. However, significant relationships were found between parental scores on depression forms and child behavior outcomes across treatment conditions. In addition, therapist reports of stressors and obstacles to treatment were related to treatment attendance. Results also support the use of parent training programs targeting both child behaviors and parent perceptions to improve child behavior and family outcomes. The present findings suggest that treatments which attempt to teach parents how to alter their perceptions, in addition to offering empirically-supported interventions, may lead to better outcomes for the entire family. More research needs to be conducted to better sort out the relationship between these factors. Better definitions of the constructs being studied and improved measurement will greatly benefit subsequent research on the topic. With continued research in this area, the future appears optimistic.