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Perspectives on Engagement Barriers and Alternative Delivery Formats from Non-Completers of Community-Run Parenting Programs

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Introduction

One approach to improving the outcomes of youth with emotional disturbance is the well-researched and documented parent training programs that teach effective parenting skills to help mitigate or even prevent escalating behavior issues (Kazdin, 1997, 2005; Welsh & Farrington, 2007). The primary goal of parent management programs is to teach parents effective behavior management skills, such as praising their child, monitoring the child's behavior, having consistent and appropriate expectations, and following through with positive and negative consequences in order to improve the parent and child relationship. Parent training programs involve a range of service delivery methods including individual clinic-based, small group, or in-home services. Reviews of parent management interventions show positive outcomes for improving parenting skills and child behavior at both post-test and follow-up (Farrington & Welsh, 2003; Hautmann et al., 2009; Kazdin, 1997; Lundahl, Risser, & Lovejoy, 2006). A meta-analysis of parent training interventions with young children found evidence of long-term effects, such as reduced adolescent problem behavior and juvenile delinquency (Piquero, Farrington, Welsh, Tremblay, & Jennings, 2008). A 2005 meta-analyses by Maughan, Christiansen, Jenson, Olympia, and Clark found that, for between-subjects studies, parental report of child behavior had an effect size (ES) of .68 and direct observation at .35 at post-test. In sum, the strategy of working with parents to improve child behavior at home and at school has demonstrated success.

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While parent training programs can be very effective, there are significant barriers to this approach. One of the largest obstacles is getting parents to attend the sessions and continue to return, as high attrition rates in parent training programs between 30–80% are common, even when financial incentives, childcare, and transportation are provided (Baker, Arnold, & Meagher, 2011; Ingoldsby, 2010; Kazdin, 1997; Sanders & Prinz, 2008; Snow, Frey, & Kern, 2002; Spoth, Clair, Greenberg, Redmond, & Shin, 2007). In other words, parenting programs are very effective for the parents that are able to attend the intervention; however, with low participation and completion rates, many of the interventions are not reaching their target audience. From a policy perspective, this is both expensive and inefficient (Baker-Ericzén, Jenkins, & Haine-Schlagel, 2013). This has become such an issue in prevention and parenting research programs that the National Institutes of Health (2001) identified low engagement as a major challenge to the implementation of evidence-based programs.

Research on the reasons for low engagement rates can be grouped according to family characteristics, practical reasons, and program approach. Individual family characteristics such as single-parent status, dual-earner and larger families, ethnic and racial minority status, low socioeconomic status, parent pathology, history of family mental illness, and poor neighborhood are all related to low engagement rates (Eisner & Meidert, 2011; Utting, Monteiro, & Ghate, 2007). In addition to family factors that are fixed and not changeable, there are a host of practical reasons for low engagement. These include time demands, scheduling conflicts, lack of transportation, problems with child care, and high program costs (Girio-Herrera, Owens, & Langberg, 2012; Ingoldsby, 2010). Other reasons cited by families for dropping from services are attributed to the program and program staff. Specifically, the program's approach may not be compatible with the family's needs, the families do not believe the program will be beneficial, or the program staff may come across as too judgmental and/or be seen as outsiders (Gross, Julion, & Fogg, 2001; Ingoldsby, 2010; Lim, Follansbee-Junger, Crawford, & Janicke, 2013).

While the aforementioned challenges are faced by both researchers studying parent engagement interventions as well as community program providers, understanding the unique challenges facing community providers is particularly important because their programs often have lower engagement rates and poorer treatment outcomes than grant-funded parenting studies (Axford, Lehtonen, Kaoukji, Tobin, & Berry, 2012; Little, 2010). As federal and state dollars spent on researching parent training programs are being invested with the expectation that the programs will eventually be turned over to and used by community providers, it is imperative that community providers understand common participation barriers and are equipped with techniques that can be used to increase engagement. Unfortunately, while some barriers to participation in community-run interventions have been identified, there is still much unknown about the various obstacles faced by families that are preventing them from achieving optimal results (Attride-Stirling, Davis, Farrell, Groark, & Day, 2004; Baker-Ericzén, Jenkins, & Haine-Schlagel, 2013). More importantly, minimal research has been conducted on specific methods and alternatives to improve parental attendance and high quality participation (Ingoldsby, 2010; Nock & Ferriter, 2005; Nock & Kazdin, 2005). If new methods can be developed to increase engagement in community-run interventions it is likely that a greater number of parents will

benefit, resulting in improved behavioral and academic outcomes for children in home and at school.

