
An Ounce of Prevention: “COPEing with Toddler Behaviour”

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Disruptive behaviour disorders are major mental health problems that are
difficult to treat, and costly to society in terms of suffering, violence, and
damaged property. The most common reason for referral to children’s mental
health services involve disruptive behaviours, which are quite stable from
toddlerhood. Intervention may be more effective with younger children, who tend
to have less severe behaviour problems, however there are no evidence-based
interventions specifically targeting toddlers (1).

Group-based parent training can be effective, cost efficient, and accessible,
so we developed “COPEing with Toddler Behaviour” to train groups of parents in
effective parenting strategies for toddlers (12 to 36 months) using an active
learning model (i.e., COPE “Community Parent Education”; cf. 2) that has been
used successfully with other age groups. In the development phase of this
community-based education group, we focused on enlisting and retaining parents
of at-risk toddlers, completing evaluations, identifying any negative impact of the
groups, and developing the content in response to feedback.

We advertised and offered three 3-session versions of “COPEing with
Toddler Behaviour” in high-risk neighbourhoods, as poverty (and associated
factors such as poor housing and living in high-crime neighbourhoods) has been
identified as a predictor of disruptive behaviour disorders. To help enlist and
sustain group involvement, we provided snacks, childcare, and help with
transportation. Each of the three weekly sessions was two hours in length, held at
convenient locations, and led by experienced group facilitators.

The groups filled up quickly (i.e., we had a waiting list). Over three offerings, 90 parents registered by telephone and 48 parents (53%) completed at least 2 of the 3 sessions. All 48 parents completed a client satisfaction questionnaire and reported that they highly valued the course: 88-100% said they learned something new, plan to use what they learned, and found the course helpful. One-third thought the course was too short.

Of the 48 parents, 16 (62% of the 26 we were able to reach by telephone to elicit agreement) completed pre-test, post-test, and follow-up standardized parent-report measures (3). Results showed small to medium effect size decreases in difficult toddler behaviour, dysfunctional parent-child interaction, and parental distress, and a significant increase in knowledge of toddler parenting issues. We found no negative effects.

Over the next several years, we gradually expanded the course from 3 sessions to 8 sessions in response to feedback and in an attempt to make it more effective. There was no decrease in enlistment or client satisfaction. Retention improved with the addition of incentives (meals and prizes; 65% completed at least 5 of 8 sessions). We developed a manual for facilitators.

We successfully achieved our goals in developing the COPEing with Toddler Behaviour group (i.e., enlisting and retaining parents of at-risk toddlers, completing evaluations, identifying any negative impact, and further developing
the content), however, the pilot study involved a short version of the course, a small sample, no control group, and parent-report measures only. A randomized clinical trial represents the next step in this research.
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References

