Predictors of Treatment Attendance and Attrition in an Integrated Behavioral Parent Training Program for Depressed Mothers of Children with ADHD

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Behavioral parent training (BPT) programs are efficacious for the treatment of child attention/behavior problems, but are plagued by high attrition (Mabe et al., 2001). Maternal depression is a robust predictor of attrition, suggesting that mothers with depression may lack the energy, motivation, or patience to implement these programs. Mothers of children with attention-deficit/hyperactivity disorder (ADHD) are at high risk for depression (Chronis et al., 2003), suggesting a need for treatment to address both their distress and child behavior management.

The Maryland ADHD Program is conducting an NIMH-funded treatment development study for depressed mothers of children with ADHD that integrates cognitive-behavioral therapy with BPT in a 14-week group format. The current study examined predictors of treatment attendance and attrition for the integrated treatment and comparison BPT-alone groups. Preliminary data from mothers in the first two cohorts (n=36) are presented; analysis of data from the full sample (n=105) is currently underway. Mothers (M age=39.76 years; SD=6.5) were Caucasian (61%) or African-American (28%), married (72%), employed outside the home (78%), and college educated (58%). Sixteen mothers (44%) had received prior diagnoses of depression and 20 mothers (55%) received a current depressive disorder diagnosis at pretreatment assessment. All children met ADHD criteria; average child age was 7.59 years (SD=2.34; range 6-12); 53% were male.

Mothers who withdrew from the study prior to initiating treatment (n=9) were significantly younger (M=35.56, SD=3.7) than those who attended at least one session (n=27, M=41.28 years, SD=6.7), as were their children (M=6.22, SD=1.6 vs. M=8.08, SD=2.4). There were no significant differences between mothers who did and did not withdraw on demographic or other variables typically associated with treatment dropout.

Seventeen mothers (47%) attended at least 11 sessions; the proportion of treatment completers did not differ between treatment conditions. Maternal age and education level were significantly correlated with number of sessions attended ($r=.40$, $p<.05$; $r=.353$, $p<.05$); older and more educated mothers attended more sessions. After controlling for age and education, accounting for 22.5% of the variance in attendance, the NEO Neuroticism factor was positively related to attendance ($\beta=.30$, $p=.01$), accounting for an additional 30.8% of the variance in the overall model. Length of time from assessment to group treatment initiation was significantly related to attendance, with those waiting longer for treatment attending fewer sessions ($r=-.330$, $p=.049$).

Results are preliminary, but promising. Assessment of personality traits may be one way to explore parenting correlates in mothers who exhibit, are at risk for, or have a history of psychopathology to identify areas salient to treatment engagement and outcomes (Clark et al., 2000). Provision of individual therapy would reduce the time lag between assessment and treatment, but at the cost of social support provided by the group, which may be important for depressed mothers. A combination of individual therapy and an open-enrollment support group might retain the most valuable aspects of treatment, while reducing practical barriers.