Thus there were two objectives for this study. The first was to learn about barriers to participation faced by families who had fully enrolled in, but never or minimally attended, a community-based parenting program that was not part of a research project. The goal was to interview families to hear their individual story regarding the obstacles they faced in “real-life” situations, outside of the incentive structure of formal research projects. The second research objective was to gather feedback from these parents that did not participate in the small-group parenting class regarding their perspective about alternative, web-based methods of delivering the parent training intervention to improve their attendance in the program. By gaining insights from enrolled, but non-participating families, we hope to provide information for providers on common barriers to families and their perceptions on alternate delivery formats for parenting interventions.

Method

Participants

Participants were adults living in the greater Omaha, NE area who had signed up for the Common Sense Parenting skills intervention and had either not attended any sessions or had attended a couple sessions but dropped out early in the program. Common Sense Parenting is a manualized intervention developed by Boys Town that is implemented across the nation using a train-the-trainer certification model. The original version was developed for parents of school-age children, but has been adapted for toddler-age youth as well as those with ADHD or returning home from out-of-home care. For this study, we used Common Sense Parenting classes in the greater Omaha area, staffed by parent trainers associated with the organization that developed the program. The school-age program consists of six face-to-face sessions during which the instructor uses instruction, modeling, role-playing, and empowering feedback to educate participants regarding constructive techniques to be effective and consistent parents while reducing discipline issues with children (see Table 1). This project was approved by both the university's and the social service agency's institutional review boards (IRB).

Procedure

A list of all potential participants was compiled by the social service agency. During the 18 months reviewed, 694 households had signed up to participate in parenting classes. Only households who had signed up for the program and had either not attended any sessions (131 households that never attended) or had attended a one or two early-on sessions but dropped out before completion (95 households that dropped out early) were eligible to participate in the study. There were other families that attended more sessions, but did not necessarily complete the intervention that were not eligible for the study. Thus, we only focused on families that had no or minimal participation in the intervention. Once a list of potential participants was gathered, staff members at the social service agency made phone calls to the parents. During the phone call they: 1) explained that researchers from the university wanted to conduct a phone interview with them because of their involvement in the

parenting program; 2) informed them that they would receive \$20 for their time if they agreed to be interviewed; and 3) asked them if they were interested in speaking to a member of the university research team to get more information about the study and complete the interview. Those who expressed interest had their contact information forwarded to the university research team.

A total of 27 parents (Male N=6; Female N=21) agreed to be interviewed; resulting in a 12% response rate. The participants, on average, had two children, and the average child's age was nine years. Regarding household composition, 14 (52%) were single parents and 13 (48%) were in dual-parent households. Participants reported being referred to the program by families and friends about 26% of the time, with another 26% reporting that they learned about the program from its website. Six (22%) of the participants were referred to the parenting class by the state's Department of Health and Human Services or the legal system (e.g., case worker, judge, probation officer, attorney). Nine families (33%) reported other referral sources, such as churches, schools, or doctors (Note, respondents could indicate multiple referral sources).

Two members of the research team were trained to conduct semi-structured phone interviews. First, the interviewers were given an introduction to the project and told how the data would be used. Second, they were trained on how to appropriately obtain consent over the phone using a recording device. Third, they practiced making calls, asking for permission to record the calls, obtaining consent, and conducting the interviews. After each practice call they received detailed feedback from the principal investigators. Once their training was complete, the interviewers began making calls to parents who had been referred by the social service agency. Parents who consented and completed the interview were mailed a thank you note and a compensation check.

