

# Considering Online Parent Training Programs

THIS RESEARCH UPDATE focuses on online and self-directed ADHD parent training programs.

**THE FIRST STUDY** uses a “non-inferiority” approach, which seeks to examine if a novel treatment produces similar engagement and outcomes as an established treatment. Specifically, researchers compared a traditional face-to-face ADHD parent training program with a blended program incorporating six self-directed online parent training sessions, online therapist feedback, and four supportive face-to-face therapist contacts. The authors state that it is important to explore self-directed parent training programs because despite the established efficacy of face-to-face parent training, many families experience barriers to engagement and may drop out.

A total of 22 youth with ADHD recruited from an outpatient mental health clinic in the Netherlands were randomly assigned to either the face-to-face or blended parent training program (11 in each treatment condition). Results did not suggest non-inferiority of the blended parent training compared to the face-to-face program. Specifically, all but one family (91%) dropped out of the blended parent training program, with the most common reason being that the treatment was too time consuming and/or elaborate; in comparison, less than half of the families (40%) dropped out of the face-to-face program. Therapists also rated that families put forth less effort in the blended parent training compared to the face-to-face program. Families in the blended parent training rated less satisfaction and were less likely to recommend the program to others compared to families in the face-to-face condition. Finally, parental ratings of child behavior before and after participation indicated less improvement resulting from the blended versus face-to-face program (partially due to higher rates of premature drop-out).

These findings are surprising in context of previous studies producing more favorable results from online and self-directed parent training. The researchers provided several possible explanations for their findings’ contrasting from other studies, such as the blended program perhaps being too flexible and not providing clear enough expectations for parent participation, as well as the parents possibly being more motivated for face-to-face treatment from the beginning given that this was a potential option (compared to parents who choose to enroll in self-directed programs from the start). Thus, it likely is important to consider family preferences for treatment and establish clear guidelines for participation in order to enhance engagement and prevent drop-out.

Breider S, de Bildt A, Nauta MH, Hoekstra PJ, & van den Hoofdakker BJ. (2019). Self-directed or therapist-led parent training for children with Attention Deficit Hyperactivity Disorder? A randomized controlled non-inferiority pilot trial. *Internet Interventions*, 18, 100262.



**THE SECOND STUDY** also sought to compare face-to-face with online parent training; however, researchers recruited a larger sample size than the first study and also compared the two parent training programs with a waitlist control. Specifically, 47 families with preschool children meeting criteria for ADHD were randomly assigned to either ten sessions of face-to-face parent training, ten sessions of online parent training, or a waitlist for the online parent training.

In contrast to the first study, families in both parent training conditions showed similarly high rates of attendance at 80 percent. Additionally, families in both parent training conditions showed similarly improved parent knowledge and use of treatment procedures after participating in the programs compared to families on the waitlist. Families receiving the face to face and online parent training rated moderate levels of satisfaction, but ratings were higher from families in the face-to-face program. Importantly, youth of families receiving face-to-face and online parent training

showed improvement compared to youth of families on the waitlist, with moderate to large outcome effects on ratings of self-control, mood, restlessness and impulsivity.

Given the promising results from both parent training programs in the second study, the authors posit that online treatment may be a worthwhile option for many families, particularly those who are unable to engage in traditional face-to-face services due to limited access, time, and/or financial resources. **A**

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DuPaul GJ, Kern L, Belk G, Custer B, Daffner M, Hatfield A, & Peek D. (2018). Face-to-face versus online behavioral parent training for young children at risk for ADHD: treatment engagement and outcomes. *Journal of Clinical Child & Adolescent Psychology*, 47(sup1), S369-S383.

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**Lauren Haack, PhD**, is an assistant professor and attending psychologist in the department of psychiatry at the University of California, San Francisco. Her research program and clinical practice focus on accessible and culturally attuned evidence-based services for vulnerable youth and families, with a particular specialty in ADHD services for children in Spanish-speaking, Latinx families.



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