Measures

In addition to basic demographic inquiries, the primary questions asked during the interview were: 1) why did you register for the class?; 2) why did you [not attend or stop attending] classes?; 3) is there anything in particular that could have helped you to attend the classes?; 4) do you have access to high-speed internet; 5) if you had the choice between a 6-week small group session or a web-based class, which would you be more interested in taking?; and 6) would you be interested in a combination of online and face-to-face small-group sessions?

Data Analysis

All questions were open-ended, and after all interviews were completed research members organized the responses into various sub-categories using NVivo 10 qualitative software to help with content coding and analyses. Specifically, this involved the researchers reviewing all of the responses to each question and deriving primary themes for each question. Each participant response was coded as belonging to a primary theme. Participants could have multiple responses coded for each interview question. Each response was coded by multiple research assistants until agreement on the placement of each code was met. The frequencies

of the responses were analyzed in NVivo 10 reports and data were also exported to SPSS Statistics 22.

Results

The most common reason for attending the parenting class was issues surrounding child anger, fighting or defiance (48%) followed by child not listening to the parent (26%). Interestingly, three families (11%) reported no specific issues with their child as a motivator to attend the parenting class (see Table 2).

When asked about the barriers they faced to attend and complete the program the most common responses were difficulties surrounding the parent's schedule (33%) and a variety of other low frequency barriers that did not fit into the other topics (30%) (e.g., medical reasons, not meeting expectations, or some form of misinformation/communication; see Table 3.

When asked what would have helped them complete the parenting classes, 44% said that nothing could really be done to help them or that it was just a scheduling issue. Of these 44% of families, 22% actually did mention a specific support that might be helpful, but also mentioned that nothing much could really be done, remembering each family was allowed to give multiple responses. However, the other 22% of respondents reported that nothing could be done and did not offer any suggestions for support. With regard to specific supports that might be helpful, 22% said transportation, with child care and improved class times following (see Table 4).

When asked if they had access to high-speed internet, 23 families (85%) had access to high-speed internet and two families had occasional access to high-speed internet. Among those that had high-speed internet access, 7 (26%) reported daily use, 12 (44%) reported using the internet often, and 4 (15%) reported using it occasionally. Of the 23 families with access to high-speed internet, 15 parents (56%) reported being very comfortable using the internet, 7 parents (26%) reported being comfortable using the internet, and only one parent (4%) reported not being very comfortable using the internet.

When asked if they would be interested in taking a web-based version of the parenting class, 23 (85%) indicated that they were interested. Of the four parents that indicated that they were not interested in a web-based class, two of the parents had high-speed internet access and two families reported no access to high-speed internet. In response to whether they would prefer the parenting program to be delivered in a classroom setting or via the internet, 56% preferred a web-based class and 44% preferred a small-group class. Of those who did not attend any of the classes 44% preferred the web-based format in contrast to 75% of those that had attended at least one session and then dropped out.

When asked about a "hybrid" modality, including both small-group and a web-based component, 70% of parents were interested and 15% maybe interested. When comparing those that never attended with non-completers, the overwhelming majority of those who did not attend any classes (88%) and those who had attended at least one class (82%) said they would be interested or maybe interested in a "hybrid" class.

Comments from respondents indicated that they thought the web-based classes would help with barriers surrounding scheduling, childcare, and transportation. A few mentioned concerns that they would not be able to interact with a teacher or other parents enrolled in the web-based class. However, other respondents liked the idea of doing the class alone and not having to be around other parents. Even some of the parents that indicated a preferences for the in-person class thought that the web-based class might work best with their schedule and that would be very helpful for other people.

As one of the strengths of the in-person 6-week class is the personal interaction, we asked respondents if they would be interested in using a discussion board feature in a web-based class. The majority of parents (67%) indicated that they would use a discussion board, with another 19% indicating that they would use the discussion board as needed or fairly infrequently.

Discussion

This study identified barriers that were encountered by parents who had enrolled in, but never attended a session or those that “dropped” the program by only completing one or two sessions of a small-group parenting class. This study also provides insights regarding attitudes towards new formats for program delivery by those same parents. For the parents that did not complete the parenting class, practical reasons were the most commonly cited type of barrier, specifically scheduling and transportation issues. Types of barriers encountered were similar whether the parent never attend a session or dropped out early. These findings regarding the types of barriers are aligned with what has been found in previous engagement studies among parents attending grant-funded programs (Girio-Herrera, Owens, & Langberg, 2012; Ingoldsby, 2010). These issues with barriers of transportation and scheduling are similar to responses when parents are asked what could have helped them to attend the program. The most frequent responses center on the statement that nothing could have helped them (44%) followed by transportation (22%). Many parents expressed the sentiment that there was not much that could really be done to help them attend the class, with a quarter of parents not providing any suggestion of something that could have helped them to attend classes. Interestingly, a higher percentage of parents that attended one or two sessions and then dropped the class indicated that there was nothing really that could have helped them attend compared to those that never attended the class. This seems to fit with the finding that scheduling busy lives is the primary difficulty of attending the small-group sessions. Attending a class at the same time on the same day for six consecutive weeks is difficult with work and family commitments. When asked open-ended questions, there was little that families believed service providers could do to help in resolve scheduling issues with small-group classes.

These results are particularly interesting when considered alongside the suggestions by Staudt on how to improve parent engagement. Staudt (2007) identified a five component theory for increasing family engagement in parent programs: 1) treatment relevance and acceptability; 2) cognitions and belief system; 3) daily stressors; 4) external barriers to treatment; and 5) therapeutic alliance. Based on the reasons why the parents had enrolled in the parenting class, the majority of families were experiencing significant behavior issues

with their child, enough so to register and pay for the parenting class. Moreover, almost a quarter of the interviewed families that dropped out early had registered in the course due to legal issues, such as satisfying parental custody requirements. Thus, as a group, the families were engaged enough in the intervention to see some possible benefit from the program to their unique situation and had completed the registration process, which included payment for the courses. According to Staudt's five components, the external barriers to treatment category (e.g., scheduling issues, transportation, etc.) seemed to be the most problematic for these parents. Unfortunately, this barrier is particularly challenging for social service providers to address because there is no simple solution to working around the unique external demands facing each parent. This sentiment seems to mirror the responses from parents regarding the lack of ideas regarding what could be done to reduce participation barriers, with most saying nothing could help them or that they experienced scheduling conflicts.

One method of circumventing the external demands preventing parents from attending face-to-face classes is the use of alternative delivery methods, such as online parenting courses (Sanders, 2012; Sanders, Baker, & Turner, 2012). The majority of parents had access to high-speed internet services, which corresponds to other reports regarding the increasing availability of internet access (U.S. Department of Commerce, 2013). Interestingly, half of the parents that did not report high-speed internet access indicated that they were interested in a web-based class. Overall, the majority of parents were interested in an online parenting course option when the option was presented to them. But while 75% of parents who attended at least one session and then dropped out said they would be interested in a web-based class; whereas, less than half of those who did not attend any sessions said they would be interested in the web-based format. It is uncertain if this difference is due to the experience of having attended a parenting session, or just an artifact of the two groups. During the interviews, some parents voiced concerns that there would not be much interaction in a web-based class; however, other parents indicated that they would prefer the online class in order to specifically avoid class participation activities. One avenue presented to encourage class interactions was the idea of discussion boards, which the majority of parents expressed an interest in using in an online environment.

Of note was that the overwhelming majority of both groups said they would be interested in a course that offered the hybrid combination of face-to-face and web-based learning; when asked by a researcher, this option was the preferred alternative for parents. A hybrid classroom/internet course has many potential benefits, not the least of which being parental interest. Hybrid courses provide the option of the small-group sessions with teacher and parent interaction, along with a built in system for make-up classes, as those who miss a classroom session are able to "catch up" online. It also allows parents a virtual classroom to continue discussions, share experiences, and ask questions outside of weekly classroom meeting times. Also, for parents who want to review a session or share what they learned with their spouse, the online option allows for 24-hour access to course material. While there are also potential downfalls to the hybrid format (e.g., the instructor is not able to verify that the person who is supposed to be watching the online videos is really the person watching them), the potential benefits and the parental interest are positive signs that it could be a successful method of helping more parents successfully engage in and complete

community parenting programs. It might be that thinking outside of specific modalities (e.g., small-group, online, face-to-face) and offering participants hybrid models that allow more choice and flexibility in service delivery may help to reduce external barriers to engagement. Moreover, hybrid delivery models may also enhance perceptions treatment acceptability by the participants (Staudt, 2007). Considering that many respondents indicated in open-ended questions that nothing could help them overcome scheduling issues to attend parenting sessions, the parental interest in a hybrid option for service delivery is promising and may help to improve participation. Future research needs to examine if community-based programs can increase engagement rates in parent management training by offering hybrid methods-- programs that allow participants to move between small-group and online formats--to reduce external barriers and increase treatment acceptability.

Limitations

A primary limitation of this study was the small sample size. However, the premise of conducting a brief phone-interview with a parent that signed up for a community-based activity in which they did not participate is a unique aspect of this study. Given this, a response rate of 12% is reasonable, considering that many potential respondents had moved, did not respond to the phone calls, or simply were not interested in thinking about a parenting class they did not successfully attend previously in the year. It would be helpful for future research to interview a larger sample of respondents, especially in order to examine differences between those that never attended and those that attended one or two sessions and dropped out. It would also be helpful to examine parents that attended a larger percentage of the classes, but still did not have perfect attendance in the sessions. This would also allow for the potential for differences by other groups, such as those that signed-up on their own volition versus were encouraged to via the court system. In general, the responses to the interview questions were also fairly brief. The respondent usually did not have detailed recall of the parenting class that they never, or barely, attended. Yet with the 27 families we were able to interview, we obtained helpful information about the barriers this specific group of parents faced to attend the class. Finally, the sample was from a single agency in the Midwest and needs to be replicated in other parts of the country.

This study was also limited to the parents that had actually registered for the group-based parenting class. Thus, the voices of many parents are missing. This includes those that would be interested in a parent class, but the idea of a group-based format deterred them for registering in the first place (e.g. stigma of attending a parenting class, dislike of group-sharing activities). It also includes the parents that did not register for the class as they knew they had scheduling or transportation conflicts. Thus, this study is limited to parents that were interested enough in a group-based parenting class and believed they could make it work to actually sign-up and in most cases pay in advance for the class. One can imagine that some of the unheard voices may also be interested in alternate hybrid formats of parenting support.

Additional research to examine if hybrid models of intervention delivery help to improve the attendance and engagement of non-participating parents is warranted. For example, service providers could monitor their enrollment and attendance numbers in the years prior to and

following a switch from a single modality of parenting classes (e.g. small-group classes) to a hybrid modality allowing parents to move between small-group and web-based sessions. Further, parents that completed and did not complete the hybrid course could be interviewed to examine the role the hybrid nature of the program played in their attendance. For large providers, natural experiments could be conducted with some locations continuing small-group classes while other locations offered hybrid formats to examine differences between the two course formats. Further, it would be helpful to see if different sub-groups of parents respond to a hybrid approach differentially, such as parents referred to the parenting program via the court systems versus self-referrals.

Implications

Regardless of the type of parenting intervention, it is important that parents are actively engaged in program content and feel empowered to use the instructional strategies at home with their children. While developing ways to increase engagement in interventions to improve child behavior is important, minimal research has been conducted on methods to improve parental attendance and high quality participation (Ingoldsby, 2010; Nock & Ferriter, 2005; Nock & Kazdin, 2005). If new methods can be developed to increase parental engagement, then it is likely that parenting skills will advance resulting in improved behavioral and academic outcomes for children at home and in the classroom. The results of this study suggest that parents who did not fully engage in a community-run parenting course offered by a local social service agency were faced with a high number of external barriers, and would benefit from alternative program delivery formats such as online or hybrid course to improve engagement. Based upon these interviews with parents who either did not attend or dropped out early, the hybrid model was the most favorably received and shows considerable flexibility and promise as an alternate service delivery method to explore. Offering hybrid program models needs to be researched to see if they can increase parental attendance in parenting classes; further, it is possible that offering a hybrid approach that parents can experience as their needs and learning preferences dictate may also influence the quality of their participation in parenting programs, which has been shown in previous research to be a strong predictor of outcomes in traditional parenting classes (Nix, Bierman, & McMahon, 2009). As many program developers and community social service agencies move forward in their efforts to improve child outcomes through parenting interventions, consideration should be given to the potential benefit of alternative delivery formats that will help overcome external barriers and meet the needs of all parents.

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Table 1

Common Sense Parenting Session Content for Parents of School-Age Children

Session	Content
1) Parents are Teachers	<ul style="list-style-type: none"> • Effective discipline • Describing behaviors • Using consequences to change behaviors
2) Encouraging Good Behavior	<ul style="list-style-type: none"> • Giving kids reasons • Using Effective Praise to increase positive behaviors
3) Preventing Problems	<ul style="list-style-type: none"> • Teaching social skills to children • Using Preventive Teaching to set children up for success
4) Correcting Problem Behavior	<ul style="list-style-type: none"> • Staying calm • Using Corrective Teaching to stop problem behaviors and teach alternative behaviors
5) Teaching Self-Control	<ul style="list-style-type: none"> • Safe home plans • Using Teaching Self-Control when children are not cooperating
6) Putting it All Together	<ul style="list-style-type: none"> • Holding family meetings • Establishing family routines and traditions • Developing a parenting plan for using all the CSP skills

Table 2

Reasons Registered for the Parenting Program

Reason registered	Total percent (27)	Never attended percent (16)	Discontinued class percent (11)
Anger/fighting/defiance	48% (13)	43.8% (7)	54.5% (6)
Not listening	26% (7)	31.3% (5)	18.2% (2)
Discipline	19% (5)	12.5% (2)	27.2% (3)
Problems between parent/child	15% (4)	18.8% (3)	9.1% (1)
Other behaviors	15% (4)	12.5% (2)	18.2% (2)
No particular reasons	11% (3)	12.5% (2)	9.1% (1)

Note. Question was open-ended. Response categories were developed after all interviews were completed.

Respondents could mention multiple reasons for registering.

Table 3**Barriers to Attending the Parenting Program**

Type of barrier	Total percent (27)	Never attended percent (16)	Discontinued class percent (11)
Parents schedule	33.3% (9)	37.5% (6)	27.2% (3)
Other barriers	29.6% (8)	25% (4)	36.4% (4)
Transportation	22.2% (6)	25% (4)	18.2% (2)
Children's schedule	22.2% (6)	6.3% (1)	45.5% (5)
Cost of class	18.5% (5)	25% (4)	9.1% (1)
Various child-related reasons	14.8% (4)	12.5% (2)	18.2% (2)

Note. Question was open-ended. Response categories were developed after all interviews were completed.

Respondents could mention multiple barriers.

Table 4

What Would Have Helped Parents Attend the Program?

Types of supports	Total percent (27)	Never attended percent (16)	Discontinued class percent (11)
No supports needed	44.4% (12)	31.2% (5)	63.6% (7)
Transportation	22.2% (6)	25% (4)	18.2% (2)
Child care	18.5 (5)	18.8% (3)	18.2% (2)
Improved class times	18.5 (5)	18.8% (3)	18.2% (2)
Improved communication with program staff	14.8 (4)	12.5% (2)	18.2% (2)
Help paying cost of class	7.4% (2)	12.5% (2)	0

Note. Question was open-ended. Response categories were developed after all interviews were completed.

Respondents could mention multiple supports.